



Oregon

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2017 – Report to the Legislative Assembly pursuant to ORS 411.154

July 2016

Introduction

Domestic violence affects many Department of Human Services (DHS) clients. The success of the department's work, to a large extent, depends on the effectiveness with which the department can deal with the issues of abuse.

*Welfare and Domestic Violence Against Women: Lessons from Research- (including Appendix 1)*¹ is a review of national studies from 1997 and 2001. It reports that more than 50 percent of the women receiving public assistance have experienced physical violence by an intimate partner within their lifetime. These varied studies demonstrate a prevalence of 'recent' domestic violence reported by public welfare recipients. The term recent is described differently for each study but is considered 'current or within the last twelve months' in the majority of the studies conducted. A range of 10.6 percent (Missouri study) up to 38 percent (Pennsylvania study) existed. The percent can be explained by the variance of the numbers and criteria of the base population surveyed.

Oregon Child Welfare statistics² for 2015 show 32.6 percent of child protective cases with founded abuse had domestic violence as a "family stress indicator" (up from 31.3 percent in 2014).

In 2015, 44 percent of the cases of abuse against seniors and people with disabilities (not living in facilities) the reported perpetrator was an intimate partner. 26 percent were a family member³.

¹ http://vawnet.org/advanced-search/print-document.php?doc_id=317&find_type=web_desc_NRCDV

² <http://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2015-cw-data-book.pdf> - 2015 Child Welfare Data Book

³ <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/ADULT-ABUSE/Documents/2015%20Annual%20Report.pdf> - 2015 OAAPI Annual Report

Legislative and Statute Overview:

In 1997, the Oregon State Legislature passed HB 3112, now ORS 411.117, as Oregon's response to the Wellstone/Murray Family Violence Amendment of the 1996 federal welfare reform law. The "Family Violence Option" provides an opportunity for states to certify standards and procedures to screen for and identify individuals impacted by domestic violence.

ORS 411.117 codified DHS efforts in field offices and enhanced service delivery to victims of domestic violence applying for or receiving Temporary Assistance to Needy Families (TANF). The legislation called for four action steps:

- 1) Screen for domestic violence;
- 2) Ensure community staffing and individualized family plans for families with domestic violence issues;
- 3) Refer individuals with domestic violence situations to appropriate counseling and support services; and
- 4) Waiving Temporary Assistance for Needy Families (TANF) rules that would put the survivor or children at greater or further risk of violence or prevent them from escaping domestic violence;

ORS 411.154 was revised through 2011 Legislative Session to require the DHS to report on the following three items;

- 1) The domestic violence identification process (described in ORS 411.117);
- 2) Emergency assistance utilization; and
- 3) Domestic violence training for department staff, information sharing and evaluation.

DHS staff and partners jointly planned and implemented the provisions in ORS 411.117, effectively providing services to victims and survivors of domestic violence as well as a certified compliance with the TANF federal "Family Violence Option."

DHS and the Oregon Health Authority (OHA) became two entities through the 2013 legislative session. This report addresses DHS domestic violence

intervention efforts.

Intervention Overview

Domestic violence intervention is critical to the work done by DHS and OHA. Both agency missions address the health of Oregonians. Domestic violence is a public health issue that is addressed by OHA as well as a safety issue for many DHS clients. Domestic violence, too frequently, leads clients to require services from DHS and OHA. For example, domestic violence impacts health care costs; is often a reason clients apply for cash assistance; may be a factor in the need for Child Welfare intervention; is frequently seen in elder abuse investigations; and is often co-occurring with abuse of alcohol or drugs. Intervention in domestic violence is critical to the health and safety of Oregonians.

Planning groups of DHS and OHA staff and partners have met and continue to meet to establish and streamline methods to identify survivors of domestic violence, help develop processes and written materials related to responding to domestic violence and work to solve problems related to consistent services across DHS that arise. The key focus of DHS domestic violence intervention is the safety of survivors and their children. For OHA the focus on domestic violence is seen through public health prevention plans and the cost of medical care for survivors of domestic violence.

Coordinated Approach to Domestic Violence Intervention

DHS and OHA Domestic Violence Council: The DHS Domestic Violence Council is an advisory council to the DHS Director. The Council consists of 15 representatives; ten membership positions for DHS and OHA staff and five from community partners. The council advises the DHS Director and Cabinet on domestic violence policies, practices and training needed.

