



Oregon

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Report to the Legislative Assembly pursuant to ORS 411.154 for the period 2015-2017

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 address the issues of abuse.

Estimates of the prevalence of Domestic Violence varies. *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 2017 show 29.5 percent of child protective cases with founded abuse had domestic violence as a "family stress indicator" (down from 32.6 percent in 2015).

In 2017, 70 percent of the cases of abuse against older adults and people with disabilities, the reported perpetrator was a community member, meaning not an employee or a licensed residential facility³.

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

² <https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2017-Child-Welfare-Data-Book.pdf> 2017 Child Welfare Data Book

³ <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/ADULT-ABUSE/Documents/2015%20Annual%20Report.pdf> - 2017 Report from APS Analysts

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 Requirements when victims of domestic violence apply for or receive TANF; confidentiality. (1) The Department of Human Services shall:

(a) Identify applicants for and recipients of assistance under the temporary assistance for needy families program who are currently victims of domestic violence, have been victims of domestic violence or are at risk of victimization by domestic violence.

(b) Ensure that appropriate individuals on the local level who provide assistance to domestic violence victims participate in individualized case management with the department.

(c) Refer individuals identified under this subsection to appropriate counseling and support services.

(d) Waive or modify any temporary assistance for needy families program requirements that may make it more difficult for individuals identified under this subsection to escape domestic violence or place those individuals at risk of further or future domestic violence, including but not limited to:

(A) Time limits on receipt of benefits;

(B) Work requirements;

(C) Paternity establishment and child support cooperation requirements;

(D) Residency requirements;

(E) Family cap provisions; and

(F) Penalties for failure to comply with a program requirement.

(e) Maintain emergency assistance eligibility and payment limits for victims of domestic violence or persons at risk of victimization by domestic violence identified under this section at no less than the levels in effect on January 1, 1997.

(f) Allow eligibility for temporary assistance for needy families for persons identified under this section as victims of domestic violence or persons identified as at risk of victimization by domestic violence who would otherwise be eligible except for the fact that they are noncitizens.

(2) All information received by the department in identifying the individuals described in subsection (1) of this section shall remain confidential.

(3) For purposes of this section, “domestic violence” means the occurrence of one or more of the following acts between family members, intimate partners or household members:

(a) Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse;

(b) Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury;

(c) Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427; or

(d) Using coercive or controlling behavior. [1997 c.330 §2; 2011 c.9 §53]

ORS 411.154 411.154 Report to Legislative Assembly. The Department of Human Services shall report to each odd-numbered year regular session of the Legislative Assembly on the status and efficacy of:

- 1) (1) The domestic violence identification process under ORS 411.117;
- 2) (2) Emergency assistance utilization for victims of domestic violence; and
- 3) (3) Domestic violence training for department staff, information sharing and evaluation. [Formerly 411.118; 2011 c.545 §46]

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 meet to 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. DHS and the Oregon Health Authority (OHA) became two entities through the 2011 legislative session. In 2014 OHA decided to focus its' state level work on Domestic Violence on supporting the Governor's Domestic Violence Prevention and Response Task Force.

Coordinated Approach to Domestic Violence Intervention

DHS and OHA Domestic and Sexual Violence Council: The DHS Domestic Violence Council advises the DHS and OHA Directors and their Cabinets on domestic violence policies, practices and training needs. The Council consists of 14 representatives; twelve membership positions for DHS and OHA staff and two for community partners.

“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 and OHA Domestic and Sexual Violence Council and adopted by the DHS Cabinet in June 2005. The standards were updated in February 2010.

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

- Safety Centered Practices

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> .

- 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 point people include representatives from Child Welfare (CW), Self-Sufficiency (SSP) and Aging and People with Disabilities (APD) staff, including Adult Protective Services (APS).

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

Health Systems Division (HSD) is comprised of Medicaid and Behavioral Health. HSD created a policy in 2014 on Trauma Informed Services. Trauma training is available for staff at traumainformedoregon.org. Trauma Informed Oregon has supported OHA's efforts to train providers statewide. These trainings have been available across disciplines.

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 2010, DHS adopted the DAS workplace effects of domestic violence, sexual assault and stalking policy. The DHS DSV 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 2015, 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.

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.

