

Multnomah County Community Based Victim Services System Plan

November 2002

**Developed by the Multnomah County Domestic Violence
Coordinator's Office
In partnership with
Tri-County Domestic and Sexual Violence Intervention
Network and Other Community Agencies**

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Victim Services System Plan

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Multnomah County Community Based Victim Services System Plan

Introduction and Purpose

Domestic violence has received increased attention in the last ten years. This has led to increased calls by victims for services, a broader interest and understanding of domestic violence in the community, the development of new services, and increased funding for intervention. During the same ten years or more, the community based victim services system has shown itself to be an effective but under-funded system. It has increased its capacity to respond, adding services or programs as new funding or resources became available or as new needs were identified. However, there are still significant unfilled needs for services to victims of domestic violence.

There is now an opportunity to develop a true system of community-based services for victims based on the current strong foundation of services. This plan provides the framework for the further development of the system. The plan is based on the process described below and on information from the Family Violence Coordinating Council (FVCC) report *Multnomah County Community-Based Victim Services System Assessment* and other documents.¹

In 2001

- 8,000 police reports of domestic violence
- 10,200 requests for shelter
- 3,500 Restraining Orders issued
- Four women killed by their intimate partners in Multnomah County.

Planning Process and Scope

During the 1999 Multnomah County Request For Proposal (RFP) planning process, participants recognized the need for a more comprehensive plan and made a commitment to come back together to develop such a plan. Thus, the following document represents the efforts of many people and organizations. The plan itself is intended to assist in the modification of existing and development of new programs, policies, procedures or training guidelines. It is envisioned that it will be useful to:

- Individual agencies or programs;
- A consortium, network or collaborative project;
- Policy-makers and
- Funders.

A community planning process was initiated in September 2001. See Appendix A for a complete list of those invited, those who attended meetings or provided comment or suggestions during the process. The group met monthly to develop the elements of this plan including definition of domestic violence and the victim services system, review scenarios from the perspective of a victim seeking services, and from those scenarios develop goals, values and components of the

¹ The City Club of Portland *Domestic Violence -- Everybody's Business*, Multnomah County Department of Community and Family Services *Domestic Violence Victim Services and School-Based Prevention Programs* and the Multnomah County Health Department *Domestic Violence in Multnomah County*, and *1998 Oregon Needs Assessment* published by the Governor's Council on Domestic Violence.

Model System. Appendix B lists the services of victims developed from scenarios. Attendees at planning meetings included victim services system programs, law enforcement jurisdictions, culturally specific programs, other social service providers or government representatives, health care providers and representatives from Washington and Clackamas Counties.

This plan proposes a model community-based victim services system built on a core set of existing county-wide services, augmented by geographically placed “partnership services.” The plan can be used to develop a longer-term vision of an expanded more adequately funded system. Some parts of this plan can be implemented through improvements in existing services and some through reallocation of funds; however, implementation of the majority of the plan requires substantial new on-going funding.

In addition to the planning process described above, this plan utilized the following documents:

- *Multnomah County Community-Based Victim Services System Assessment*²
- *Domestic Violence -- Everybody's Business*,³
- *Domestic Violence Services in the Portland Metropolitan Area*⁴
- *Domestic Violence Victim Services and School-Based Prevention Programs*⁵ and
- *Domestic Violence in Multnomah County*.⁶

This plan was developed primarily for Multnomah County. However, because many victims move across county lines and/or utilize services in more than one County, it can be used to encourage collaboration and the development of new services, to better align services or to develop regional services in the **Tri-County region**.

Definition of Domestic Violence

Domestic violence is a conscious pattern of coercive behavior used by one person to control or subordinate another, generally an intimate partner. This system of control includes physical, sexual, psychological, emotional and economic tactics used to engender fear to enforce compliance. Blaming the victim of violence is another form of violence toward that person and significantly contributes to a community tolerance of domestic violence. Domestic violence crosses all cultural, religious, ethnic, age, economic, and social boundaries. It can occur in gay, lesbian and bi-sexual relationships, as well as heterosexual relationships.

Children who witness domestic violence often suffer emotional and psychological harm as a result of domestic violence and they are subject to the consequences of such violence, such as poverty, broken social connection, homelessness, and potential injury. Children who live in homes in which domestic violence occurs are also more likely to be victims of child abuse. Providing safety for the mothers of such children is very frequently the best way to provide safety, stability and healing for these children.

² Family Violence Coordinating Council, May 2002

³ City Club of Portland, July 1997

⁴ Meyer Memorial Trust, 2000

⁵ Domestic Violence RFP Planning Committee, June 1999

⁶ Multnomah County Health Department, 2000

Assessment of the Community Based Victim Services System

In the May, 2002, the Multnomah County Family Violence Coordinating Council found⁷:

STRENGTHS OF THE COMMUNITY-BASED VICTIM SERVICES SYSTEM

- There is a well-established and diverse system of victim services in Multnomah County.
- There are strong inter-agency collaborations with information sharing, cross-training and established opportunities for this collaboration.
- There is a depth of understanding of the needs, barriers and special considerations which victims of domestic violence and their children face.
- Services for specific cultural or racial communities, for people with disabilities, sexual minorities or other populations have greatly expanded in the last three years.
- One of its greatest strengths is the commitment, dedication and passion of those who work in the system at all levels.

GAPS AND BARRIERS

- There is insufficient funding, poor wages and as a result, high staff turnover, insufficient basic services, inexperienced staff, loss of expertise, reduced capacity to establish collaborative relationships, and in some cases instability of their infrastructure.
- There is a shortage of services for victims and their children, including civil/legal services and longer-term services and an overall shortage of basic services such as shelters and outreach services, services to specific populations and accessible affordable housing and flexible funds for victim's needs.
- There has been increasing complexity of the needs of clients. Typically, women needing services have many concurrent issues and they come from a variety of locations and service systems. They may have alcohol or drug addiction, criminal justice convictions, long-term mental health or health problems or disabilities.
- Women of color sometimes face barriers due to cultural differences, language, immigration problems, requirements and structure of general domestic violence services, community pressures to not seek services and isolation within/from their communities.
- There is a need for additional on-going training both within agencies and across agencies.
- There is also a need for better communication about and utilization of existing services among service providers, improved access, information and referral, and a comprehensive clearinghouse about basic domestic violence services.

Based on the findings in the *Assessment*, the Multnomah County Family Violence Coordinating Council recommends that the following be prioritized:

- Centralized Information and Referral Resource
- Community-based system planning efforts to provide framework for future development of the system and for priorities in times of budget cutting.
- Development of new services/connections, including additional mobile advocates and advocates at many points of entry, increase in or maintenance of current funding at the state and county level, additional shelter and transitional housing, increased civil legal representation, increased long-term services and follow-up, and additional services for children affected by domestic violence.

