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# Multnomah County Community-Based Victim Services System Assessment

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*Multnomah County Family Violence Coordinating Council*

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## Introduction

In the fall of 2000, the Multnomah County Family Violence Coordinating Council began an in-depth process to assess the community-based services for victims of domestic violence and their children in Multnomah County and in the tri-county area of Clackamas, Multnomah and Washington counties. The assessment looked at the level and types of services available, the barriers to receiving services and gaps in needed services. This report is the result of that process, and forms a core set of information to be used to develop a more comprehensive plan for the community-based domestic violence victim services system.

The Council worked with several partners during this assessment. Partners included:

- The Multnomah County Domestic Violence Coordinator's Office
- Tri-County Domestic and Sexual Violence Intervention Network
- Multnomah County Department of Community and Family Services Division of Community Programs and Partnerships and
- The City of Portland Bureau of Housing and Community Development.

Over the last ten years, the community-based victim services system has developed in a piece-meal fashion. Services have been added when funding has become available, as new needs were identified or when there were resources to develop new services. In 1999, during the Multnomah County Request For Proposal planning process, participants recognized the need for a more comprehensive plan and made a commitment to come back together to formulate a more comprehensive plan when "money wasn't on the table."

This assessment is primarily qualitative in nature. It addresses issues such as funding, services provided, needs and barriers of specific populations, policies and practices, communication, training, gaps and barriers in providing services to victims of domestic violence.

The scope of this report is limited to community-based victims services programs (programs that are provided by private, non-profit agencies). The Family Violence Coordinating Council and the Multnomah County Domestic Violence Coordinator's Office initiated this study in response to the Council's interest in what victim services were available and the County's interest in developing a plan for a system of services that it partially funds.

It is important to note that the community-based victim services system is part of a much larger system of response that includes law enforcement, prosecution, probation, health care, schools, faith communities, and civic and business organizations. The intent of this report was not to assess the government based victim services and this report makes no conclusions as to the merits or importance of government based victim services. Thus, this report should not be used to make decisions regarding the levels or relative priorities of funding for government and community-based services. The Family Violence Coordinating Council values the separate roles that government and community-based victims services play as part of its coordinated response to domestic violence in Multnomah County.

## Methodology

The Domestic Violence Coordinator's Office and Family Violence Coordinating Council spent approximately one year gathering information for this assessment. Information was gathered in three settings:

1. **Presentations by all community-based victim service agencies/programs to the FVCC at the Council's regular monthly meetings.** Presenters were asked to provide information about what their agency or program provides, populations they serve and about the gaps in services and/or barriers faced by their clients. The information presented to the Council was compiled in meeting minutes.
2. **Interviews with 17 stakeholders concerning the needs of victims of domestic violence and the current service system.** Approximately one-half of those interviewed were staff at victim service agencies, including administrators and case managers/front line workers. The other half of those interviewed were from partner agencies, such as police, other social service agencies, and Oregon Department of Human Services (formerly Adult and Family Services and State Office for Services to Children and Families). Interviews were standardized and conducted by paid staff or a volunteer.
3. **Nine focus groups.** Separate groups were held for staff of victim service agencies, partner agencies and survivors of domestic violence. In all, approximately 45 people attended the focus groups.

For additional information about the interview or focus group questions or participants, contact the Family Violence Coordinating Council.

The questions in both interviews and focus groups covered gaps, barriers and concerns. Thus a significant proportion of the information gathered was about problems and shortfalls in the system.

The information from all three sources (presentations, interviews and focus groups) was compiled and analyzed to determine themes and common concerns raised. It is important to note that the information gathered did not come from a random sample of people, but rather from people who are closely linked to the system or have knowledgeable of available services, and that not all of the comments were specific to all of the agencies listed below. The Council sought to include representatives from specific populations, such as communities of color, immigrants, people with disabilities and others. Thus, there is significant body of information regarding specific populations and the barriers they face.