“Quality Assurance Standards for Domestic Violence Prevention and Intervention within Oregon Department of Human Services and Oregon Health Authority”⁴ were developed by the DHS DV Council and adopted by the DHS Cabinet in June 2005. The standards were updated in February

⁴ See Appendix 1 for more detail on the standards. Full standards are available at <http://www.oregon.gov/DHS/abuse/domestic/dvcouncil/index.shtml> .

2010.

The standards include the following components for domestic violence intervention and prevention:

- Safety Centered Practices
- Comprehensive and Responsive Services
- Respect for Diversity
- Qualified Staff
- Effective Partnerships
- Monitoring and Evaluation

DHS Domestic Violence Point People: Each DHS district and many central office units have identified a domestic violence point person. The district point person coordinates local domestic violence training and awareness activities, provides feedback to central office on domestic violence related practices in the field, and is a central figure in the local response to domestic violence.

Central and field domestic violence points include representatives from Child Welfare, Self-Sufficiency, Adult Protective Services (APS), and Aging and People with Disabilities (APD) staff.

In addition to the DHS district and central office point people, DHS has identified point people from local domestic violence service providers to participate in the planning and implementation of the DHS domestic violence intervention response.

OHA and DHS Cross Discipline Collaborations:

OHA Addictions and Mental Health (AMH) Division has policy and training on Trauma-Informed and Trauma-Specific Services. While AMH is now part of OHA, the implementation of trauma sensitive practices includes the DHS field structure.

The “Oregon Violence Against Women (VAW) Prevention Plan” was released by Public Health in May 2006. Key goals include:

- Identifying and acting to change societal factors that condone, perpetuate, or mediate VAW.

- Increasing institutional/sector capacity to prevent VAW.
- Increasing community capacity to prevent VAW.
- Promoting healthy non-violent relationships.
- Increasing the individual safety of girls and women in relationships and social environments.
- Promoting public health surveillance and epidemiology, program evaluation and research.

Employee Support for Survivors of Abuse:

In 2007, the Governor issued an Executive Order EO 7-17 that required the Department of Administrative Services (DAS) to develop a policy for state agencies on the *Workplace Effects of Domestic Violence, Sexual Assault and Stalking*. The order also requires training on these issues for all state managers, supervisors and human resource staff. All employees must be offered training and new employees must be informed of the policy.

Although DHS had workplace policies related to domestic violence since 2004, in 2008, DHS adopted the DAS workplace effects of domestic violence, sexual assault and stalking policy. The DHS DV Council continues to work with department managers to ensure the required training is available and that managers, supervisors and HR staff have taken the training.

Since January 2014, both DHS and OHA follow Department of Administrative Services (DAS), State Human Resources Policy #60.000.12, [‘Statutorily Required Leaves With and Without Pay’](#), now allows eligible employees up to 160 hours of paid leave per calendar year for specific purposes related to interpersonal violence, including domestic violence, sexual assault, harassment, and stalking.

Report Section I pursuant ORS 411.154:

Domestic Violence Identification Process Implementation as Required in ORS 411.117

In order to better identify and work with survivors, DHS has devised and implemented new methods to screen and refer clients. Opportunities for applicants and clients to disclose domestic violence issues are afforded at

every contact. Intensive training processes have been implemented to educate staff to identify and address domestic violence issues. Collaboration efforts have been expanded and existing partnerships strengthened.

In August 2013, the Oregon Department of Justice (DOJ) was awarded a Pregnancy Assistance Fund Grant from the federal Office of Adolescent Health, HHS. This four year grant supports advocacy interventions on-site in Child Welfare offices, Public Health departments and local health care clinics for pregnant and newly parenting women who are victims of intimate partner violence (IPV). In addition to funding staff for co-located advocates, the grant supports training for Child Welfare staff and improvements to how the Child Welfare system understands and responds to IPV. This grant provides the opportunity to improve in all the identification of domestic violence requirements within ORS 411.117.

DHS has implemented and expanded upon the required actions in the following areas:

- ▶ **Screen for Domestic Violence:** Processes to identify victims are in place statewide.

Application packets for self-sufficiency programs have questions, developed in coordination with domestic-violence service providers, pertaining to abuse. Questions from the application as well as the “Safety Packet” includes information on safe ways to pursue child support or apply “good cause criteria” when it is not safe to pursue child support.