⁷ Family Violence Coordinating Council *Assessment of the Community Based Victim Services System*, May 2002

Description of the Community-Based Victim Services System

For the purposes of this plan, the community-based victim services system in Multnomah County is defined as those community-based agencies or programs which:

- Participate in the ongoing coordination and planning for victim's services and a coordinated community response AND meet one of the following criteria:
 - Have a primary mission of the organization to provide services to victims of domestic violence,
 - Have dedicated domestic violence units or departments whose primary mission is to provide domestic violence services to victims of,
 - Contract with Multnomah County Department of County Human Services for domestic violence victim services, or
 - Are collaborative endeavors between agencies or programs and provide specific services to victims of domestic violence.

It is important to acknowledge that there are several significant partners that do not fall under this definition:

- Domestic violence units of law enforcement; District Attorneys (including victim assistants) and community corrections;
- Other governmental agencies such as Department of Human Services, Adult Protective Services; and
- Other social service agencies that provide some specific services to domestic violence victims, but do so in the context of a broader mission, such as Family Centers.

For a complete list of agencies or programs included in this system, see the table of existing services below or Appendix C.

Populations served:

In general, the victim services system provides help to victims of intimate partner violence and their children in Multnomah County. Intimate partners include current or former spouses, ex-spouses, boyfriends, girlfriends, parent of minor children or dating partners. The victim services system also assists victims who are abused by their adolescent children or by other family members or adult relatives.

Perpetrators of domestic violence may have other types of relationships with victims than those listed above: adult children, caretakers, other relatives or others may abuse elderly people; and caregivers, relatives, and staff/residents of institutions may abuse people with disabilities. Since these populations have significant systems of response already in place, the domestic violence victim services system has focused on providing services to victims of intimate partner violence. For example, elders and people with disabilities receive services, including Adult Protective Services, funded by both the state and the county.

Services provided by the victim services system historically have focused on women and children. This system focus has been for the following reasons:

- Women are the primary victims of and are victims of more serious violence perpetrated by intimate partners. Women are 17 times more likely to be injured and 10 times more likely to be “beaten up” by an intimate partner than are men (Thoennes and Tjaden).⁸
- Women and children need different kinds of and specialized services and response than do men. Thus, the victim services system has developed extensive expertise, knowledge and resources to respond specifically to the needs of women and children.
- Women, especially women with children, frequently have access to fewer resources when attempting to leave a violent relationship than do most men.
- The social context within which domestic violence occurs has specific impacts on women and children. Gender roles, the pressure for women to be in a intimate relationship, male violence, and the economic status of women all have a bearing on the impact and meaning of domestic violence against women. Therefore, the victim services for women and children address the unequal power of men over women that is prevalent in intimate relationships and other social structures.
- Historically, services for victims of domestic violence were developed for women and children by women, many of whom were survivors of domestic violence themselves, and were developed specifically to address violence against women.

Although, domestic violence crosses all socio-economic lines, the current victim services system most often provides services and support to women with fewer resources and more barriers in obtaining safety, stability and healing.

Existing Services

The following table⁹ provides an overview of the types of services currently provided by the community-based victim services system in the Tri-County area. Services are divided into two large categories: General and Culturally Specific and then further divided into residential and non-residential services. These divisions are not absolute and in some cases overlapping definitions may apply to the services below. Appendices C and D provide a list of recommended services to be provided in each of these categories.

General programs are those that provide services to a range of populations in ways that are intended to be culturally competent, but not designed for a specific population. A significant proportion of survivors accessing general programs are women of color, are immigrants or refugees, or come from a specific culture. In some cases, a general program may have augmented services for a specific population, such as Native American or Hispanic women.

Non-Residential Services/General:

The non-residential services provided by an agency will vary depending on their mission and their capacity. Some agencies provide only one or two very specialized services, such as legal representation, while other agencies provide an array of victim services. Non-residential services include, but are not limited to:

⁸ *Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*, Patricia Tjaden and Nancy Thoennes for the National Institute of Justice and the Centers for Disease Control, 1998.

⁹ See Page 10 below for a complete listing of the agencies and abbreviations presented in this table.

- Telephone crisis intervention
- Legal assistance/representation, courthouse advocates to assist with restraining orders
- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
 - Crisis counseling
 - Safety planning
 - Comprehensive needs assessment/case plan and assistance in achieving individual goals
 - Job preparation and referral to job training programs
 - Assistance in navigating complex systems of service
 - Transportation from danger to safety
- Direct Client Assistance
- Alcohol and drug screening, referral and advocacy for services/treatment
- Links to and information and referral to other needed services
 - Services for pets
 - Job training
 - Police
 - Parenting skills education
 - Permanent housing
 - Economic supports, and
 - Mental health services.

Culturally specific programs provide services designed to fit the needs of survivors and their children from specific populations and/or cultures. Staff is usually bi-cultural and bi-lingual (if appropriate); programs provide outreach to their specific communities; and the program design incorporates cultural values and ways of acting.

Residential Services (Emergency Shelter and Transitional Housing)

Residential services include emergency shelter and transitional housing, with associated supportive services. The maximum capacity of the five shelters in Multnomah County is 89 beds, and the functional capacity is closer to 70 beds per night. Clackamas and Washington County shelters provide another 40 beds to the regional capacity. As indicated below, these services are comprised of emergency shelter and transitional housing, with associated supportive services. Currently, there are no culturally specific emergency shelter facilities, but there are four programs that provide culturally specific scattered site transitional housing services. The services generally associated with residential services include, but are not limited to:

- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
 - Crisis counseling
 - Safety planning
 - Comprehensive needs assessment/case plan and assistance in achieving individual goals
 - Job preparation and referral to job training programs
 - Assistance in navigating complex systems of service and transportation.

Culturally Specific Services

The population specific services that are currently available are mostly non-residential services based in providing case management for specific populations or connection to other services including general domestic violence programs. In addition, these programs provide education about their culture/population to general programs and the public and education about domestic violence to their specific communities. These populations include:

- Hispanic
- African American
- Immigrant or refugees, in particular SE Asian, Eastern European, African
- Russians
- Prostituted women
- Sexual minorities
- Native American
- Middle Eastern,* and
- South Asian*

Services provided in addition to case management include, but are not limited to:

- Urban skills training, money management and other basic life skills
- Transportation: danger to safety, child exchange, for appointments, public transportation
- Emergency housing, such as hotel vouchers, safe homes esp. bi-lingual/bi-cultural
- Limited monetary assistance, especially for those not eligible for public assistance
- Childcare during groups
- Legal assistance
- Provide advocacy/interpreting in medical and other settings
- Job preparation and referral to job training
- Provide limited assistance with education (GED test costs, etc.)

Collaborations and coordination between these service providers

System advocacy

Access services for specific populations to general services

Technical assistance to the domestic violence intervention system.

Information and referral to other needed services

- ESL classes
- Schools/education
- Childcare, safe exchange/visitation
- Medical attention
- Job training
- Parenting skills education
- Permanent housing support

* Services for this population are not currently funded by Multnomah County.