The following people/groups assisted in the process:

- Representatives from the Tri-County Domestic and Sexual Violence Intervention Network assisted in formulating the questions asked, selecting who was interviewed or asked to participate in focus groups, and in reviewing the information we received;
- Gabrielle Genauer, as an Americorp Volunteer with Legal Aid, conducted interviews, facilitated focus groups and compiled data;
- Rebecca Redzinski assisted in developing the research design, interview questions, and facilitating focus groups;
- FVCC Executive Committee members reviewed and assisted with analysis. Mary Ann Curry reviewed all the documents generated and organized their content into a coherent structure.

## **The Victim Services System**

The victim services system, as defined for this assessment, included the community-based agencies or programs which have:

- A primary mission to provide services to domestic violence victims, or
- Have dedicated domestic violence units or staff whose primary mission is to provide domestic violence services to victims, or
- Are collaborative endeavors between agencies or programs whose mission is to provide specific services to victims of domestic violence.

In addition, these programs or agencies have participated in on-going coordination, collaboration or networking with other agencies providing services to domestic violence victims.

### Community-Based Domestic Violence Victim Services Available in Clackamas, Multnomah and Washington Counties

Shelter	Transitional	Non-residential/ general	Non-residential/ specific populations
<ul style="list-style-type: none"> <li>• Bradley-Angle House (BAH)</li> <li>• Clackamas Women’s Services (CWS)</li> <li>• Domestic Violence Resource Center/Washingt on County (DVRC)</li> <li>• Raphael House (RH)</li> <li>• V of A Family Center (VoAFC)</li> <li>• Salvation Army’s West Women’s and Children’s Shelter (West)</li> <li>• YWCA Yolanda House (YWCA)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Facility-based:</b> BAH Andrea Lee, CWS, West, RH</li> <li>• <b>Scattered-site housing (HUD Horizon):</b> BAH, CPA/Lotus, El Programa Hispano, VofAFC</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Children’s programs:</b> 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</li> <li>• <b>Court house advocates:</b> Multnomah, Washington and Clackamas Counties all have volunteers or staff</li> <li>• <b>Crisis intervention/ immediate needs:</b> BAH, CWS, DVRC, RH, VoAFC, West, YWCA, PWCL</li> <li>• <b>Legal Aid/assistance:</b> LASO, Lewis and Clark, Immigration Services</li> <li>• <b>Outreach services:</b> VofAFC</li> <li>• <b>Phone support/ problem solving and safety planning:</b> All agencies</li> <li>• <b>Support groups:</b> BAH, VofAFC, PWCL, CWS, DVRC</li> <li>• <b>Mobile Outreach Services:</b> RH, VofAFC</li> </ul>	<ul style="list-style-type: none"> <li>• African American Providers Network</li> <li>• LOTUS (was Council for Prostitution)</li> <li>• El Programa Hispano (EPH)</li> <li>• IRCO Refugee and Immigrant Family Strengthening Project (RIFS)</li> <li>• Native American Youth Association Healing Circle (NAYA)</li> <li>• Hispanic Access Programa de Mujeres (Mujeres)</li> <li>• Russian Oregon Social Services (ROSS)</li> <li>• South Asian Women’s Empowerment and Resource Association (SAWERA)</li> <li>• Safe and Strong</li> <li>• Coalition Against of Abuse of People with Disabilities (formerly It’s My Right)</li> </ul>

## Emergency Shelter

In Multnomah County there are now approximately 94 emergency shelter beds available through the five emergency shelter programs listed above.\* In 2001, Raphael House closed their 20-bed shelter and opened a new shelter with 33 beds, thus increasing the number of beds from 81 to 94. Clackamas and Washington counties domestic violence shelters have a combined total of 40 beds, with approximately half of them filled by Multnomah County residents. In addition, all programs have the ability to “voucher” women and their children into motels or other short-term options, utilizing their own funds or a limited amount of funds through the Multnomah County Clearinghouse (approximately \$30,000 annually).