Safety assessment forms are used to help assess the potential threat of domestic violence and to determine eligibility for financial assistance.

Posters, brochures, and safety plans are displayed in each DHS field office affirming the department’s concern about domestic violence and affording the opportunity to self-disclose in search of supports.

Child welfare guidelines include questions that can be used in work with the adult victim and child, and with the abuser.

Vocational rehabilitation addresses domestic violence in one-on-one client interviews.

Vulnerable adults (older adults and those with intellectual, psychiatric, physical and developmental disabilities) are protected by the program areas which serve those adults. The DD system responds to adults (18 and older) receiving services for DD or those who were previously deemed eligible for DD services; mental health responds to abuse of adults currently receiving treatment from a community mental health provider or licensed residential mental health provider; APS responds to anyone who is 65 or older, anyone who self identifies as physically disabled or anyone residing in a nursing home. Each population has abuse prevention guidelines written specifically for that group.

- ▶ **Ensure Community Staffing and Individualized Family Case Plans:** When domestic violence is identified as an issue for DHS clients, individualized case plans are developed.

Examples of case planning for domestic violence in the different service disciplines:

- DHS Self-Sufficiency workers develop individual plans with TANF clients that address immediate safety needs, regain family stability, and long term plans supporting obtaining and maintaining safety and self-sufficiency. Self-sufficiency case plans can include referral to domestic violence/sexual assault providers, shelters, support groups, individualized counseling for clients or their children, victim's assistance programs, legal services, and locating housing or relocation to another area.
- DHS child welfare workers strive to meet the safety needs of the children and the non-offending parent, while holding the offending parent accountable. Workers develop case plans that outline supportive services for adult victims, as well as their children, and refer abusers to batterer intervention programs when appropriate.
- Vocational rehabilitation staff provide support to victims of

domestic violence through vocational counseling and community referrals.

DHS field staff from all disciplines work in partnership with local domestic violence service providers and other community partners to meet immediate and long-term needs of victims of abuse and their dependent children.

- Co-located Advocates were the result of funding approved originally by the 2011 Legislature. DHS contracted with local non-profits to provide co-located domestic violence/sexual assault (DVSA) advocates in Self-Sufficiency and Child Welfare offices. This effort resulted in a network of fifty-six advocates following the 2011 legislative decision and it has received approval during the 2015 legislative session to continue the work and increase positions. These positions provide culturally competent and sensitive support to clients experiencing domestic violence and increased access to safety for survivors. These supports are designed to assist our clients in overcoming domestic violence-related barriers to self-sufficiency; increasing the number of children remaining in the home of the non-offending parent; and increasing our staffs' knowledge of and skills around working with survivors of domestic violence and sexual assault. Co-located advocates ensure:
 - An enhanced focus on victim/survivor safety,
 - Increased confidential advocacy services,
 - Survivors receive assistance in negotiating barriers, and
 - Institutionalization of the need for partnership.
- ▶ **Refer Individuals to Appropriate Counseling and Support Services:** DHS field staff from all disciplines work in partnership with local domestic violence service providers and other community partners to meet immediate and long-term needs of victims of abuse and their dependent children.

Processes are developed to help staff assist individuals and ensure

safety such as:

- Child abuse mandatory reporting in cases of domestic violence: Threat-of-harm guidelines, which outline when state child protective workers may intervene, help inform mandatory reporters when to report domestic violence.
- Child Welfare Practices for Cases with Domestic Violence: Practices are used by child welfare staff working with clients affected by domestic violence. This updated guide also aligns with the child safety model adopted in Child Welfare.
- DHS provides services in sixteen different districts. Districts have coordinated with their local domestic violence service providers to best support the needs of individuals affected by domestic violence.
- DHS and OHA have taken the message of domestic violence intervention to contracted partners, such as substance abuse and mental health treatment providers and county health departments.
- The Family Support & Connections (FS&C) program increases collaboration and coordination between child welfare and self-sufficiency offices on joint cases. The primary goal of FS&C is to decrease the number of TANF clients whose children are placed in the foster care system.
- A DHS domestic violence information phone line exists in Multnomah County. The line is available to clients, the community and DHS workers.

► **Waive TANF Rules to Prevent Further Violence:**

Procedures and Oregon Administrative Rules are in place to both consider and allow the waiving of TANF program requirements related to the TANF and emergency assistance grants that would put the family at greater risk of violence or prevent them from escaping domestic violence situations; an example of a rule that can be waived is the exclusion of income controlled by the abuser or used

to help flee.