Community-Based Victim Services System Existing Services:

Shelter	Transitional	Non-residential/ general	Non-residential/ specific populations
<ul style="list-style-type: none"> • Bradley-Angle House (BAH) • Clackamas Women's Services (CWS) • Domestic Violence Resource Center/Washington County (DVRC) • Raphael House (RH) • V of A Family Center (VoAFC) • Salvation Army's West Women's and Children's Shelter (West) • YWCA Yolanda House (YWCA) 	<ul style="list-style-type: none"> • Facility-based: BAH Andrea Lee, CWS, West, RH • Scattered-site housing (HUD Horizon): BAH, CPA/Lotus, El Programa Hispano, VofAFC 	<ul style="list-style-type: none"> • Children's programs: All emergency shelters and transitional housing facilities have specialized services for the children of the women in the residential facility. VoAFC provides groups for children in the community. Community Advocates provides intervention in a school-based setting • Court house advocates: Multnomah, Washington and Clackamas Counties all have volunteers or staff • Crisis intervention/ immediate needs: BAH, CWS, DVRC, RH, VoAFC, West, YWCA, PWCL • Legal Aid/assistance: LASO, Lewis and Clark, Immigration Services • Outreach services: VofAFC • Phone support/ problem solving and safety planning: All agencies • Support groups: BAH, VofAFC, PWCL, CWS, DVRC • Mobile Outreach Services: RH, VofAFC 	<ul style="list-style-type: none"> • El Programa Hispano (EPH) • IRCO Refugee and Immigrant Family Strengthening Project (RIFS) • LOTUS (was Council for Prostitution) • Native American Youth Association Healing Circle (NAYA) • NIA (formerly African American Providers Network) • Hispanic Access Programa de Mujeres (Mujeres) • Russian Oregon Social Services (ROSS) <p>These are relative new programs not fully integrated into the system:</p> <ul style="list-style-type: none"> • South Asian Women's Empowerment and Resource Association (SAWERA) • Safe and Strong • Coalition Against Abuse of People with Disabilities (formerly It's My Right) • Middle Eastern Women's Empowerment (MEWERC) • Desarrollo Integral de la Familia

For more detailed information/different format see Appendix C

Funding for the Victim Services System

Funding for the victim services system comes from a complex, piecemeal set of federal, state and local government sources, foundations, private donations and United Way funding. These multiple streams require substantial administrative time in terms of writing proposals, reporting, and tracking differing requirements.

The agencies and programs included in this report have budgets totaling approximately \$7 million. Approximately one-third of the funds come from government sources, including \$1.3 million from four different State offices (Oregon State Police, Department of Justice, Department of Human Services and Department of Housing and Community Development) in 2001, and \$1.8 million from Multnomah County Department of County Human Services in 2001. Funding for Multnomah County programs from United Way in 2002 was significantly reduced from approximately \$350,000 to \$200,000 due to changes in their funding priorities. In addition, budget constraints within Multnomah County funding resulted in a reduction of approximately \$40,000 in the 2002-03 budget. See Appendix E for details regarding FY2001-02 government funding.

The relatively low level of government funding for victim services leads to instability, loss of experienced highly competent staff to better funded systems, high turn-over, as described above. In addition, several agencies/programs are relatively new (developed in the last three years) and have additional significant needs for technical assistance, support from the community, and development of infrastructure to support stable on-going funding. At this time, two agencies are recovering from a significant reorganization and possible loss of funding, and one agency has had to seek administrative oversight by a more established agency.

Vision for Social Change

The victim services system not only provides services to victims and survivors of domestic violence, but also works to change the social structures and beliefs that contribute to this violence. This vision of social change includes several components.

1. Changing Social Attitudes Relating to Domestic Violence

A variety of social attitudes contribute to domestic violence and devaluation of the victims/survivors of domestic violence. These social values need to be replaced by ones that:

- Place responsibility for the violence on the perpetrator, not the victim;
- Place responsibility for stopping the violence on the perpetrator and on the criminal justice system or the community;
- Believe and listen to the victim, and name the violence/abuse;
- Respect the individual's process and to honor victims/survivors for their survival, successes and strength;
- Increase the understanding of who is responsible for abuse, how the community is responsible for safety of victims, and the need to change how relationships between men and women are viewed;
- Understand specific cultures and cultural issues and how domestic violence is viewed within those cultures;

- Recognize social injustice and disparities between privileged and disadvantaged people and how our systems may not be responsive to the needs of disadvantaged people;
- Respond to the context of the victim/survivor’s whole life, not just to the victimization;
- Consistently give batterers the message that violence/control is not acceptable and they will be held accountable; and
- Social change also includes recognizing and responding to social injustice and disparities.

2. Assuring/Developing Sufficient Resources for Victims and Children:

In addition to changing social attitudes, the victim services system works with the community to increase the level of resources available to victims and their children. These include resources that:

- Are needed for survival, such as shelter, money or food;
- Provide more options and a wider range of services to address domestic violence, so that there is time for the victim to “regroup” and to follow her own process, not one enforced by others or by limited services;
- Are accessible to all victims wherever they go;
- Are provided by staff with a high level of expertise regarding domestic violence;
- Include adequate housing, financial support/economic options, resources for children who witness domestic violence; and
- Address abusers to encourage them to stop the abuse or limit their access to the victim.

3. Develop Service Systems that Respond to and Respect the Specific Needs of Victims and their Children

The victim services system works with their partners in assuring that services are effective in addressing the needs of victims and their children. To do so, these services must be:

- Easily available and accessible so that victims get help at their first attempt from someone who speaks her own language, understands her culture and domestic violence in that cultural context;
- Responsive to all of the victim’s needs in a way that is holistic and takes her whole life into account;
- Least disruptive to victim and children, so victims aren’t forced out of her house, job, school, community or support network, and don’t lose their children;
- Provided by staff with a high level of expertise about domestic violence, who are well compensated and given the time to address their own traumatization, regardless of the service system;
- Able to address social injustice and recognize the lack of resources available;
- Coordinated across disciplines and agencies; and
- Proactive, not reactive

Prior Recommendations from Community Organizations

Several agencies and organizations have made extensive recommendations for expansion and improvement of the victim services system. All of them made the same over-all recommendation for an increase in the number and types of services offered for victims and an increase in funding to provide those services.

The following are recommendations from reports by other organizations that relate to the system design and recommendations in this document.

Health Department: Domestic Violence in Multnomah County, 2000

General recommendations:

- Use a comprehensive and coordinated approach
- Honor and expand on the work that local domestic violence advocates and services providers have carried out over the past 30 years
- Work with the many different segments of community to develop and put in place new approaches
- Increase public and private funding to prevent domestic violence and address its impacts.