Emergency shelters provide an array of services to their residents, including:

- Case management,
- Direct client assistance for items such as transportation, rent assistance, moving costs, eye glasses, clothing, hygiene needs, etc.,
- Parenting skills training,
- Programs for children who witness domestic violence,
- Referral and advocacy to other needed services (housing, income supports, health care, legal assistance, counseling, A&D treatment or assessment, etc.), and
- Support groups

## Transitional Housing

Transitional housing is provided by victim service agencies or programs, either at a facility run by the agency or program or through rent assistance and supportive services. In addition, programs link their clients to other transitional or housing support programs in the county. Each of these programs provide additional supportive services, such as case management, support groups, linkage to other needed services, children’s programming and other as listed above.

The **facility-based** transitional housing programs include Bradley-Angle House, Raphael House and Salvation Army West Women’s and Children’s Shelter. The programs vary in length of stay, program requirements and type of facility. The maximum length of stay at the three facilities varies from 6 months to a maximum of two years. The types of facilities include private apartments in a standard apartment building and communal living.

Four agencies receive US Housing and Urban Development funds to provide rent assistance and supportive services to victims living in **scattered-site**, market rate housing. These programs are Bradley-Angle House, Lotus/CPA, El Programa Hispano, and VofA Family Center. They provide additional supportive services, as listed above, and rent assistance for 6-12 months.

In addition to these specific transitional housing programs, agencies and programs in the victim services system provide referrals, advocacy and linkages to other community programs that provide transitional housing or rent assistance. The programs include programs for homeless families or single adults, Department of Human Services, Domestic Violence Temporary Aid to Needy Families, Housing Authority of Portland, Section 8 Housing, or other.

## **Non-Residential Services**

Also part of the community based service system are non-residential programs. These provide services that are available to all domestic violence survivors and so attempt to meet the needs of a wide range of individuals.

### **Non-Residential Services General Population**

Non-residential programs or services for general population are provided in the community, and are open to and intended to meet the needs a wide range of individuals from a variety of cultural, racial or ethnic backgrounds or with a variety of other characteristics. They are distinguished from residential services (emergency shelter or transitional housing) by the fact that there is no requirement for the clients to be staying at a residential facility to access these services. They are distinguished from population-specific services by the fact that they are not designed to fit the needs of individuals from specific cultural, racial, or ethnic communities or to fit the needs of individuals with specific characteristics (e.g., people with disabilities, prostituted women).

Non-residential services for the general population attempt to address the needs of a wider variety of individuals through efforts to be culturally competent, staff training, hiring staff who are bi-lingual and/or bi-cultural, developing partnerships with population specific programs, increasing accessibility or hiring consultants, interpreters, or specialists.

Non-residential services for the general population commonly include one or more of the following:

- Children's programs,
- Courthouse advocates,
- Crisis intervention/immediate needs,
- Legal Aid/legal assistance,
- Outreach services,
- Phone support including problem solving and safety planning,
- Support groups, or
- Mobile outreach services.

### **Non-residential/specific populations**

Non-residential domestic violence victim services for specific populations are provided both by agencies whose primary mission is to work with that population and by agencies that have developed a specific project or position to work with a particular population. Agencies whose primary mission is to work with a specific population include:

- NIA (was African American Providers Network)
- LOTUS (was Council for Prostitution Alternatives)
- El Programa Hispano (Domestic Violence Project and Immigration Counseling)
- IRCO Refugee and Immigrant Family Strengthening Project
- Native American Youth Association Family Healing Circle (NAYA)
- Hispanic Access Programa de Mujeres

- Russian Oregon Social Services
- Safe and Strong (consortium)
- Coalition to End Abuse of People with Disabilities (consortium).

Population specific services frequently include those listed above. In addition, these population specific programs work with the general or residential domestic violence programs and provide consultation, co-case management, or interpreting/translation.

Agencies working with the general population have also developed projects/services for specific populations. For example, Bradley-Angle House has a staff person who works specifically with gender and sexual minorities, and several agencies have Hispanic Advocates whose role is to provide specialized services to those particular populations.

## **STRENGTHS OF THE COMMUNITY-BASED VICTIM SERVICES SYSTEM**

While the majority of this assessment focused on the barriers and gaps of the domestic violence system, it is imperative to recognize the great progress service providers have made in strengthening this community and in responding to victims of domestic violence. The following list identifies many of our system's successes.

