



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

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June 22, 2009

Senate President Peter Courtney
900 Court Street NE S-201
Salem, OR 97301

Speaker of the House Dave Hunt
900 Court Street NE H-269
Salem, OR 97301



Dear Senator Courtney and Representative Hunt:

The Department of Human Services respectfully submits the Domestic Violence Intervention biennial report. The Oregon Department of Human Services prepares this report pursuant to ORS 411.118.

The department is required by ORS 411.118 to report to each session of the Legislative Assembly the following information:

- The domestic violence identification process under ORS 411.117;
- Emergency assistance utilization for victims of domestic violence; and
- Domestic violence training for department staff, information sharing and evaluation.

The reports for prior biennia are posted on the following department website:
http://www.oregon.gov/DHS/abuse/domestic/dvdata_pub.shtml

Please contact me at (503) 945-5633 if you have any questions or concerns regarding the attached report.

Sincerely,

Vic Todd, Administrator
Office of Self-Sufficiency Programs
Children, Adults and Families Division
Oregon Department of Human Services

enclosure

cc: Members of the Oregon Legislative Assembly
Bruce Goldberg, M.D., DHS Director
Patty O'Sullivan, DHS Public Policy and Government Relations Director
Erinn Kelley-Siel, Interim Director, Children, Adults and Families Division
Dawn Bonder, Policy Advisor, Governor's Office

"Assisting People to Become Independent, Healthy and Safe"
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2009 – Report to the Legislative Assembly pursuant to ORS 411.118

Introduction

The Family Violence Prevention Fund, in a review of studies from 2000 and 2002, reports that more than 50 percent of the women receiving public assistance have experienced physical violence by an intimate partner within their lifetime, according to national data. These studies also show that up to 30 percent of women receiving public assistance are currently in domestic violence situations.

Oregon child welfare statistics for 2007 show 23.6 percent of child protective cases with founded abuse had domestic violence as a “family stress indicator” (down from 24.5 percent in 2005). Although there has been a decrease in the number of cases with the stress indicator, it may not indicate a decrease in the number of child welfare clients with domestic violence as a stress factor. It may be that there are other more pressing stress factors present in the case.

In 37 percent of the cases of abuse against seniors and people with disabilities (not living in facilities) that are investigated, the reported perpetrator was a family member, spouse or intimate partner, or an adult child, according to 2007 statistics from the Oregon Department of Human Services (DHS).

Clearly, domestic violence affects many DHS clients. The success of the department’s work depends to a large extent on the effectiveness with which the department can deal with the issues of abuse.

A Brief History

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 domestic violence.

The former Adult and Family Services Division of DHS worked with advocates to craft ORS 411.117. These efforts codified the former division’s efforts in field offices and enhanced service delivery to families. The legislation called for four action steps:

- ▶ Screening for domestic violence;
- ▶ Community staffings and individualized family plans for families with domestic violence issues;
- ▶ Waiving Temporary Assistance for Needy Families (TANF) rules that would put the victim or children at greater or further risk of violence;
- ▶ Reporting of three items: 1) DHS staff training and information sharing; 2) domestic violence expenditures; and 3) identification processes used by the TANF program.

Even before the passage of ORS 411.117, DHS staff and partners sat down to plan how to implement the statute and effectively provide services to victims and survivors of domestic violence. DHS has since implemented all of the provisions in ORS 411.117 and has also certified compliance with the TANF federal “Family Violence Option.”

In 2002, DHS began its internal integration efforts, dissolving existing divisions. Policy and administration of programs is now handled by five divisions: Children, Adults and Families; Addictions and Mental Health; Seniors and People with Disabilities; Medical Assistance Programs; and Public Health.

The consolidation of client services highlighted the need to look at domestic violence issues across the department. ORS 411.117 has now been modified to be inclusive of the whole department. This is the sixth report to the Legislature related to ORS 411.117.

Intervention Overview

Domestic violence intervention is critical to the work done by DHS. The department’s mission is to help people become independent, healthy and safe. Domestic violence, too frequently, leads clients to require services from DHS. 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 DHS 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 in addressing the mission of the department and the health and safety of Oregonians and is one of the department’s high-level performance indicators.

Planning groups of DHS 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 that arise related to consistent services across DHS. The key focus of DHS domestic violence intervention is the safety of victims and their children.