Responding to children who witness domestic violence:

- Ensure that people who work with children know how to identify children exposed to domestic violence, take steps to increase the safety of these children, know what services and resources are appropriate to help address the negative impacts
- Expand services to address the emotional developmental needs of children exposed to domestic violence

Expand services for victims:

- Enhance the availability and variety of services for victims of domestic violence
- Develop prevention and intervention approaches that take advantage of natural community networks and systems – friends and family, employers, health care providers, places of worship and other community institutions

City Club of Portland: Domestic Violence – Everybody’s Business, July 1997

- Double the emergency shelter capacity and services for victims of domestic violence
- Require health care and social service professionals to provide information to suspected victims of domestic violence concerning their rights, remedies and services
- Increase public awareness of domestic violence and provide training for professionals
- Increase services for domestic violence victims
- Stabilize and increase victim resources:
 - City/County funding level for domestic violence services should increase as follows from 1997 level of \$1.2 million (does not include HUD)
 - On-going victim services \$450,000
 - Non-shelter based services \$225,000 – specifically attached to health care, religious organizations and community centers
 - New emergency shelter operations \$200,000
 - Restraining order advocacy \$25,000
 - Legal representation for low-income domestic violence victims \$80,000
 - Transitional housing services for victims and children \$100,000
 - Address the needs of different ethnic and cultural backgrounds
 - Total: \$1.8 million
 - In addition, a one-time \$1.6 million expenditure is needed to build or purchase and remodel two buildings: one for transitional housing and one for emergency shelter

Family Violence Coordinating Council: *Harassment to Homicide II*, February 1994

- Create a multi-disciplinary response team to act as victims' advocates throughout the system.
- Coordinate between national, state, and local government for funding. Raise money in the private sector as well.
- Raise money to stabilize funding for existing shelter services and potential expansion
- Explore and develop additional transitional housing resources for victims
- Seek stable, committed funding for on-going shelter operations; then expand bedspace
- Implement a program for large corporations to help provide/develop funding for an "adopted shelter."
- Support efforts to recruit attorneys and law students to assist victim in restraining order cases.

Multnomah County Department of Community and Family Services *Domestic Violence Victim Services And School-Based Prevention Programs*, June, 1999

During the planning process, several issues were raised which appeared to be beyond the time available and scope of this planning process. The Planning committee recommends that future discussions and planning be held to address the following issues:

- How AFS clients can be better served and service coordinated
- Improving access to the system, considering the high number of women and children turned away from shelter
- What are the barriers and needs and how can they be met, by populations that don't have access to mainstream resources, such as food stamps
- Mental health and alcohol and drug treatment – collaboration, relationship building, more efficient use of existing programs, cultural competency
- Screening tools for mental health and alcohol and drug issues
- Need for mainstream agencies to collaborate and build competency in working with cultural groups that do not receive funding for specific services.
- Develop a more holistic approach to victim services
- Building a better relationship between the County funding entity and the victim services programs.
- Teen dating violence
- Methods to track multi-racial heritage among domestic violence service recipients
- Development of a plan for an "ideal system" of victim services/prevention.

Meyer Memorial Trust, *Domestic Violence Services in the Portland Metropolitan Area* by Marlene Farnum

- The major challenges facing the system are:
 - A lack of an adequate, stable source of funding
 - Domestic violence agencies are under funded and staff underpaid
 - Women who need shelter services have much more complex issues that they face, such as alcohol and drug abuse, mental health issues, poverty, and racial and ethnic barriers
 - Affordable housing is limited

- Understaffed agencies have limited resources to put toward participation in a coordinated community response and the necessary collaboration and training.

Foundations of the Plan

The foundations of this plan span a wide variety of documents and concepts. It utilizes the prior recommendations and the findings of the Multnomah County Family Violence Coordinating Council, both listed above, and the knowledge, experience and expertise of the participants in the planning process.

As a starting point to guide the development of the system and description of services, the planning committee created the following Goals and Values for the victim services system.

Goals

1. Assist victims of domestic violence and their children to achieve safety, stability, healing and the freedom to make their own choices
2. Change the social norms and institutions that contribute to or promote domestic violence.
3. Eliminate domestic violence.

Values

- All people have the right to live free from domestic violence or the threat of such violence.
- Services must be culturally appropriate, based in respect for all individuals and a desire to build a rich multicultural community.
- Services should be part of a coordinated community response to domestic violence, which includes the victim services system, law enforcement, the criminal and civil justice system, health care, social services, the workplace, faith communities and public and school-based education and prevention.
- Intervention and prevention strategies must hold perpetrators responsible for and accountable for the abuse and not blame the survivors for either the effects of the abuse or for the actions of the abuser.
- Women and children have the right to make their own choices, to counter the strategies of the abuser, to develop a social support system, and to heal from the abuse.
- Eliminating domestic violence is the responsibility of each community member, individually and collectively.

In addition, the planning committee identified several other key facts or assumptions that should be taken into account in the development of this system, including:

1. The goal is to be as **responsive as possible to the needs** of individual victims.
2. An understanding that **alignment to a long-range plan** can assist in making decisions regarding funding, program development, collaborative agreements, development of new resources, and ultimately be more responsive to the needs of victims and their children.
3. This plan is **built on a foundation of existing core services** and augments the level and quality of them. There are 16 programs in Multnomah County (see Appendix C) that provide

domestic violence intervention or prevention services specifically relating to domestic violence and participate in on-going planning for and coordination of the system. Together they

- a. Receive 20,000 calls to the eight County crisis lines in the Tri-County area;
 - b. Provide shelter or transitional housing to 5,000 women and children, and turn away many more;
 - c. Assist 2,000 victims in obtaining restraining orders at the courthouse;
 - d. Provide almost 1,000 victims and their children with outreach services such as case management, support groups, transportation and assistance in accessing other services; and
 - e. Provide culturally specific/population specific services to almost 1,000 victims and their children. Services include co-case management, outreach, support and other services to victims from specific populations.
4. The planning committee also recognizes the strong **need for specialized services for specific populations**, including those victims and children:
- Whose native language is not English
 - Have mental health or alcohol and drug problems
 - Whose culture and ethnicity are not that of the dominant culture
 - Are immigrants, refugees, asylees or undocumented
 - Are marginalized, such as prostituted women or have long familial histories of abuse or poverty
 - Are sexual minorities
 - Have disabilities, including developmental disabilities.
5. **The mode of service delivery** should:
- Be flexible, non-intrusive and provide minimal disruption to meet the expressed needs and desires of the victim;
 - Be easily accessible, having both a single easily accessible point of entry and multiple points of entry;
 - Be provided in person when possible by well-trained, professional staff; and
 - Be augmented by partnerships among responding agencies (such as police, advocates, court and others).

Components of a Model Community-Based Victim Services System

A model community-based victim services would have the following characteristics and elements:

1. Incorporate the goals, values and the vision of social change:

The Model System should be non-intrusive, culturally appropriate and/or culturally or population specific, easily accessible, having both a single easily accessible point of entry and multiple points of entry, when possible be provided in person by well-trained, professional staff; and be augmented by partnerships among responding agencies (such as police, advocates, court and others).

2. Built on a strong foundation/expansion of existing core services

The ideal system plan depends on having a set of core services that have a solid foundation, both in terms of funding and in terms of the level and quality of services provided. The existing services listed above to a large extent represent the core services needed. Core services include telephone crisis intervention and access, emergency shelter and transitional housing, non-residential services, including support groups, legal representation and advocacy, outreach, and culturally or population specific services.