Report Section II pursuant ORS 411.154:

Emergency assistance utilization

Emergency Assistance Domestic Violence Expenditures: From July ~~2013~~ 2015 through June 201~~6~~5, a total of ~~\$3,502,9228,248,256~~ Temporary Assistance for Domestic Violence (TA-DVS) program funds were spent for the purpose of helping survivors of domestic violence and their children.

In State Fiscal Year ~~2013-2014~~2015-2016, an average of 1,12~~6~~5 families received services each month, with 398 families receiving payments. The numbers are up slightly from the previous biennium. Payments covered the cost of housing, utilities, emergency medical, relocation and moving expenses. The total budget for TA-DVS for the July 2015- June 2016 biennium is ~~\$8,023,1078,651,051~~.

The department continues to maintain TA-DVS eligibility and payment limits at the same level in effect on January 1, 1997, as required by⁵ ORS 411.117.

In addition to TA-DVS, DHS continues to support victims of domestic violence with other self-sufficiency programs, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care.

Other financial services are offered to victims of domestic violence working with Child Welfare, though family based services, the funds provided for domestic violence related services are not tracked discretely, and even if a child welfare case indicates domestic violence as a stress indicator family based services funds may be used for services not related to the domestic violence. APD, through special needs payments can minimally (up to \$500.00 in a 12 month period) meet the needs of some of their clients who need to move as a result of domestic violence. Funds that support domestic violence victims are not discretely tracked.

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<http://www.oregon.gov/dhs/assistance/Branch%20District%20Data/Self%20Sufficiency%20Statewide%20Data%20Book%20January%202013.pdf> – State Wide Data charts.

Report Section III pursuant ORS 411.154:

Domestic violence training for department staff, information sharing and evaluation.

- ▶ **Training for Department Staff:** A comprehensive plan to address the training needs of staff on domestic violence issues was developed in partnership with members of the domestic violence service provider community. This training plan was designed to meet the varied needs and learning styles of DHS staff and partners. The DHS DV Council developed a recommended curriculum outline for DV 101 to better standardize the training that DHS staff receive.
- DHS partners with advocates provide training on appropriate responses to domestic violence. The DHS Domestic Violence Council will make recommendations to the DHS director and Cabinet for increased and consistent support for training.
- Domestic violence education is available to DHS staff from local DV service providers. In addition, Center for Hope and Safety in Salem provides DV 101 (the basic dynamics of domestic violence) for DHS staff from across the state every other month.
- For the past seven years a session on domestic violence or domestic violence related subjects has been held at the yearly DHS Diversity Conference. The goal is to integrate domestic violence sensitivity across DHS and OHA programs.
- Policy in the Self-Sufficiency Family Services Manual is consistently reviewed and updated to provide guidance to staff in supporting victims of domestic violence. TANF program requirements which may place the client at greater risk of domestic violence or prevent them from escaping can be waived or modified.
- The guidelines titled “Child Welfare Practices for Cases with Domestic Violence” are available online.
- Child welfare case work practice includes three hours of training on domestic violence, provided by a domestic-violence service

provider.

- TANF policy and practice training includes three hours focused on the basics of domestic violence and how it may impact clients participation in activities and in the workplace.
- Self-Sufficiency staff that screen for domestic violence or do safety case planning with survivors of domestic violence are required to participate in policy training specific to domestic violence.
- Staff participates in other domestic violence training opportunities including domestic violence conferences across the state, trainings during staff meetings, domestic violence video presentations, Net Link (computer based training), webinars, community planning sessions and Domestic Violence Council meetings.
- Domestic violence point people meet quarterly, as needed. These meetings include elements of training that can usually be taken back to the local offices as mini-trainings or information sharing opportunities.
- On-line training is available to managers on the “Workplace Effects of Domestic Violence, Sexual Assault and Stalking.” This is a mandatory training for all state managers, supervisors and human resource staff.
- Domestic violence videos and books are available and may be checked out from central office for field staff and partner use. Some districts have also developed local resource rooms with domestic violence information and publications.
- Co-located advocates provide training for DHS child welfare and self-sufficiency staff. Training is customized to the need of the local branch or district.
- The Department of Justice – Intimate Partner Violence (IPV) and

Pregnancy grant brought the national domestic violence and child safety expert, David Mandel, to provide training to child welfare and self-sufficiency staff and advocates who were part of the IPV and Pregnancy project.