### ***Services:***

- There is a well-established and diverse system of victim services in Multnomah County that responds to the needs of women and children affected by domestic violence. It includes an array of services, both residential and non-residential, that are accessible to and in some cases specific to a wide variety of victims of domestic violence.
- There are several well-established programs with a relatively long history of providing services, public education and advocacy in the community. Together with fairly new programs and agencies providing services for specific populations, such as African-American women, Latinas, Russian/Eastern European immigrants, SE Asians, victims with disabilities, and others. This combination of older more established programs and newer programs allows the system to be more responsive to the emerging needs of victims and their children.
- Written materials and informational brochures are more widely distributed and utilized. This is an effective method of increasing awareness among individuals and communities.

### ***Collaboration***

Programs have recognized that women and children have multiple needs, and that collaborative efforts provide better services with a more holistic approach.

- There are strong inter-agency collaborations with information sharing, cross-training and established opportunities for this collaboration. Communication and coordination of

services extends to all levels of the victim services system. Case managers discuss specific clients and programs, while directors communicate in regard to system issues, agency policies and funding. Agencies have worked to strengthen communication lines, increase accessibility and broaden their knowledge of one another's policies and services.

- Agencies participate in a variety of collaborative planning processes to improve victim services, domestic violence intervention and linkages to other needs. For example, the agencies participate in the Tri-County Domestic and Sexual Violence Intervention Network, the current system planning process, Housing and Community Development Commission planning, FVCC committees and priorities, Love Shouldn't Hurt public awareness and Domestic Violence Prevention Fund.
- Much of the collaboration is informal and consists of making or getting referrals from partners. Examples of partners and collaboration include:
  - Law enforcement, prosecution, victim assistance
  - Coordination, policy or planning bodies, such as the FVCC
  - Services for children/youth: Morrison Center, CARES, Head Start, Portland Public Schools, Community Transitional school, Learn Links (YWCA), Metropolitan Learning Center, teachers at various schools, child care providers
  - Health care providers, private doctors, Oregon Health Sciences University, Oregon Medical Association
  - Various church groups
  - Civic organizations: Daughters of the American Revolution, Junior League, Rotary Clubs, Soroptimists
  - Adult Protective Services for elderly and people with disabilities
  - Housing: Jean's Place, St. John's YWCA transitional housing, Housing Authority of Portland, Rose Apartments
  - Drug and Alcohol Agencies: ASAP, CODA, Letty Owings, 12 step programs, Portland Addiction Acupuncture Clinic, PADMA (County), ADAPT (state), women's recovery networking breakfasts (monthly)
  - Mental Health agencies: Network Behavioral Health, Unity, YWCA counseling
  - Oregon Department of Human Services Self-Sufficiency for temporary assistance to needy families, funding and income support
  - Batterer intervention programs and
  - Volunteers of America parenting program

### ***Expertise and Understanding of Domestic Violence***

- There is a depth of understanding of the needs, barriers and special considerations that victims of domestic violence and their children face, including recognition of the multiple needs, the diverse populations which are seeking services, and the available non-domestic violence resources in the community.
- The older programs are invaluable assets to the community as they contribute to system stability. Newer programs benefit the community by addressing emerging issues and the

specific needs of survivors. Within these programs are providers who bring commitment, a depth of knowledge and experience, as well as fresh perspectives and energy.

- The community-based victim services system has provided other disciplines or systems with on-going education and collaboration on services. These efforts have resulted in improved services and response to victims of domestic violence by many disciplines and systems.

### ***Services to Specific Populations:***

Services for specific cultural or racial communities, to people with disabilities, sexual minorities or other populations have greatly expanded in the last three years. This expansion is a critical step in providing services and outreach to everyone in our community. The increase has come about, in part, due to an increased interest in domestic violence among these populations, to increased advocacy by existing domestic violence and other agencies, and to increased County or Federal funding for services to specific populations.

The increase in population specific programs has not only broadened the availability of services, but also encouraged already established programs to re-evaluate their services, training and competency to provide better services to specific populations. In addition, these programs have provided important links, through referrals, co-case management, or training to assure that victims from specific populations receive the appropriate services.