As indicated above, several reports have documented a significant lack of services for victims of domestic violence. There is a particular need to expand the following:

- Non-residential outreach services, including long-term follow-up services, mental health services for survivors and their children
- Culturally or population specific services,
- Bi-lingual and/or bi-cultural staff at general programs,
- Emergency shelter beds, in particular for victims who have on-going severe or current alcohol and drug abuse problems, speak Spanish or are in the East County area
- Transitional housing and
- Crisis intervention.

3. Increase the level of existing core services:

Several organizations or agencies have documented a significant lack of services for victims of domestic violence. Additional non-residential outreach services, culturally or population specific services, emergency shelter beds, transitional housing and crisis intervention are needed.

Services for additional specific populations are needed. The following populations currently have few or no services specifically designed to meet their special needs.

- People with developmental disabilities,
- Young women/unemancipated minors,
- Middle Eastern women,
- Male victims (gay and heterosexual), and
- Transsexuals

4. Develop New Services: The Model System identifies four new services that are not well-established in the region, but have been shown to be successful elsewhere or have small pilot projects awaiting expansion (described below):

- Regional Centralized Resource For Information, Referral And Intake,
- On-site Collaborative Services placed at offices of other social services, such as mental health counseling, Oregon Department of Human Services Self-Sufficiency and Child Welfare, health care providers, hospitals, Family Centers, and other geographically sited agencies, and
- Multi-disciplinary Domestic Violence Walk-In Centers
- Increased advocacy for a coordinated community response to domestic violence.

Description of Proposed New Services

The **Regional Centralized Resource For Information, Referral And Intake** facility will provide telephone-based information and referral to victims of domestic violence and to professionals working with victims. In addition, it will assist victims in contacting and accessing specific services. The Centralized Resource will build on the existing Byrne funded project to develop a regional information and referral resource. Ultimately staff will provide a pre-screening for victims seeking shelter; they will provide a “warm” handoff, so that the victim is transferred directly to an agency staff person; and provide screening information to the agency staff person with permission of the victim. In some cases, they may make additional phone calls to find appropriate services for the caller.

On-Site Collaborative Services are geographically based services that are dispersed throughout the county in established social service/health care offices. For example, a victim advocate may be co-located full or part time at a DHS Integrated Services Office, at a health clinic, a mental health agency or parent-child development center. The advocate would provide direct services to victims accessing these other services and consultation to the caseworkers on site, and would advocate for more effective services. Geographically based service systems have been shown to be very successful as Health Clinics, Parent-Child Development Centers, Family Centers, Caring Communities and Oregon Department of Human Services Integrated services and at schools. On-site Collaborative domestic violence services have been shown to be effective at the Portland Police Domestic Violence Intervention Team and DHS Child Welfare Offices.

Two to four case managers would be assigned per geographic area (based on Caring Community map), and two to four Portland Police Bureau precincts (5), Gresham Police Department, if appropriate to work with their Community Safety Specialist, and Sheriff’s law enforcement unit. In addition, advocates would be assigned to Juvenile/dependency court, civil court to expand these services, jail/correctional facilities, and to work with Department of Community Justice.

Possible service programs for placement of Advocates include:

- DHS integrated offices
- Community Centers
- Caring Communities
- Homeless Family programs
- Parent child development centers
- Family Resource Centers
- Health clinics
- Mental Health walk-in clinics or other offices
- Probation Domestic Violence Unit and Family Services Unit
- Juvenile/dependency court
- Civil court; restraining order advocacy, expanded
- Jail/correctional facilities

Caring Community/DHS districts

- West (New Market Theater)

- N. Portland
- Jefferson
- Grant Madison
- Inner SE
- Franklin
- Outer SE
- Mid-County
- East County

The Multi-disciplinary, Domestic Violence Walk-In Centers are envisioned to provide services 24 hours a day, 7 days a week to victims of domestic violence and their children. It will house domestic violence victim advocates, legal assistance, services for children who witness domestic violence, culturally specific services and other needed services such as welfare, health care, mental health counseling, and law enforcement assistance. Support groups, parenting skills classes, and other services may also be available on site. In particular, collaborative service centers have been developed with co-located services specifically geared to be responsive to domestic violence issues in Colorado Springs, San Diego, Phoenix, and Mesa, Arizona. These “one-stop” centers include law enforcement, district attorney, welfare, child welfare, victim advocacy, legal assistance and in some cases civil court personnel. Several sites have been suggested to house such a walk-in center. These include co-location at Gateway Children’s Center with the Portland Police Bureau Family Services Division, hospitals, and victim center at the Washington County courthouse. Management of the Walk-In Centers needs to retain the focus on domestic violence and victim advocacy, rather than take on the goals and objectives of the site where it is located.

Increased Advocacy for an Appropriate/Effective Coordinated Community Response will focus on changing social attitudes, developing sufficient resources and developing systems that respond to the needs of victims and their children. Because victims seek support and assistance from family, friends, co-workers, employers, health care professionals, law enforcement, courts, and social services, these individuals and organizations need to be prepared to provide appropriate and effective assistance. The victim service system has significant expertise and relationships to provide this advocacy, but must balance provision of services with limited resources for this advocacy work. In the planning process several specific examples were raised including the following:

- The need for emergency restraining order hearings at multiple sites in the county;
- Foster care homes specifically for victims of domestic violence with developmental or physical disabilities or for seniors;
- Translators and interpreters who are well-trained and available to assist victims of domestic violence in court and health care settings;
- Mental health counseling for victims of domestic violence and their children by specialists in trauma, abuse and domestic violence; services in Spanish for children who witnessed domestic violence are particularly needed.
- Changing policies and/or procedures that unintentionally endanger, disadvantage, or do not take into account the needs of victims and their children. An example of policies that unintentionally can disadvantage victims is the recent emphasis on responding to children who witness domestic violence without having services for their abused mothers.

- Increased affordable housing.
- The need for universal screening and appropriate response in health care settings including appropriate response to domestic violence by employers and schools.
- More trained response teams that include domestic violence advocates working as a partner with law enforcement, responding to domestic violence situations.

Implementation of the Model System

The implementation of this model system will require changes in current procedures and service delivery in some cases, increase in the level of existing services and development of new services. Implementing this model will require a significant increase in the level of funding for services to victims of domestic violence as well as collaborative agreements between the victim services system agencies and other organizations and creative financing and solutions.

Because of the complexity and cost of implementing this model, the planning committee recommends that its implementation be staged. The following is a description of the first stage implementation recommended by the committee. It is expected that this first stage will require approximately five years to realize.

Augmentation of existing core services

- Culturally specific or population specific programs for (\$300,000) to fund domestic violence specific services for 3-4 new populations (Middle Eastern, South Asian, women with disabilities, and sexual minorities), to increase the number and types of services already funded, and to help build infrastructure in smaller organizations.
- Stability and quality of existing programs (\$300,000)
- Additional 50 new emergency shelter beds (2 new shelters) for the following populations: Spanish-speaking and women with significant drug or alcohol addiction. (\$800,000)
- Two new scattered site transitional housing case managers with rent assistance funds (\$200,000). Together with motel vouchers funds, this type of service can expand the emergency shelter capacity.