The DHS Coordinated Approach

DHS Domestic Violence Council: The DHS Domestic Violence Council, with ten DHS and five community representatives, was formed in 2002 as an advisory council. This council advises the DHS director on domestic violence policies, practices and training needed by DHS staff related to domestic violence. “DHS Quality Assurance Standards for Domestic Violence Prevention and Intervention”¹ were developed by the DHS DV Council and adopted by the DHS Cabinet in June 2005. 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

Recent strategic communication planning efforts resulted in updates and improvements to the DHS domestic violence web page. With the signing of Executive Order EO 7-17 this web page has been listed as a resource for all state agencies.

Domestic Violence Point People: Each 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 office domestic violence point people include representatives from child welfare, self-sufficiency, public health, vocational rehabilitation and adult protective services.

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

Field points have expanded from primarily self-sufficiency staff to include child welfare and seniors and people with disabilities 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. Recent budget reductions within partner programs have reduced the number of partners able to actively participate as partner points.

Cross Discipline Collaborations: In February 2006, the DHS Addiction and Mental Health Division developed a “Trauma Policy” to develop trauma-informed and trauma sensitive services for survivors of psychological trauma.

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

Support for employees who are victims of abuse: The department adopted policies in 2004 for employees who have been victims of domestic violence, and offers help in developing workplace safety plans.

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

In 2008, DHS adopted the DAS workplace policy and is currently developing DHS specific procedures for managers and human resource staff.

Implementing the Requirements of ORS 411.117

In order to better identify and work with victims, DHS has devised and implemented new methods to screen and refer clients. Intensive training processes have been implemented for staff to address domestic violence issues. Collaboration efforts have been expanded and existing partnerships strengthened.

Since the passage of this law, DHS has implemented and expanded upon actions in the following areas:

- ▶ **Identification of victims:** Processes to identify victims are in place statewide. For example, application packets for self-sufficiency programs have questions, developed in coordination with domestic-violence service providers, pertaining to abuse.

Child welfare guidelines recommend 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.

In the Senior and People with Disabilities Division (SPD), victims are identified and responded to through the Adult Protective Services process.

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

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.

In the past few years, several DHS districts contracted with local domestic violence service providers to outstation advocates in DHS offices. Though this greatly improved the staff's understanding of domestic violence and allowed for improved connection of clients with needed resources, recent budget considerations have reduced the number of districts able to contract for these services. Districts maintain a connection with local providers in an attempt to reduce the impact of these budget cuts on victims and their children.

DHS self-sufficiency programs continue to prioritize services to domestic

violence survivors due to safety concerns. With increasing self-sufficiency caseloads, reduced community services and reduction in staffing this will become increasingly difficult.

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

- ▶ As outlined in ORS 411.117, DHS self-sufficiency staff waive TANF program requirements that would put the family at greater risk of violence, such as excluding income controlled by the abuser or income used to help flee. Along with individualized case management, emergency financial help is available to victims who are fleeing or trying to stay free from domestic violence.
- ▶ 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.
- ▶ Seniors and People with Disabilities staff offer support for clients who have been victimized by domestic violence through their adult protective services programs and in collaboration with local domestic violence service providers.
- ▶ Vocational rehabilitation staff provide support to victims of domestic violence through vocational counseling and community referrals.
- ▶ **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”:** The DHS Child Protective Services-Domestic Violence workgroup is collaborating with domestic violence service providers to update this guide, used by child welfare staff that work with clients affected by domestic violence.
- ▶ **Collaborative Training:** Domestic violence education is available to DHS staff from local DV service providers. In addition, Mid-Valley Women’s Crisis Service in Salem provides DV 101 (the basic dynamics of domestic violence) for DHS staff from across the state every other month.

Currently the dynamics of *Domestic Violence, Sexual Assault and Stalking* training is being made available to all DHS managers, supervisors and human resource staff. Training is slated to be completed by February 2010, with a required refresher course every five years.

For the past three 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 programs.

- ▶ **Coordination of Services:** Districts coordinate with their local domestic violence service providers to outstation advocates in DHS branches. In other districts, self-sufficiency staff meet with victims at domestic violence service provider sites to enhance the safety of victims and expedite services.

In all districts, DHS staff consult with domestic violence service providers on domestic violence cases when appropriate and refer clients to local services.

DHS has also taken the message of domestic violence intervention to contracted partners, such as substance abuse and mental health treatment providers and county health departments.

With the implementation of the “Family Support & Connections” (FS&C) program following the 2007 legislative session, there is increased 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.

- ▶ **Public Awareness:** The DHS web page is designed to bring the department’s six domestic violence web pages together under the heading of “abuse and neglect,” “assistance services ” and “crisis 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. In 2008, there was an average of 1,465 (up from 526 in 2006) monthly contacts to the web page every month with an average of 868 contacts to the provider map, alone. Below is the link to the DHS domestic violence website:

<http://www.oregon.gov/DHS/abuse/domestic/index.shtml>

In addition to information on the web page, brochures and posters have been developed to better inform our clients and partners about domestic violence services.

