Multnomah County Oregon
Board of Commissioners & Agenda
connecting citizens with information and services

BOARD OF COMMISSIONERS

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DECEMBER 3 & 5, 2002
BOARD MEETINGS
FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Elected Officials Budget Work Session Discussion of Key Issues Facing Multnomah County
Pg 2	10:45 a.m. Tuesday Briefing and Resolution Adopting the Multnomah County Community Based Victim Services System Plan
Pg 2	11:30 a.m. Tuesday CCFC & OSCP Executive Summary of School-Aged Services Policy Framework
Pg 5	8:30 a.m. Thursday 3rd Reading of Ordinance Adopting West of Sandy River Rural Plan
Pg 6	9:00 a.m. Thursday Elected Officials Budget Work Session on Mid-Year Rebalance
	The December 26, 2002 and January 2, 2003 Board Meetings are Cancelled

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Tuesday, December 3, 2002 - **9:00 AM - 10:45 AM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-1 The Board of Commissioners, Auditor, District Attorney, Sheriff, Department Directors and Invited Participants Will Meet for Discussion of Key Issues Facing Multnomah County; General Themes; Public Safety; Health and Human Services; General Government; and Next Steps. Facilitated by Tony Mounts. **[This is a Public Meeting and Interested Persons are Welcome to Attend, However Public Testimony Will be Taken During Budget Hearings Scheduled December 11 and December 19.]**

Tuesday, December 3, 2002 - **10:45 AM - 12:15 PM**
(OR IMMEDIATELY FOLLOWING BUDGET WORK SESSION)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFINGS

B-1   Briefing and Consideration of a RESOLUTION Adopting the Multnomah County Community-Based Victim Services System Plan. Presented by Chiquita Rollins and Caren Baumgart. 45 MINUTES REQUESTED. **[If approved, the Resolution will be ratified at the regular Thursday Board meeting.]**

B-2   Commission on Children, Families and Community and Office of School and Community Partnerships Executive Summary of School-Aged Services Policy Framework. Presented by Sue Cameron and Lolenzo Poe. 45 MINUTES REQUESTED.

REGULAR MEETING

CONSENT CALENDAR - 8:30 AM
DEPARTMENT OF COUNTY HUMAN SERVICES

C-1 Intergovernmental Revenue Agreement 0310346 with Substance Abuse and Mental Health Services Administration (SAMHSA) for Early Childhood's "Incredible Years" Program

C-2 Budget Modification CHS 10 Recognizes $190,547 of New Grant Revenue from Substance Abuse and Mental Health Services Administration (SAMHSA) for Early Childhood's "Incredible Years" Program

C-3 Intergovernmental Revenue Agreement 0210024 Amendment No. 2 with Portland Public Schools for Safe Schools/Healthy Students

DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES

C-4 RESOLUTION Authorizing Approval to Allow Repurchase of Certain Tax Foreclosed Property to the Former Owner, BESSIE EPHREM

C-5 RESOLUTION Authorizing Execution of Deed D031872 for Repurchase of Tax Foreclosed Property to the Former Owner, JACK L FROST

C-6 RESOLUTION Authorizing a Private Sale of Certain Tax Foreclosed Property to R. SCOTT JOHNSON

SHERIFF'S OFFICE

C-7 Revenue Agreement 0210298 with the State of Oregon (Parks and Recreation) and MCSO, Providing Law Enforcement and Emergency Services Support of the Recreation Management of Government Island, McGuire Island and Lemon Island

C-8 Revenue Agreement 0210299 with U.S. Customs Detailing Reimbursement Procedures for MCSO's Involvement in Anti-Smuggling Activities

C-9 Full On Premises Sales Liquor License Renewal for BOTTOMS UP TAVERN, 16900 NW St Helens Road, Portland

C-10 Off Premises Sales Liquor License Renewal for THE CRACKER BARREL GROCERY, 15005 NW Sauvie Island Road, Portland

C-11 Off Premises Sales Liquor License Renewal for FRED'S MARINA, 12800 NW Marina Way, Portland

C-12 Full On Premises Sales Liquor License Renewal for PLEASANT HOME SALOON, 31637 SE Dodge Park Boulevard, Gresham

C-13 Off Premises Sales Liquor License Renewal for ROCKY POINTE MARINA, 23586 NW St Helens Highway, Portland

