
EQUITY ALLOCATION STUDY

EXECUTIVE SUMMARY

When government dollars are spent to address societal problems, access and equitable distribution of resources can be hallmarks of perceived good government. In Oregon, where communities vary widely not only by population, but by geography and lifestyle, equity is sometimes viewed as an aspect of government's value.

The Department of Human Services, the Department of Justice and the Criminal Justice Services Division of the Oregon State Police each allocate money to fund services to victims of domestic violence and sexual assault. The funding streams have included the federal Family Violence Prevention and Services Act (FVPSA), the Criminal Fines Assessment Account (CFAA/DV and CFAA/SA), the STOP Violence against Women Act (VAWA), the Victims of Crime Act (VOCA), and the Oregon Domestic and Sexual Violence Services fund (ODSVS). Because the dollars are distributed in part to nonprofit organizations throughout the state, equity has been important, but not necessarily easily achieved. The Equity Study was initiated to examine the funding and provision of direct services by nonprofit organizations to victims of domestic violence and sexual assault.

Equity Study Purpose and Scope of Work

Oregon's domestic violence and sexual assault (DV/SA) services have developed over time in response to community based organizing as well as federally funded initiatives. As a result there has been a vital network of service providers and funders, but centralized or coordinated strategic planning were not features of the system until 2004 when the advisory committees to the several funds embarked on a joint strategic action plan, and staff to the funds began meeting as a work group on a regular basis. This coordinated effort was in response to concerns that some funding decisions were being driven by historical precedent rather than emerging community needs, and that funding inequities were developing among the regions of the state.

As part of addressing strategic plan goals, the Funding Equity Study was commissioned in July 2005 to review funding methodology and identify core services. The goal of the study was to identify an equitable funding distribution method. In August 2005, The Planning Group was hired to conduct the equity study.

The study design included several components to be completed over a period of 10 months. Phases of work were:

1. Review of **literature and research** related to DV/SA victim profiles and needs, effective service responses, funding of services, and equity in allocation of public resources. (see Appendix A for bibliography.)
2. Review of **demographic data** for Oregon and its counties.

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3. Review of DV/SA **services data**, including shelter use statistics and client contact statistics.
4. Review of **budgetary information** including service provider budgets and history of the distribution of funds to DV/SA providers.
5. **Survey** of nonprofit and governmental DV/SA service providers.
6. **Interviews** with stakeholders (see Appendix B for list of interviewees).
7. Investigation of **methodologies used for allocating funds to DV/SA services in other states**. (See Appendix C.)
8. **Data analysis**.
9. Development and evaluation of **options for equitable funding**.
10. **Recommendations for implementing** an equitable funding method.

Current DV/SA Services

Currently every county in Oregon is served in some way by nonprofit domestic violence and sexual assault victim services providers. Most of these providers are grassroots, community oriented organizations. Twenty-two (22) counties have at least one avenue for service located in the county. Five (5) counties are the headquarters for programs that address needs in the home county as well serving an additional eight counties.

The problems to address in allocating DV/SA program funds are several:

- **Sparse population** in frontier counties.
- **Depressed economy** in frontier and rural areas of state.
- Difficulty of community based non profits to be self-supporting in communities that have **high poverty rates and low education rates**.
- Dependence of non profit programs in rural and frontier areas on government funds, **but local governments cannot provide substantial support** because they are faced with severely distressed economies.
- **Complex, multiple challenges of the Tri-County metropolitan area** where the population is significantly larger than any other area of the state, where large numbers of residents have as their primary language a language other than English, where programs serve a mix of urban, suburban and rural areas.
- Arrangements where **2 or more counties are served by one provider** (i.e. COBRA, Linn-Benton, Grant-Harney).
- Counties, i.e. Sherman, Gilliam, Wheeler, that are **too sparsely populated** to support their own DV/SA resource.

Based on findings, the study adopted a definition of equity that is grounded in meeting victims' needs:

Equity is an allocation of state resources that assures meaningful access to DV/SA services for DV/SA victims in all of Oregon's 36 counties.

Implicit to this definition are the concepts of 1) stability of a service provider network, 2) meaningful access even at minimal service levels, 3) culturally appropriate services for culturally specific populations, 4) appropriate services for special circumstances such as seniors or people with disabilities, 5) effectiveness of services provided, and 6) open and transparent decision making regarding allocations so that healthy public dialogue is facilitated. These concepts emerged during the course of the study as a result of examining demographics of the state, needs of DV/SA victims and services provided.