In 2008, a new DHS domestic violence information phone line was set up for Multnomah County. The line is available to clients, the community and DHS workers. During 2008, an average of 359 calls were received each month. Eighty three percent of the calls were from clients.

Since October 1997, DHS field staff have been participating in domestic violence awareness activities statewide, including educational and fund-raising activities that benefit their local domestic violence service provider.

- ▶ **Policy Development:** 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 that may put the client at greater risk of domestic violence can be waived or modified.

Guidelines titled “Child Welfare Practices for Cases with Domestic Violence” are available online.

The DHS Domestic Violence Council has developed domestic violence prevention and intervention standards for the department. The standards are available at the following website:

<http://www.oregon.gov/DHS/abuse/domestic/dvcouncil/index.shtml#standards>

- ▶ **Partnerships:** The department has coordinated with many partners in planning and providing services to victims of domestic violence. The 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 Batterer Intervention Standards Advisory Committee; and
 - The Oregon Department of Justice’s local Child Abuse Multi-disciplinary Teams

The Future

Domestic violence is a community issue that contributes to other problems, including juvenile crime, child abuse, teen pregnancy, elder abuse and homelessness. The department's participation in a coordinated community response to end domestic violence is critical in addressing the health and safety of Oregonians. With the current economic downturn, collaboration becomes even more critical.

DHS action steps for the future include:

- ▶ **Developing and expanding partnerships:** DHS continues to expand its partnerships looking for resources to address victims' needs. As financial support to community based domestic violence service providers is being reduced, pursuing other community resources to help address the need is vital. Unfortunately these other services have seen increased demand and many are also losing financial support. Domestic violence service providers have seen a decrease in community donations, foundation support, and face a potential 30% decrease in state funding. The department will continue to partner with community programs that address domestic violence and expand the network of services that are available to clients. DHS will also work with programs that provide batterer intervention and hold abusers accountable for their choices.
- ▶ **Developing the skills of DHS staff to address domestic violence:** DHS will continue to partner with advocates to expand training on appropriate responses to domestic violence. The DHS Domestic Violence Council will evaluate current training and make recommendations to the DHS director and cabinet.
- ▶ **Expansion of public awareness efforts:** The department will also continue to partner locally and increase awareness of DHS domestic violence related services that support the safety of victims served by DHS.

Scheduled to open in the summer of 2009, Multnomah County is planning a Domestic Violence One-Stop Center. Two DHS self-sufficiency staff will be out-stationed in the center to provide direct services to victims. Police, domestic violence service providers, housing and other resource staff will be available to provide needed supports to victims.

- ▶ **Holding abusers accountable:** As part of a coordinated community response

to domestic violence, DHS will hold batterers accountable wherever possible. DHS central office staff participate on the Attorney General's advisory committee for "Batterer Intervention Program Standards." DHS field staff continue to recommend to the courts that batterers be referred to intervention and re-education programs.

Section 2: Specific Reporting Requirements

Item 1: Staff Training and Information Sharing

A comprehensive plan to address the training needs of staff on domestic violence issues was originally developed in 1997 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 plan has been modified over the years to address changes within the department. The DHS DV Council developed a recommended curriculum outline for DV 101 in 2002, to better standardize the training that DHS staff receive. In 2005, a survey was sent to staff to identify additional training needs related to domestic violence.

Training initiatives during the 2007-2009 biennium include:

- ▶ Basic domestic violence training continues to be conducted by local domestic violence service providers statewide on an as-needed basis and is required for staff in child welfare and self-sufficiency programs.
- ▶ Domestic violence information has been incorporated into other agency training modules. For example:
 - Adult protective service training includes a half-day on domestic violence.
 - Child welfare casework 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 domestic violence policy. This training is presented collaboratively by a DHS program analyst and a domestic violence service provider.
 - Four domestic violence policy NetLinks (desktop computer-delivered training) are available to DHS self-sufficiency staff.

- In addition to the basic domestic violence information provided in TANF training and information presented in domestic violence 101, self-sufficiency staff who screen for domestic violence or do case planning with survivors of domestic violence are required to participate in policy training specific to domestic violence.
- ▶ Staff have participated in other domestic violence training opportunities including domestic violence conferences across the state, trainings during staff meetings, domestic violence video presentations, community planning sessions and Domestic Violence Council meetings.
- ▶ Currently training is being rolled out to managers on the new “Workplace Effects of Domestic Violence, Sexual Assault and Stalking,” by the Department of Administrative Services in collaboration with local domestic violence service providers.
- ▶ 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.