Total for existing core services, first stage **\$1,600,000**

Regional Centralized Resource For Information, Referral And Intake developed using information and planning funded by the Byrne Grant to the Domestic Violence Coordinator's Office and in partnership with existing crisis or Information and Referral line to provide infrastructure and space. A discussion with the Mental Health Centralized Intake Line staff has indicated support for co-locating contracted domestic violence program staff with the expanded Centralized Intake Line staffed with County employees. Such a partnership would provide 24-hour staffing, mental health and domestic violence expertise on site, a reduction in infrastructure, computer and database costs to the Domestic Violence Centralized Access Line. It is estimated that together with current funding and resources, approximately \$250,000 would provide full-time staffing and volunteers.

Total for Regional Centralized I&R Resource, first stage **\$250,000**

On-site Collaborative Services, as a starting point, this plan recommends funding 1 FTE from victim services system agencies in each of the 9 County geographic areas/Caring Communities to be placed in existing social service agencies. One role of the staff would be to advocate for appropriate/effective response by the host site. (\$450,000).

Total for Collaborative Services, first stage **\$450,000**

Multi-disciplinary, Domestic Violence Walk-In Center, Phase I in conjunction with an existing facility. Again, to maximize on-site expertise and minimize overhead and administrative costs, the Walk-In Center could be co-located with an existing facility. One possible co-location site would be the Gateway Children’s Center social services building (law enforcement, district attorney’s building). \$100,000 in funding would provide two victim advocates to assist in providing services.

Total for Walk Center, first stage: **\$150,000**

Advocacy for Appropriate/Effective Response By Community Partners, Phase I would provide victim services system agencies and the Multnomah County Domestic Violence Coordinator's Office with additional resources to provide training and technical assistance, develop collaborative projects, assist in the development of protocols, and participate in on-going coordination and collaboration efforts. (\$50,000).

Total for Advocacy, first stage: **\$50,000**

Total first stage implementation cost: **\$2,450,000**

A re-assessment of the system will be necessary to determine which areas have been most fully developed, most successful and most cost effective before further full implementation of the model is undertaken. However, it is estimated that the full model will cost approximately \$12 million to implement. Only at that time will all victims of domestic violence have easily accessible, effective services available to them and their children.

APPENDIX A: Participants Invited to Planning Meetings

NAME	AGENCY
BADE, Susan	YWCA Yolanda House
BARRERA, Patricia	Lola Greene Baldwin Foundatio
BAUMGART, Caren	DV Coordinators Office
BIDNICK, Cindy	Court Operations Supervisor
BILLHARDT, Kris	Volunteers of America Family Center
BRAETIGAM, Bonnie Jean	DHS Child Welfare
BRAY, Doug	Court Administrator
BRIDGES, Laura M	Chairs Office
CAMERON, Deborah	Domestic Violence Resource Center
CAMPBELL, Lorena	East County Caring Community
CLARK, Ron	Communities Against DV
CONNELLY, Lorena	Desarrollo Intergral de la Fam
CURRY, Mary Ann	School of Nursing SN 5S
DARCY, Nathalie	Metropolitan Public Defenders
DILLARD, Delcia	Raphael House
DIMICK-BUCH, Ginny	IRCO
DUKE, Rachel	Housing Authority of Portland
ELLIS, Erin	Sexual Assault Resource Center
ERVINS, Lynn	Multnomah County DCHS
FELDMAN, Dr. Virginia	Kaiser East Interstate
FORESTER, Diana	Aging Services NE Branch
GARCIA, Angela	Tualatin Valley Centers
GENAUER, Gabrielle	Domestic Violence Resource Center
GLANTZ, Betty	Aging Services/Coalition to S
GOODEN RICE, Carol	Portland Women's Crisis Line
GUERRERO, Theresa	OCADSV
HALL, Joyce M	MCIJ Corrections Counselor
HANSEN, Yelena	Russian Oregon Social Services
HEYWORTH, Stacy J	District Attorney's Office
HUFFINE, Chris	Mens Resource Center
HUNT, Wendy	Gresham DV Unit
INGRAM, Amy	Human Solutions
JAMES, Sharon E	Family Court Services
JARAMILLO, Linda M	Multnomah County Health Department
KURSHNER, Hon. Paula J	Circuit Court Judge
LEHR, Angela	Washington Co. DVIC
LINK, Aaron	Outside In
LYONS, Heather	BHCD
MASON, Guruseva	Salvation Army
MAXWELL, Joyce	LOTUS
MAZHAR, Pari	MEWERA
MCFARLAND, Karla	Bradley-Angle House

MCKAY, Lana S	Dept of Community Justice
MCNEFF, Lizzi	OHSU Center on Self-Determination
MOHR, Pat	West Women's Shelter
MONTANO, Carmen	Portland Police/DVIT, Domestic Violence Coordinator's Office
MOORE, Kathy	Clackamas Women's Services
MOORE, Valerie	InAct
NEAL, Annie	Multnomah County Domestic Violence Coordinator's Office
OPPERMAN, Craig	Christie School
OSBORN, Denise R	Multnomah County DDS
PEATOW, Rebecca	Guide Line
PENDERGRAFT, Katy	Hope For Families
PITTS, Cecile	Multnomah County OSCP
RAMIREZ-MCKEE, Lupe	Programa de Mujeres
RATCLIFF, Captain Larry	PPB Family Services Division
RICHMOND, John	DHS Child Abuse Hotline
ROCKHILL, Anna	PSU Regional Research Institute
RUTOVA, Karina	Russian Oregon Social Services
SALINAS, Virginia Q	Multnomah County OSCP
SANCHEZ, Tawna	NAYA
SANTOS, Aimee	OR Dept of Human Services Health Division
SCHRADER, Carol	Community Advocates
SCOP, Jonathon	Catholic Charities Immigration Services
SCOTT, Laura	IRCO Family Law Ed Program
SELIG, Robin	Legal Aid Services of Oregon
SHACKELFORD, Donna	Multnomah County OSCP
SLAUSON, Sgt. Dan	PPB DVRU
STORY, Mark	Raphael House
SWANSON, Patti	Eastwind Center
SWEETEN-LOPEZ, Oscar	OHDC/Hispanic Access Center
VASOLI, Theresa	El Programa Hispano
WARD, Rev. Renee	NIA
WILDER, Renee	SAWERA
WILSON, Cate	Oregon Medical Assn
WOLLEN, Kristin	Friendly House
WRIGHT, Terry	Lewis & Clark Legal Clinic
WRIGHT, Thomas	American Research
	Ecumenical Ministries