### ***Staff and Volunteer Dedication***

One of the greatest strengths is the commitment, dedication and passion of those who work in the system at all levels. Individuals, whether they are volunteers or paid staff, line staff or administrators, demonstrate a high level of involvement in their work. Belief in advocacy for individual clients and for changes in the level or quality of the response in our communities is strong. There exists an understanding that the system is not meeting all the needs of victims, and there is a willingness to address those gaps through mutual assistance and support. In addition:

- Students, volunteers and AmeriCorps members contribute to the stability of programs with their energy and time.
- Individuals bring an ability to adapt, accept fluctuation, and persevere through periods of instability.
- The domestic violence intervention system is funded with a combination of public and private funds and utilizes a significant number of volunteers, thus maximizing the public funding they receive.

## **Gaps and Barriers**

### ***Funding***

Unquestionably, programs suffer from insufficient funding, poor wages and, as a result, high staff turnover. The consistent theme expressed in interviews, focus groups and presentations was that everyone was stretched too thin!

The relative scarcity of stable, on-going funding from federal, state and local government compared to the need has led to several negative consequences:

- There is a systemic problem of lack of basic services, such as emergency shelter, legal representation, advocacy, or crisis intervention.
- There is a high turnover of staff as they move on to better paid, more stable jobs. Thus there is a need to constantly train new staff, a loss of expertise in agencies and a reduced capacity to establish collaborative relationships within and outside of programs. There may be difficulty meeting program goals and providing consistently high quality services.
- Multiple government funders (three at the state level and one at the county level) require multiple reporting and other requirements, which add to the burden of direct service staff and administrators.
- The newer or smaller agencies (in particular those that provide services for specific populations) face additional barriers of low levels of funding, higher need in some populations and in some cases instability of their infrastructure.
- Lack of administrative infrastructure results in insufficient support for line and administrative staff. This can lead to a loss of staff with high levels of experience or capacity to run a program or to provide appropriate services. It also decreases the ability of the program to build collaborative relationships or to participate in the planning required for a coordinated community response to be successful.
- There is a significant shortage of funds for other services such as transportation, assistance with moving, childcare, cell phones, and emergency and long-term financial assistance.

### *Services*

Closely linked to the relative scarcity of stable, ongoing funding is the shortage of services for victims and their children. In addition to an overall shortage of basic services, specific services were singled out to be highlighted:

- There is a shortage of services for victims with special needs. The populations most frequently mentioned were: women of color, sexual minorities, elderly, disabled, prostituted women, non-English speakers, immigrants, young women/teens and single women.
- There are no residential domestic violence services for victims who are also currently addicted.
- Existing shelters cannot accommodate all families: families with older boys, large number of children, pets, criminal justice system involvement, severe mental health problems or need for a caregiver.
- The need for more civil/legal services was identified as a major service gap.
- There are significant unmet needs for women and children needing long-term services, beyond initial crisis management and/or shelter services. In general, there are few follow-up services of any kind.
- There are few services for children affected by domestic violence and general recognition that it was important to address the needs of these children and to integrate children's services with services provided to adult domestic violence victims whenever possible.

### *Complexity of Needs of Clients*

A persistent theme is the increasing complexity of clients needing domestic violence services. Typically, women needing services have many concurrent issues in addition to violence, such as chemical dependency or mental health problems.

- More women in shelter are relatively young, have several children, and may have a developmental disability or long histories of abuse.
- Issues of drug and alcohol addictions among victims and the lack of resources for treatment cut across all population groups and settings.
- Increasing mental health issues among women needing services combined with scarcity and inaccessibility of mental health services.
- Victims come from a variety of locations and service systems and many are not reached by the existing community-based victim services system.

### ***Women of Color and Immigrants***

Women of color sometimes face barriers due to cultural differences, racism, language, immigration problems, community pressures to not seek services, and isolation within/from their communities. The interviews and focus groups provided very rich information about the barriers faced by women of color and immigrant women. To do justice to this information, the Council in collaboration with partner agencies will present a more complete and detailed report in the next six months.