Defining an Equitable Model for Services

Because services are provided through contracts with nonprofit organizations that, ideally, have access to charitable as well as government support, the full cost of services in any Oregon county is not borne by public money alone. However, to ensure access throughout the state to basic services, and because public safety is a government responsibility, funding DV/SA services to meet a minimal need should be Oregon's obligation.

A "Base +" Model

Base established to provide some level of stability.

Increments respond to additional resource needs of populous areas.

17 receive full base or pro rata share. 19 counties receive "base + increment"

In defining a model, the Planning Group looked at a "base +" model that was built on the idea of identifying the nominal level of direct service staffing needed given established prevalence rates of DV/SA. A population of up to 30,000 residents with 9400 women (aged 18-65) would call for three full time staff people (2.25 DV staff and .75 SA staff). Every additional population increment of 10,000 people/3150 women would mean an additional staff person (1 FTE = .75 DV and .25 SA). Staff levels would be based on an estimated number of new cases averaged over a 12 month period assisted by staff who have a 1 to 10 or 1 to 8 staff/client ratio (1:10 for DV and 1:8 for SA).

Seventeen (17) Oregon counties fall below this threshold of 30,000/9400 and of those, three counties (Gilliam, Sherman and Wheeler) have populations that are probably too small to support a stand-alone program. The remaining 14 counties, those with populations of 7,000 to 30,000 could probably support stand-alone programs but only 11 currently do. These counties may not need three direct service staff. However, to have functioning service delivery they need a stable, basic level of support. Base funding should be provided to these 17 counties (full base to fourteen and pro-rata base to three) given ideal funding conditions. This would accommodate direct service needs and potentially cover costs of functioning programs. These counties are primarily rural and frontier counties and this approach acknowledges rural access and resource issues.

Nineteen (19) other Oregon counties have populations sufficient to require additional staffing. These additional staff increments range from one additional staff to 75 additional (this is in addition to the "base" staff). The cost of the base support to 33 Oregon counties

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and prorata base support to three counties is estimated to be \$4,020,000 per year. To fund the additional population increments the estimated amount would be \$ 12,260,000 per year. A total cost to fund this "base + " model is \$16,280,000 per year.

Given that the current funding of the state to DV and SA services is approximately \$6,000,000 per year, or less than 40% of what could be needed, how can equity be achieved with current funding constraints? The equity study looked at three different approaches for funding DV/SA services given an anticipated funding level of \$6 million: 1) a population/geography formula, 2) a service cost reimbursement model, and 3) a base + per capita increments model. The base + model was found to be the most flexible and best suited to Oregon's present needs. Adjusting the model to fit funding and remain equitable is a challenge, but a combination of setting an affordable service floor, while maintaining per capita increments that support populous counties, can be accomplished.

Recommendations Specific to Equitable Distribution of Funds

1. State government has a responsibility for public health and safety, and services to victims of DV/SA are a significant part of upholding that responsibility.
2. Counties rather than (OCASDV) regions should be the geographical unit for DV/SA services planning and allocation. Justice and social services are organized by counties, and these are networks that coordinate with DV/SA providers. Providers, however, should be encouraged to work together for mutual benefit in developing and maintaining effective and efficient DV/SA services across as well as within county lines.
3. The state's role should be to establish/maintain a safety net of DV/SA services to assist victims in every part of the state. An appropriate level of service needs to be available in every county of the state. There needs to be a credible base of services to meet the needs of rural communities and sufficient extent of resources to meet the needs of urban communities.
4. Funding stability via a reasonable base while compensating for population density is almost mutually exclusive when funds are limited. Ensuring service accessibility in every part of the state affects the ability to fund population centers. Conversely, funding population centers or density first, affects the ability to fund a base in the balance of counties where population does not reach critical mass. An equitable funding allocation formula must meet the test of funding a credible base of services in each of Oregon's counties. A formula that combines a minimum base to ensure service access in frontier and rural counties with additional funding apportioned by population to ensure access in urban areas of counties meets this test.