Appendix B: Service Needs of Victims of Domestic Violence

	VSS Currently provides	VSS Should Provide	VSS link/ partner	Available in community	Advocate for
Culturally specific domestic violence services	X (not sufficient for need)	X	X	X	X
Case Management that would include <ul style="list-style-type: none"> • Training or assistance with money matters, urban and life skills • Linkage to job training/one-stops, permanent housing, A&D assessments and treatment, mental health services • Assist a client in overcoming barriers to services and to jobs • Crisis intervention/counseling; immediate advocacy • Safety planning • Coordination with police or other service provider • Assistance in obtaining a Restraining Order • Links to housing/emergency shelter • Links to long-term services • Assessment for A&D, mental health or other specific needs • Domestic violence education 	X	X	X		X
Referral to a wide variety of services, such as : <ul style="list-style-type: none"> • ESL classes • Money management, life and urban skills training • Schools or other job preparation program • Child care • Legal assistance • Services for dependents (pets) 	X	X	X	X	X
Monetary or direct client assistance (flexible funds) <ul style="list-style-type: none"> • Especially for those not eligible for current self-sufficiency programs • Job assistance, tools, transportation • Rent assistance or other housing related costs, changing locks • Medical attention, with links to services that provide language and culturally appropriate services • Transportation • Child care 	X Need More	X	X		X
Co-case management with general domestic violence	X	X			X

	VSS Currently provides	VSS Should Provide	VSS link/ partner	Available in community	Advocate for
programs					
Emergency housing <ul style="list-style-type: none"> hotel vouchers, safe homes, or shelter linkage and co-case management with existing general shelter program 	X	X Services for clients with D&A issues	X	X	X Low income housing
Services for children who have witnessed domestic violence in conjunction with or services for victims	X	X	X	X	X
Collaborations and coordination between these service providers	X	X	X		X
System advocacy	X	X			X
Legal Representation specifically for immigration matters.	X	X	X St. Andrews Catholic Charities	X	X
General Services					
Immediate advocacy , to include: <ul style="list-style-type: none"> Crisis counseling Safety planning Linkage to police, if appropriate for lethality assessment, panic button and batterer intervention Assistance in obtaining restraining order Transportation from danger to safety 	X	X	X		X
Case Management/Advocacy <ul style="list-style-type: none"> Comprehensive needs assessment/case plan and assistance in achieving individual goals Domestic violence awareness education and support groups Mental health screening, referral, and advocacy for services/treatment – have a strong need for cultural specific services for children that are language specific and child specific. Alcohol and drug screening, referral and advocacy for services or treatment evaluation Employment support Information and referral to other needed services 	X	X	X		X
Flexible funding/direct client assistance (Locks changes, transportation, medical care, documents, especially for women without children)	X Need much more	X	X	X	X
Follow up within twenty-four hours of referral from police, emergency room, health care provider or other		X	X		X

	VSS Currently provides	VSS Should Provide	VSS link/ partner	Available in community	Advocate for
emergency care provider					
Referral to: <ul style="list-style-type: none"> • Permanent housing support, referral • Ready to rent classes • Schools or job preparation • Child care, legal assistance, services for pets 	X	X	X	X	X
Emergency Shelter/ safe homes – bed nights, case management hours, support groups, children’s services, direct client assistance	X Need at least 50 beds more	X	X Link to Family System		X
Transitional housing – bed nights, case management hours, support groups, children’s services, direct client assistance	X Very little	X	X	X More low income housing	X
Legal representation – representation in a variety of civil family law cases and immigration assistance (advice and information to battered immigrant women about immigration resources and issues and coordination of family law representation with a woman’s immigration attorney and/or advocate).	X	X	X	X	X
Long-term follow-up services – up to two years					
<ul style="list-style-type: none"> • ESL classes • Money management, life and urban skills training • Translators available at health care providers, court, criminal justice system, welfare, etc. who are trained and sensitive concerning domestic violence issues. • Schools or other job preparation program • Child care (affordable, emergency, for sick children) • Legal assistance • Services for dependents (pets) • Permanent housing support, referral • Ready to rent classes • Health care providers who are sensitive to the issue of domestic violence 	X	X	X	X	X
<ul style="list-style-type: none"> • A&D Treatment – NO, but formal linkage to treatment • Mental health counseling – NO, but formal linkage to treatment 			X	X	X

Appendix C: Victim Service System Services

SERVICE	EXISTING * Partial County funding	CAPACITY	NEEDS
CENTRALIZED I&R/CRISIS LINE RESOURCE	*Eight existing crisis 24/7 lines throughout the county presently are in existence in addition to at least two culturally specific lines that are not 24/7.	PWCL – 20,000 calls a year; 5 shelter lines with varying capacity.	A single access line that allows victims access to immediate straightforward crisis intervention and shelter or other services. The documented need for central access is being explored through a existing Byrne grant.
CRISIS INTERVENTION	*Is provided at all DV service agencies on some level	Undefined	More centrally accessible intervention services
EMERGENCY SHELTER-SINGLES	*SA West Women *Raphael House *Bradley Angle House *Yolanda House *VOA Family Shelter	10 beds 2 beds 4 beds 4 beds No dedicated beds	More; capacity for women under the influence/in need of A&D tx; on-site mental health services; language/culture specific; accessible to people with disabilities or to males; sited in East County.
EMERGENCY SHELTER-FAMILIES	*SA West Women *Raphael House *Bradley Angle House *Yolanda House *VOA Family Shelter	2 units /5 beds 10 units /31 beds 1 dorm/11 beds 7 units/15 beds 4 units/12 beds	More; capacity for women under the influence/in need of A&D tx; on-site mental health services; language/culture specific; accessible to people with disabilities or to males; sited in East County.
TRANSITIONAL HOUSING- FACILITY BASED	*Bradley Angle House Raphael House YWCA SA West Women’s	9 units/18 beds 8 units 8 units 20 single beds-3 flex units & 3 two-family apartments	
TRANSITIONAL HOUSING- SCATTERED SITE	*Bradley Angle House *VOA Family Center *LOTUS *Catholic Charities-El Programa Hispano	10 families 10 families 10 families 10 families	More; useful model together with vouchers to expand “emergency shelter” capacity – see comments under Emergency Shelter above
VOUCHERS/ SHELTER	*A DV pool of approximately \$32,000 annually is available	Provides about 128 weeks of shelter	Frequently over-spent, indicates need for more funding in this area, plus need for accessible voucher sites
RENT ASSISTANCE	*Six DV agencies have set aside funding for rent assistance about	Serves about 20 families a year	

SERVICE	EXISTING * Partial County funding	CAPACITY	NEEDS
	\$12,000 annually		
CULTURALLY SPECIFIC SERVICES (Includes, crisis intervention, advocacy, case management, basic needs, etc.)	<ul style="list-style-type: none"> *African American/Caribbean/ African *Prostitution/Sex Industry *Latina *East European/Asian *Russian *Native American *Sexual Minorities 	<ul style="list-style-type: none"> 40 clients 40 clients 80 clients 40 clients 60 clients 40 clients 20 clients 	Additional populations identified include Middle Eastern, South Asian, and women with disabilities and sexual minorities; increase services/capacity for other populations
GENERAL NON-RESIDENTIAL SERVICES	<ul style="list-style-type: none"> *Courthouse advocacy *Civil legal representation *Support groups *Outreach services *Children's programs Outreach services: Phone support/ problem solving and safety planning: 	<ul style="list-style-type: none"> Multnomah, Washington and Clackamas Counties LASO, Lewis and Clark, Immigration Services BAH, VofA VofA All emergency shelters and transitional housing. VofAFC provides groups for children in the community. Community Advocates provides intervention in a school-based setting VofAFC All agencies 	<ul style="list-style-type: none"> Increase language and follow-up capacity Increased need for restraining orders (contested and initial hearing), custody, visitation, INS