The specific populations of women of color and immigrants most often mentioned included: Native American, Spanish-speaking/Hispanic/Latinas, Russian and other Eastern Europeans, African American, SE Asian and other immigrants, and South Asian.

#### Language barriers

When a victim's primary language is not English, there are significant communication barriers that interfere with receiving effective services and support.

- Translators and interpreters are not always easily available nor well-trained in domestic violence or in the complexity of court proceedings.
- There is a need for more bi-lingual staff on-site and for more hours at agencies that provide general victim services. Intake and screening can sometimes take 2-3 times as long due to the need for an interpreter or may be delayed until a bilingual staff person is available.
- Language barriers also mean that women face additional problems in getting housing, jobs, or transportation. There is a need for other services or linkage to other services, such as ESL, job skills, navigating transportation or service systems, or drivers ed.

#### Cultural barriers

Women sometimes face barriers in their own communities and can be isolated within those communities for seeking services. In some communities, there are religious barriers or a strong belief that domestic violence is a private, family matter, not a community matter or criminal matter. Thus, it may be difficult to reach victims in some communities.

In addition, existing general services for victims may have barriers for women of color or immigrant women. Some examples that were noted included:

- Intake and screening questions are sometimes seen as offensive to immigrant women in particular and some don't want to answer the questions.
- Women often face social isolation within a shelter due to racism or language or cultural differences among residents. Having diverse populations at a shelter at one time is challenging because of multiple needs.
- Communication styles can lead to miscommunication and "punitive" action by shelters. Communication and understanding of rules may not be sufficient to avoid problems.
- When immigrant women have large families it may be difficult for them to get into, stay at or follow specific rules (for example, requiring children to be with the mother at all times) at a shelter. Transportation to other services may also be difficult.
- Service or program design and/or the environment (for example, food, videos, books or pictures) found in agencies that provide general services are not familiar or appropriate for all populations. Staff or volunteers may have racist beliefs.
- Current rules sometimes may be difficult for some women of color or immigrant women. Rules about maintaining confidentiality can lead to a feeling of isolation from their community. Immigrant or non-English speaking victims may need a longer stay in shelter or in other services. Banning corporal punishment of children or required bedtimes for children may conflict with their culture.

#### Immigration status

Immigration status (undocumented, reliance on the status of the abusive partner, etc.) causes additional barriers for immigrant/refugee women. For example,

- Victims may not be eligible for state-funded services because of immigration status
- Abuser may manipulate/control them with INS status.
- Children may be eligible to stay in US, but the mother is not. In these cases, the victim may be unwilling to seek police or other assistance.

#### ***Training***

- There is a need for more training and for on-going training both within agencies and across agencies. These agencies include domestic violence service providers as well as traditional social services (such as DHS/Services to Children and Families), health care, and criminal justice agencies.

#### ***Communication/coordination***

- There is also a need for improved communication about and utilization of existing services.
- There is a need to improve coordination and communication with the ultimate goal of collaboration.
- Improved access to services and a comprehensive clearinghouse about basic domestic violence services was frequently cited as an important resource that is lacking in the community.

#### **Recommendations**

The information gathered by the FVCC can be used in a variety of settings to improve services to victims and their children and our response to domestic violence. The FVCC has identified four areas in which to develop recommendations:

1. FVCC priority areas,
2. Community-based system planning efforts,
3. Report on women of color and immigrant/refugee victims, and
4. Development of new services/connections

### **1. FVCC Priority Areas**

Following a review of the information gathered in interviews, focus groups, and presentations, the FVCC selected four priority areas/committees to focus on for the next one or two years. These are:

#### **Advocacy**

The goal of the Advocacy Committee is to increase the effectiveness and level of response to domestic violence in Multnomah County. The roles of the Council in this effort include:

- Advise policy makers about policy issues and resource needs relating to family violence;
- Develop strategies to close the gap between needs and available resources;
- Identify barriers in efforts to prevent or intervene in family violence and advocate for system improvements to overcome these barriers;
- Promote awareness of family violence and effective intervention and/or prevention strategies;
- Assure participation of and inclusion of issues relating to people of color and other specific populations

The objectives of the Committee are:

- Increase the visibility of FVCC
- Increase services or level of response
- Raise visibility of domestic violence and FVCC in policy discussions

#### **System Connections**

The goal of the System Connections Committee is to facilitate effective working relationships among Family Violence Coordinating Council members and other key agencies in order to provide more effective services and increase the safety and well-being of victims and their children. The role of the Council in this effort include:

- Facilitate interactions or development of relationships; provide a forum for relationship building or problem-solving to occur.