From July 2003 through June 2007; 5,918 participants attended domestic violence related training. Training records show that from July 2007 through December 2008; 1,349 participants, including DHS staff and partners, attended these varied training events. These counts are duplicated because often staff attend more than one event. There are several factors that may have impacted the decrease in the number of training participants. These factors include the fact that many have already completed training in the past, workload increases have reduced the number of field staff who are able to attend training, and training sessions having been canceled because of priority training related to determining eligibility and issuing benefits due to increased caseload.

Item 2: Domestic-Violence Expenditures

Emergency Assistance Domestic Violence Expenditures: From July 2007 through December 2008, \$7,064,413 was spent through the Temporary Assistance for Domestic Violence (TA-DVS) program to help survivors of domestic violence and their children.

In 2007-2008, an average of 552 families received services each month. 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 2007-2009 biennium was \$9,465,025 (as of the 04/2009 rebalance).

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, the department continues to support victims of domestic violence with other self-sufficiency programs, including Temporary Assistance for Needy Families (TANF), Food Stamps, Oregon Health Plan and Employment Related Day Care.

Other financial support is offered to victims of domestic violence working with DHS Child Welfare through family based services. The specific amount used to support domestic violence survivors isn't tracked discretely from other family based services. Senior and People with Disabilities, through special needs payments, can minimally (up to \$500.00) 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.

Item 3: Identification Processes

Victims of domestic violence are identified in many ways across the department. Opportunities for applicants and clients to disclose domestic violence issues are afforded at every office contact.

Since the best resource to identify domestic violence is an educated staff, DHS employee training, as described previously in this report, is expanding. Currently, abuse is identified through:

- ▶ **Self-disclosure:** The client discloses that he or she is, or has been, a victim of abuse. Posters and safety plans displayed in each DHS field office affirm the department's concern about domestic violence and afford the victim the opportunity to disclose. Information brochures describing domestic violence related services have been made available to clients and partner staff.
- ▶ **Referrals from community partners:** Clients are referred by community partners from various agencies, including domestic violence service providers, victim's assistance programs, legal services and other state agencies. Clients may also disclose abuse to Job Opportunity and Basic Skills (JOBS) contractors or other partners. These partners will then communicate with the

- DHS case manager to address any potential safety issues.
- ▶ Referrals from child and adult protective services staff: Staff who work in child welfare and with seniors and people with disabilities are often made aware of domestic violence concerns from people who call to report abuse, or from law enforcement cross-reporting.
 - ▶ Information on applications: Applications for self-sufficiency programs include questions about abuse. These questions were designed with input from domestic violence service providers.

Self-sufficiency application packets also contain information on “good cause” relating to child support. This provides another opportunity to discuss safety issues.

A “Safety Packet,” developed in collaboration with community partners, describes ways to pursue child support while offering safeguards to clients, including the use of an address other than the client’s resident address and protecting other identifying information in the court processes related to child support.

- ▶ Screening and assessment forms: Various client screening and assessment forms are used across the department to help identify and serve victims of abuse.

For self-sufficiency programs, staff use a safety assessment form and screening process to help assess the potential threat of domestic violence and to determine eligibility for financial assistance.

Child welfare programs include assessment questions in their practice guidelines. In some districts, local assessment forms have been developed in partnership with local domestic violence service providers.

- ▶ Client interviews: Staff are trained to use specific domestic violence related questions when interviewing clients.

Some offices have domestic violence service providers who visit or are out-stationed in the branch office. If staff suspect abuse, they may take the client to the on-site service provider to help identify safety issues.

- ▶ Domestic violence presentations to clients: Many districts invite local domestic violence service providers to conduct presentations on domestic

violence during the initial DHS orientation or as part of JOBS program services. Clients often disclose abuse during or after these presentations.

DHS Self-Sufficiency process after identification:

Safety is the primary concern when working with victims of domestic violence. Once domestic violence concerns are identified, DHS staff help the victim develop an individualized plan for safety and support.

Self-sufficiency case plans can include referral to domestic violence shelters or support groups, individualized counseling for clients or their children, locating housing or relocation to another area.

Once safety is established, plans may include training or job search, depending on the individual needs of the victim and the children. In the TANF program, any requirements that may make it more difficult for victims to escape or place them at risk of further domestic violence can be, and are, waived.

In other self-sufficiency programs such as food stamps and medical coverage, a different set of eligibility standards can often be used in cases involving domestic abuse.

Appendix 1:

**DHS 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.