C-14 Limited On-Premises Sales Liquor License Renewal for SPRINGDALE TAVERN, 32302 E. Crown Point Highway, Corbett

C-15 Off Premises Sales Liquor License Renewal for TENLY'S JACKPOT FOODMART, 28210 SE Orient Drive, Gresham

C-16 Off Premises Sales Liquor License Renewal for WEECE'S MARKET, 7310 SE Pleasant Home Road, Gresham

C-17 Off Premises Sales AND Limited On Premises Sales Liquor License Renewals for BIG BEAR'S CROWN POINT MARKET, 31815 E Columbia River Highway, Troutdale

C-18 Full On Premises Sales Liquor License Renewal for MULTNOMAH FALLS LODGE, S/S Scenic Highway and Columbia Gorge, Bridal Veil

C-19 Off Premises Sales Liquor License Renewal for ORIENT COUNTRY STORE, 29822 SE Orient Drive, Gresham

C-20 Off Premises Sales Liquor License Renewal for PLAINVIEW GROCERY, 11800 NW Cornelius Pass Road, Portland

C-21 Limited On Premises Sales Liquor License Renewal for WILDWOOD GOLF COURSE, 21881 NW St. Helens Road, Portland

C-22 Off Premises Sales Liquor License Renewal for CORBETT COUNTRY MARKET, 36801 E. Historic Columbia River Highway, Corbett

DEPARTMENT OF HEALTH

C-23 NOTICE OF INTENT to Request Grant Funding from the Environmental Protection Agency to Conduct an Environmental Health Assessment Using the Protocol For Assessing Community Excellence in Environmental Health (PACE EH) Process

DEPARTMENT OF COUNTY HUMAN SERVICES

C-24 Ratification of RESOLUTION Adopting the Multnomah County Community-Based Victim Services System Plan

REGULAR AGENDA - 8:30 AM
PUBLIC COMMENT - 8:30 AM

Opportunity for Public Comment on Non-Agenda Matters. Testimony is Limited to Three Minutes per Person.

DEPARTMENT OF BUSINESS AND COMMUNITY SERVICES - 8:30 AM

R-1 RESOLUTION Authorizing Advance Distribution of Funds from the Multnomah County General Fund of Property Taxing Districts as Allowed Under ORS 311.392

R-2 Third Reading of an ORDINANCE Adopting the West of Sandy River Rural Area Transportation and Land Use Plan and Wildlife Habitat and Stream Corridor ESEE Report as Part of the Multnomah County Comprehensive Framework Plan, Zoning Code Chapter 36 as Part of the Multnomah County Code of Ordinances Volume II: Land Use, and Zoning Map Amendments in Continuation of the County Rural Area Planning Program and the Reorganization Efforts of Ordinance Nos. 910 and 953 to Revise, Amend, Restate, Codify and Repeal Certain Existing Code Provisions, and Declaring an Emergency

R-3 Amendment Extending to June 30, 2003 the Howard Canyon Quarry Voluntary Agreement in Lieu of a Moratorium

NON-DEPARTMENTAL - 8:50 AM

R-4 RESOLUTION Authorizing the County to Enter into a Loan Agreement with the Susannah Maria Gurule Foundation

Thursday, December 5, 2002 - **9:00 AM - 11:30 AM**
(OR IMMEDIATELY FOLLOWING REGULAR AGENDA)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-2 The Board of Commissioners, Auditor, District Attorney, Sheriff, Department Directors and Invited Participants Will Meet for Discussion of Key Issues Facing Multnomah County; Overview of Mid-Year Rebalance Strategy; Public Safety Service Area: Sheriff's Office, Community Justice, District Attorney's Office; Health and Human Services Service Area: County Human Services, Office of School and Community Partnerships, Health; and General Government Service Area: Business and Community Services, Library. Facilitated by Tony Mounts. **[This is a Public Meeting and Interested Persons are Welcome to Attend, However Public Testimony Will be Taken During Budget Hearings Scheduled December 11 and December 19.]**

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FY 2002-03 MID-YEAR BUDGET REDUCTIONS

Tuesday, December 3, 2002 - **9:00 AM - 10:45 AM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-1 The Board of Commissioners, Auditor, District Attorney, Sheriff, Department Directors and Invited Participants Will Meet for Discussion of Key Issues Facing Multnomah County; General Themes; Public Safety; Health and Human Services; General Government; and Next Steps. Facilitated by Tony Mounts. **[This is a Public Meeting and Interested Persons are Welcome to Attend, However Public Testimony Will be Taken During Budget Hearings Scheduled December 11 and December 19.]**