The objectives of the Committee are:

- Sponsor on-going problem-solving opportunities
- Facilitate relationships (in person) between and among workers in different jurisdictions/disciplines
- Assist in institutionalizing or formalizing relationships

### **Training Committee**

The goal of the Training Committee is to increase the amount, quality and breadth of domestic violence training and information and to ensure that trainings and information reach a broad spectrum of agencies and individuals. The role of the Council in this effort is to facilitate the flow of information and materials.

The objectives of the Committee are:

- Expand content and distribution of newsletter
- Assess FVCC training needs, resources
- Increase access to training and materials
- Develop training principles

### **Centralized Information and Referral Resource**

The goal of the Information and Referral (I&R) Resource Committee is to improve access to services for domestic violence victims and service providers through a centralized information and referral system. The objectives of the Committee are:

- Develop information about possible computer/technology solutions
- Compile a centralized information and referral list
- Recommend strategies to meet the needs of specific populations (language, disability, ethnicity/culture, etc.)
- Improve access to existing information and resources

Other concerns that have been mentioned in this assessment include:

- Assuring inclusion of the District Attorney's Victim Assistants in on-going discussions regarding the victim service system.
- Increasing the participation of health care providers in responding to domestic violence and in FVCC activities.
- Increasing the involvement of law enforcement in developing additional services for victims since many victims have contact with a law enforcement agency.
- Website with information and referral sources available.
- Better relationship between advocates and other agencies, such as the County Health Department or Oregon Department of Human Services Self-Sufficiency.

## **2. Community-based system planning efforts**

The information gathered in the assessment process will be essential to and should inform the community-based system planning process that is underway. This process is based on discussions held in 1999 during the Multnomah County planning for a Request for Proposals to contract for victim services. It will be used by the Multnomah County Domestic Violence Coordinator's Office to assist in planning for allocation of funding for the contracted victim services.

In addition, the plan can be used in the future development of the system and for setting priorities for County contracted services in times of budget cuts or increases. Recommendations will include steps that individual agencies can take to improve their services/response, steps that the system can implement with little or no added funds and priorities for future funding requests.

## **3. Report on specific populations, women of color and immigrant/refugee victims**

The process of the assessment gathered a large and very rich set of information regarding women of color, immigrant/refugee women and members of other special populations who are victims of domestic violence. This information could not be contained in this report, but it is recommended that the coordinating council in partnership with culturally specific agencies develop a separate report on services, gaps, barriers and recommendations for services to victims who are women of color, immigrants/refugees or from specific populations.

Proposed partners include Native American Youth Association, NIA (formerly called African American Providers Association), LOTUS, El Programa Hispano, Programa de Mujeres, Safe and Strong, Coalition Against Abuse of People with Disabilities, Bradley-Angle House sexual minority outreach program, IRCO and other community agencies/partners.

#### **4. Development of new services/connections**

The FVCC identified several new services or collaborative efforts to be developed.

- Outreach to mental health providers and to County redesign team regarding standards for mental health provision to victims of domestic violence and their children
- Training on mental health (this is the first priority of the Training Committee)
- Additional mobile advocates and advocates at many points of entry, including police, health care, court, probation.
- More funding at the state and county level (or maintenance of level of funding in the face of budget cuts)
- Additional shelter and transitional housing. In particular, there is a need for emergency shelter/housing for Spanish-speaking victims, for immigrants/refugees, in the East Multnomah County area, for African American women, for larger families or families with older boys or pets, and for victims who a caregiver, have severe mental health problems or need alcohol and drug treatment on-site.
- Increased civil legal representation.
- Increased long-term services and follow-up.
- Additional services for children affected by domestic violence.