Between August 2013 and July 2017, the Oregon Department of Justice (DOJ) administered the Pregnancy Assistance Fund Grant from the federal Office of Adolescent Health, HHS. This demonstration grant supported

advocacy interventions on-site in Child Welfare offices, Public Health departments and various health care clinics for pregnant and newly parenting women who are victims of intimate partner violence (IPV). The purpose of the grant funding was to improve how the Child Welfare system understands and responds to IPV. This was demonstrated by placing full time co-located advocates in Child Welfare offices and training Child Welfare staff on the Safe & Together™ Model. The Portland State University, Child Welfare Partnership was the primary trainer for this grant.

In 2006, the Oregon Department of Justice (DOJ) and the Oregon Department of Human Services (DHS) established a joint formula for equitably distributing non-competitive federal and state grant funds to non-profit domestic violence and sexual assault (DVSA) advocacy organizations. The formula was recommended after completion of an ‘Equity Allocation Study’. The formula is designed to cover the basic cost of critical response to survivors and not the full funding needs of DVSA programs and organizations statewide.

These grants provide the opportunity to improve 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 psychiatric, physical, intellectual and developmental disabilities) are protected by the program areas which serve those adults. The Community Developmental Disability Program system responds to adults (18 and older) receiving services for I/DD or those who were previously deemed eligible for DD services before the age of 22; mental health responds to abuse of adults currently receiving treatment from a community mental health provider or licensed residential mental health provider; Adult Protective Services 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.
- Aging and People with Disabilities (APD) through Adult Protective Services (APS) provides client-directed safety planning as needed and wanted for older adults, age 65 or older, or adults with physical disabilities, age 18 to 64, who are reported as alleged victims (AV) of abuse and neglect. The local office Adult Protective Services Specialists (APSS) provide investigations and client-directed individualized protective services. The protective services include safety planning through various means including a Safety Unit which oversees Reports of Serious Events (ROSE), APS specialists provide protective services planning for safety, interests, and health.

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-nine advocates following the 2011 legislative session and approval during the 2015 legislative session allowed continuation of the work with an increase in positions. These positions provide culturally competent and sensitive support to clients experiencing domestic violence and increased access to safety for survivors. The 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 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 Temporary Assistance to Needy Families (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.

From July 2016 through June 2017, a total of \$3,453,901 Temporary Assistance for Domestic Violence (TA-DVS) program funds were spent to help survivors of domestic violence and their children. In state Fiscal Year 2017, an average of 1,379 families received services each month, with 357 families receiving payments. Payments covered the cost of housing, utilities, emergency medical, relocation and moving expenses. The total budget for TA-DVS for July 2016- June 2017 is \$8,729,425.

The department continues to maintain TA-DVS eligibility and payment limits at the same level in effect on January 1, 1997, as required by 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 \$1,000.00 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.

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.
- “Co-Located Partnership Guide” is a toolkit for advocates and DHS staff in understanding each other’s roles and working together, The guide was updated and released online in 2017.
- Domestic violence education is available to DHS staff from local DV service providers. DHS has Domestic Violence Coordinators made of DHS staff in each district. The DV Coordinators work with local Domestic Violence Sexual Assault providers to provide quarterly training about domestic violence to DHS staff.
- For the past eight years a session on domestic violence or domestic violence related subjects has been held at the yearly DHS and OHA 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: Elements and Family Dynamics” and three hours on “Domestic Violence” in Family Conditions trained by Portland State University through the Child Welfare Partnership.
- All Self-Sufficiency staff receive eight hours of basic training on domestic violence with a focus on the impacts of trauma. Depending on job classification two more training hours are spent on domestic violence as related to non-citizen populations. Those who determine TANF Eligibility or are engaging with survivors participating in employment and training services receive an additional twenty-one hours of training on empathetic listening techniques, coercive control, safety planning, TANF waivers related to domestic violence, and working with advocates for collective impact. Staff also have the option to engage in two hours of additional training on the TA-DVS program monthly via Skype ongoing.
- 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. 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.
 - 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. There were 67,995 page-views of the DHS domestic violence web pages in 2018.
 - 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.

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

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.

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 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 reviews program implementations and review results for accuracy and to improve domestic violence service implementation.
- DHS staff and contractors will use data and review results to refine and improve the domestic violence prevention and intervention system.