Thursday, December 5, 2002 - **9:00 AM - 11:30 AM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-2 The Board of Commissioners, Auditor, District Attorney, Sheriff, Department Directors and Invited Participants Will Meet for Discussion of Key Issues Facing Multnomah County; Overview of Mid-Year Rebalance Strategy; Public Safety Service Area: Sheriff's Office, Community Justice, District Attorney's Office; Health and Human Services Service Area: County Human Services, Office of School and Community Partnerships, Health; and General Government Service Area: Business and Community Services, Library. Facilitated by Tony Mounts. **[This is a Public Meeting and Interested Persons are Welcome to Attend, However Public Testimony Will be Taken During Budget Hearings Scheduled December 11 and December 19.]**

Tuesday, December 10, 2002 - **9:30 AM - 12:00 PM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-3 The Board of Commissioners, Auditor, District Attorney, Sheriff and Invited Participants Will Meet for a Report on the 2003-2004 Budget Workshops and Survey Results. Presented by Consultant, Tony Mounts, Invited Others. **[This is a Public Meeting and Interested Persons are Welcome to Attend, However Public Testimony Will be Taken During 2002-2003 Budget Rebalance Hearings Scheduled December 11 and December 19.]** 2.5 HOURS REQUESTED.

Tuesday, December 10, 2002 - **2:30 PM - 4:30 PM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-4 **IF NEEDED** Work Session on the Proposed Mid-Year Reductions to the 2002-2003 Multnomah County Budget. Presented by Tony Mounts, Invited Others. **[This is a Public Meeting and Interested Persons are Welcome to Attend, However Public Testimony Will be Taken During 2002-2003 Budget Rebalance Hearings Scheduled December 11 and December 19.]** 2 HOURS REQUESTED.

Wednesday, December 11, 2001 - **6:00 PM - 8:00 PM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

PUBLIC BUDGET HEARING

PH-1 Opportunity for Public Input on Proposed Mid-Year Reductions to the 2002-2003 Multnomah County Budget. Please fill out a speaker form available at the back table and present it to the Clerk. Testimony Limited to Three Minutes per Person.

Tuesday, December 17, 2002 - **9:30 AM - 12:00 PM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFINGS

B-1 The Commission on Children, Families and Community, the Office of School and Community Partnerships of Multnomah County and the Multi-Jurisdictional Task Force Presentation of the School-Aged Services Policy Framework and Recommendations. Presented by Sue Cameron, Lolenzo Poe and Task Force Members. 90 MINUTES REQUESTED.

B-2 **IF NEEDED BRIEFING/WORK SESSION** on the Proposed Mid-Year Reductions to the 2002-2003 Multnomah County Budget. Presented by Tony Mounts, Invited Others. 1 HOUR REQUESTED.

Thursday, December 19 2002 - **10:30 AM - 12:00 PM**
(OR IMMEDIATELY FOLLOWING REGULAR AGENDA)
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

PUBLIC BUDGET HEARING/BOARD VOTE

PH-2 Opportunity for Public Input on Proposed Mid-Year Reductions to the 2002-2003 Multnomah County Budget. Please fill out a speaker form available at the back table and present it to the Clerk. Testimony Limited to Three Minutes per Person. Following Public Testimony, the Board will Vote to Implement Mid-Year Reductions to the 2002-2003 Multnomah County Budget.

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Draft Agenda
12/3 BCC Budget Presentation

9:00 am   Issues Facing Multnomah County – *Tony*
                            General Themes
                             Public Safety
                             Health & Human Services
                             General Government
                            Discussion
                            Next Steps

10:45 am   Briefing: Victim Services System Plan

11:30   Briefing: School-Aged Services Policy Framework

12/5 BCC Budget Presentation

9:00 am   Overview of Mid-Year Rebalance Strategy - *Tony*
                            Overview

                            Public Safety Service Area
9:15   MCSO – *Sheriff Elect*
9:30   DCJ – *Joanne Fuller*
9:45   DA – *Mike Schrunk*

                            Health & Human Services Service Area
10:00   DCHS – *John Ball*
10:15   OSCP – *Lolenzo Poe*
10:30   Health – *Lillian Shirley*