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5. Oregon should provide at least a basic level of services in every county. This base should be roughly equivalent to support 3 direct service staff (2.25 for DV and .75 for SA) or roughly \$120,000 per year based on staffing needs related to potential incidence. This base should be sufficient to provide direct SA and DV services to the "typical" county of 30,000 people and 9,000 women ages 18-65.
6. In addition to providing a basic level of services, Oregon should distribute funding on a per capita basis. Even a simple per capita reflects the reality of the state's various population centers who experience numbers proportionately greater than the least populous areas.
7. Oregon needs culturally appropriate services available to culturally specific populations throughout the state, including Native Americans living on or off reservations, Latino/Hispanics, African Americans, and non-English speaking immigrants. (See recommendation # 11, below)
8. Oregon communities need to have DV/SA services appropriate for all types of victims, including seniors and those who have developmental and/or physical disabilities. The DV/SA system should look for ways to collaborate with service providers who have expertise in senior services and services to people with disabilities.
9. The DV/SA services network is a public-private partnership, with nonprofit organizations throughout the state providing emergency intervention, shelter and advocacy for DV/SA victims. Historically, these non-profits have been grass-roots organizations responding to community needs and therefore, are sensitive to maintaining autonomy in decision making about services in their geographical areas. State funds should ensure stability of services, but programs need the flexibility to identify the best use of monies available to them.
10. Government funds have been integral to the stability of DV/SA victim services throughout Oregon. A competitive funding process can encourage research and development of best services practices, which is necessary for an effective, thriving services network. But competitive funds are not an efficient approach to providing service stability. Accordingly, Oregon should make available in noncompetitive grants a level of resources that funds a credible base of DV/SA services in all areas of the state.
11. Access issues of different sorts affect urban and rural populations, but some access issues are parallel. Access issues related to poverty, ethnicity or language occur in both urban and rural areas. Work to fund additional dollars specific to access issues which may be language, culture, or poverty depending on the county. These could then be distributed as an additional allocation to respond specifically to access issues.

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12. Sexual assault (not as part of IPV) in some studies represents 22% of violence against women (SA+DV). As a result, the prevailing attempt to provide 20% – 25% of funds to sexual assault seems reasonable and should be continued.
13. To maintain current program funding/stability and take steps toward implementing a “base + model”, roughly \$8.5 million per year would be needed.

Recommendations for DV/SA Victims' Services Network

In addition to the recommendations specific to equitable allocation of state funds, the Planning Group has several observations about Oregon's DV/SA services network and some recommendations. These are:

1. Providers and their communities need to encourage the state to at least double its support of DV/SA services, either by increasing support from the general fund, or by developing new sources of money. In the past decade, growth of the services network has come as a result of increases in federal funds to Oregon. These funds are currently threatened with cutbacks, and it is unrealistic to think that increased federal funds will be available in the next few years.
2. Build a “trade association” similar to the youth system model which is effective in stating and pursuing statewide goals for services.
3. Create a state level office (officer) whose responsibility it is to ensure a coordinated, statewide response to DV/SA public safety issues, (similar to the role the Domestic Violence Coordinator plays in Multnomah County). The Governor's office, the Attorney General's office, or the Health Dept. would each be a possible location for this office.
4. In some cases, DV programs provide services that may be eligible for funds from other agencies. For instance, can shelters get education and mental health money to serve children? Could community action money serve victims of DV or SA who are homeless? These possibilities need to be examined and pursued if they have merit.
5. State administrators of funds to DV/SA programs should consider establishing/clarifying a process whereby providers qualify to submit proposals for state funds.
6. DV/SA providers want to be sure that the limited resources available to serve DV/SA victims are used efficiently and effectively. State administrators should consider developing standards for services provision that can be a tool for quality control statewide, perhaps even develop an accreditation process. Washington State has one for sexual assault providers.

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7. In conducting the equity study the Planning Group found DV/SA providers in both rural and urban areas concerned that services take advantage of economies of scale. However, there was no consensus about where these exist. Both rural and urban areas were suggested for assessment. For example, how large an area can a provider serve and still remain effective? Or, how large can an agency be and still remain effective?
8. Are there some services, like a crisis line, that could effectively serve a region or the state as a whole? Programs should be encouraged to use the competitive grant process to explore some of these “best practice” issues.
9. The DV/SA network needs clearer and more consistent data about services, cost of services, and service use patterns. State administrators and their advisory committees should continue to work on this issue.
10. Frontier, rural, and urban service providers seem to face a serious divide in understanding each other and quite possibly in working together. Programs and organizations, **at all levels**, should be encouraged to enter into a serious and ongoing dialogue to bridge these differences. The future of effective DV/SA services in Oregon may depend on it.

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- ❖ Survey respondents who gave us insight into the day to day issues and big picture problems facing all of those who work with victims/survivors of domestic violence and sexual assault.
- ❖ Interviewees representing concerned individuals and professionals.
- ❖ State and local government employees who connected us with maps and resources.
- ❖ Family, friends and students who gave us perspective and outsider insight as they listened to us consider and mull.

And of course the women, children and men of Oregon affected by domestic violence and sexual assault. May your future be violence free.

We have appreciated all of you who have helped us in our understanding.