- A staff tool web page is available for self-sufficiency and child welfare staff that includes many resources related to domestic violence and links to on-line domestic violence trainings available from a variety of sources.

► **Information Sharing and Public Awareness:** Domestic violence is a community issue that contributes to other problems, including juvenile crime, child abuse, teen pregnancy, elder abuse and homelessness. DHS participation in a coordinated community response to end domestic violence is critical in addressing the health and safety of Oregonians. The department has coordinated with many partners in planning and providing services that support the safety of victims served by DHS.

- The DHS domestic violence web page is designed to bring the department's six domestic violence web pages together under the heading of "senior services", "assistance services" and "children's services." Along with other domestic violence related information, a map of Oregon's domestic violence service providers is available and provides information on services for staff, partners and the public across the state. From June 1 2016 to July 1, 2016 there was 5260 page view of the domestic violence web pages. Up 6.41 percent from the previous year.
- Brochures and posters have been developed to better inform our clients and partners about domestic violence services.
- DHS field staff has a longstanding practice of participating in domestic violence awareness activities statewide, including educational and fund-raising activities that benefit their local domestic violence service provider.
- In 2013, Clackamas County opened a Domestic Violence One-

Stop Center named *A Safe Place*. There is a DHS self-sufficiency staff member out-stationed in the center to provide direct services to victims. Police, domestic violence service providers, housing, Adult and Peoples with Disabilities and other resource staff are also available to provide needed supports to victims.

- Core partners include:
 - Local domestic violence service providers from across the state
 - The Oregon Coalition Against Domestic and Sexual Violence (OCADSV)
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 - The Attorney General's Sexual Assault Task Force
 - The Department of Justice, Crime Victims Services Division

The department will continue to partner with community programs that address domestic violence and attempt to expand the network of services that are available to clients.

DHS is dedicated to identifying and assisting domestic violence survivors and their children to address their safety concerns and to stabilize their living situation. The key to identifying domestic violence is to have educated staff interacting with DHS clients; available to screen and ready to provide resources and supports needed. We look forward to another biennium focused on consistent training of staff and successful safety plans for the families served.

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Appendix 1:

**DHS and OHA Domestic Violence
Prevention and Intervention Standards**

1. *Safety Centered Practices*

- Safe and healthy environments are reflected in the system for prevention and intervention of violence.
- DHS staff and contractors work with individuals who are victims of domestic violence to identify and implement a plan of action to meet individual needs.
- Individuals who are or who have been victims of domestic violence have the opportunity to participate in knowledge and skill development that helps them to create safe and healthy environments.
- DHS staff and contractors promote non-violent practices in the workplace.

2. *Comprehensive and Responsive Services*

- DHS policies and procedures support a coordinated and collaborative domestic violence prevention and intervention system of services and supports.
- There is a broad range of formal and informal social supports, care and education, health and social services for individuals and children related to domestic violence intervention and prevention.
- Services and supports build upon existing strengths. The system of supports promotes connecting individuals and families to comprehensive services to address domestic violence.
- Batterer accountability is reflected in practice and planning.

3. *Respect for Diversity*

- DHS clients/consumers receive culturally appropriate domestic violence services.
- DHS staff and contractors develop participatory, collaborative partnerships with communities (including tribes) and utilize a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing, implementing, and planning a culturally competent service delivery system responsive to domestic violence.

4. *Qualified Staff*

- Competent DHS staff and contractors are hired and retained based on job criteria and a demonstrated willingness to meet DHS domestic violence prevention and intervention standards.
- DHS staff and contractor staff receives basic and ongoing training and opportunities for professional development.
- Supervision and support are provided to maintain consistent quality service.

5. *Effective Partnerships*

- DHS works in coordination with community partners to develop a shared vision, common goals, and attainable outcomes for all aspects of domestic violence intervention and prevention.
- DHS staff, contractors and community partners share information and resources.
- DHS, contractors and community partners share leadership, decision-making and collaborative relationships.
- DHS and contractors communicate openly, frequently, inclusively and respectfully with partners and clients.

6. *Monitoring and Evaluation*

- DHS staff and contractors assess needs, resources, and assets to prevent and respond to domestic violence.
- DHS staff and contractors will use data and review results to refine and improve the domestic violence prevention and intervention system.