SERVICE	EXISTING * Partial County funding	CAPACITY	NEEDS
	Support groups:	BAH, VofAFC, PWCL, CWS, DVRC	
ON-SITE COLLABORATIVE SERVICES	Child Welfare Offices Jail support groups Mobile Outreach Service/police:	VofA part-time; CWS VofA RH, VofAFC	No other on-site collaborative services have been developed or funded. Need for these services at agencies that provide services to homeless families/women, DHS Self-Sufficiency and Child Welfare, health care clinics, mental health facilities, jail, probation, and other sites.
WALK-IN ADVOCACY CENTER	None currently exist		Need for 3-4 centrally located sites, with a multi-disciplinary approach to domestic violence intervention.
ADVOCACY FOR APPROPRIATE/EFFEC TIVE RESPONSE BY COMMUNITY PARTNERS	All agencies do this to some extent, together with the Family Violence Coordinating Councils of Multnomah, Clackamas and Washington counties	Undefined	Need dedicated funding to provide time for victim services system agencies to develop the relationships, participate in planning or other activities.

Appendix D: Recommended Services to be Provided in Each Type of Core Service

Note that in some cases, each agency is expected to provide the full list of services (Residential Programs), and in other the services should be provided in the system as a total, but each agency is not expected to provide all the services listed (for example General non-residential services).

Residential (Emergency and Transitional Housing)

- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
 - Crisis counseling
 - Safety planning
 - Comprehensive needs assessment/case plan and assistance in achieving individual goals
 - Job preparation and referral to job training programs
 - Assistance in navigating complex systems of service and Transportation.

General non-residential services

- Telephone crisis intervention
- Monetary or direct client assistance
- Legal assistance/representation, courthouse advocates to assist with restraining orders
- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
 - Crisis counseling
 - Safety planning
 - Comprehensive needs assessment/case plan and assistance in achieving individual goals
 - Job preparation and referral to job training programs
 - Assistance in navigating complex systems of service
 - Transportation from danger to safety
- Direct Client Assistance
- Alcohol and drug screening, referral and advocacy for services/treatment
- Links to and information and referral to other needed services
 - Services for pets
 - Job training
 - To police for panic buttons, lock changes
 - Parenting skills education
 - Permanent housing
 - Economic Supports
 - Mental Health services

Population specific non-residential services

Urban skills training, money management and other basic life skills

Transportation: danger to safety, child exchange, for appointments, Public transportation

Housing: Emergency (i.e. hotel vouchers, safe homes esp. bi-lingual/bi-cultural)

Limited monetary assistance, esp. for those not AFS eligible (flexible funds)

Child care during groups

Legal assistance

Provide advocacy/interpreting in medical and other settings

Job preparation and referral to job training

Provide limited assistance with education (GED test costs, etc.)

Collaborations and coordination between these service providers

System advocacy

Access services for specific populations to general services

Technical assistance to the domestic violence intervention system.

Information and referral to other needed services

ESL classes

Schools/education

Childcare, safe exchange/visitation

Medical attention

Job training

Parenting skills education

Permanent housing support

APPENDIX E. Summary of Government Funding to Victim Services Programs in the Tri-County Area

FY 2001-02												
Agency	MLT	CFAA	VOCA	VOCA	VOCA	VAWA	VAWA	CFAA	FVPSA	Mult Co	Mult Co	Total
		D V	Basic	D V	SA	D V	SA	SA				
Culturally Specific Programs												
AAPN	4,344	12,321							9441	58,000		84,106
DIF					37,500			20,244				57,744
EPH	4,344	24,642				19,426			9441	50,000	91,701	199,554
IRCO RIFS	4,344	12,321							9441	82,200		108,306
Lotus/CPA	4,344	24,642				19,426		12,720	9441	55,209	108,980	234,762
NAYA	4,344	12,321				17,663			9441	42,600		86,369
OHDC/PdM	4,344	24,642				19,426			9441	52,188		110,041
ROSS	4,344	12,321		23,000					9441	92,782		141,888
SAWERA				37,500								37,500
BAHouse										10,000	88,673	98,673
VofA FC											76,773	76,773
Sub-Total	30,408	123,210	-	60,500	37,500	75,941	-	32,964	66,087	442,979	366,127	1,060,270
General Programs												
BAHouse	17,364	24,642	32,911	19,603		19,426			18,882	230,390		363,218
Comm Adv	4,344	24,642							9,441			38,427
CWS	17,364	24,642	51,069			19,426			18,882			131,383
DVRC	17,364	24,642	32,911			19,426			18,882			113,225
PWCL	17,364	24,642	34,352					31,800	18,882	36,487		163,527
Raphael House	17,364	24,642	23,633			19,426			18,882	154,309		258,256
SARC			45,629		74,680		17,663	36,768				174,740
VofA FC	17,364	24,642	12,367	37,689		19,443			18,882	149,584		279,971
West Women's	17,364	24,642	27,412			19,443			18,882	167,615		275,358
YWCA Yolanda	17,364	24,642	26,038			19,426			18,882	152,575		258,927
Legal Aid										66,000		66,000
Sub-Total	143,256	221,778	286,322	57,292	74,680	136,016	17,663	68,568	160,497	956,960	-	2,123,032
Total	173,664	344,988	286,322	117,792	112,180	211,957	17,663	101,532	226,584	1,399,939	366,127	3,183,302

Italicized numbers designate services sub-contracted through eligible programs

MLT: Administered by Oregon Department of Human Services, Oregon Marriage License Tax

CFAA/D V: Administered by Oregon Department of Human Services, Oregon Criminal Fines and Assessment, domestic violence

CFAA SA: Administered by Oregon Department of Human Services, Oregon Criminal Fines and Assessment, sexual assault

FVPSA: Administered by Oregon Department of Human Services, Federal Family Violence Prevention and Services Act funds, 9 months of funding 10/01-6/02

VOCA Basic: Administered by Oregon Department of Justice, 10/01-9/02

VOCA D V: Administered by Oregon Department of Justice, domestic violence specific funds, 10/01-9/02

VOCA SA: Administered by Oregon Department of Justice, sexual assault specific funds, 10/01-9/02

VAWA: Administered by Oregon State Police, Federal Violence Against Women Act funds for domestic violence

VAWA SA: Administered by Oregon State Police, Federal Violence Against Women Act funds for sexual assault

Mult Co: Administered by Multnomah County, includes General Funds and State EHA, SHAP

Mult Co: Administered by Multnomah County, HUD funding