                            General Government Service Area
10:45   BCS – *Cecilia Johnson*
11:00   Library – *Ginnie Cooper/Ruth Metz*

11:15   Q&A

AGENDA PLACEMENT REQUEST

BUD MOD #:

Requested Date: December 3, 2002   Time Requested: 2 hours

Department: DBCS   Division: Budget & Service Improvement

Contact/s: Tony Mounts

Phone: (503) 988-4185   Ext.:   84185   I/O Address: 503/4

Presenters: Tony Mounts

Agenda Title: Discussion of Key Issues Facing Multnomah County

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other
submissions, provide clearly written title.)

1.   **What action are you requesting from the Board? What is the department/agency
      recommendation?**

      No Action, Discussion Only.

2.   **Please provide sufficient background information for the Board and the public to
      understand this issue.**

      The Chair and Board have requested a discussion with the other elected officials and
      department heads, about the key issues facing the County over the next three to five
      years. This discussion will provide context for the service reduction decisions facing the
      Board during the balance of FY 2003 and in FY 2004.

3.   **Explain the fiscal impact (current year and ongoing).**   No fiscal impact.

      **NOTE: If a Budget Modification or a Contingency Request attach a Budget
      Modification Expense & Revenues Worksheet and/or a Budget Modification
      Personnel Worksheet.**

1

If a budget modification, explain:
- ❖ What revenue is being changed and why?
- ❖ What budgets are increased/decreased?
- ❖ What do the changes accomplish?
- ❖ Do any personnel actions result from this budget modification? Explain.
- ❖ Is the revenue one-time-only in nature?
- ❖ If a grant, what period does the grant cover?
- ❖ When the grant expires, what are funding plans?

NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)

If a contingency request, explain:
- ❖ Why was the expenditure not included in the annual budget process?
- ❖ What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?
- ❖ Why are no other department/agency fund sources available?
- ❖ Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.
- ❖ Has this request been made before? When? What was the outcome?

If grant application/notice of intent, explain:
- ❖ Who is the granting agency?
- ❖ Specify grant requirements and goals.
- ❖ Explain grant funding detail – is this a one time only or long term commitment?
- ❖ What are the estimated filing timelines?
- ❖ If a grant, what period doest the grant cover?
- ❖ When the grant expires, what are funding plans?
- ❖ How will the county indirect and departmental overhead costs be covered?

4.   Explain any legal and/or policy issues involved.

No legal issues. The discussion may touch on a number of policy areas.

5.   Explain any citizen and/or other government participation that has or will take place.   Interviews of County elected officials and department heads will be the source of the issues discussed.

Required Signatures:

Department/Agency Director: _____   **Date:**

County Attorney
    By: _____   **Date:**

Budget Analyst
    By: _____   **Date:**

Dept/Countywide HR
    By: _____   **Date:**

Draft Agenda
12/3 BCC Budget Presentation

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                 General Themes
                   Public Safety
                   Health & Human Services
                   General Government
                 Discussion
                 Next Steps

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12/5 BCC Budget Presentation

9:00 am   Overview of Mid-Year Rebalance Strategy - *Tony*
                   Overview

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10:45   BCS – *Cecilia Johnson*
11:00   Library – *Ginnie Cooper/Ruth Metz*

11:15   Q&A

Budget & Service Improvement

2003 Legislative Concepts for Multnomah County

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
G	Attorney's Office	Amend ORS re: inspection and disclosure of patient medical records by a public agency provider	Offense	Scott Asphaug	Coordinate with City of Portland, AOC and LOC.	
G	Business & Community Services (BCS) – Assessment & Taxation (AT)	Redesign titling process for manufactured structures – responsibility transferred to counties and Building Codes Division	Offense	Kathy Tuneberg Pat Frahler	Oregon Association of County Tax Collectors (OACTC), Rep. Bruce Starr, Department of Motor Vehicles (DMV), and State Building Codes Division pursuing this.	
G	BCS – AT	Amend ORS 293.250 to include county delinquent personal property taxes in DOR's "off-set" program	Offense	Kathy Tuneberg Pat Frahler	OACTC supports.	
G	BCS – AT	Change ORS 311.625 to allow computerized/imaged record for certified mail for delinquent tax warrant process	Offense	Kathy Tuneberg Pat Frahler	OACTC supports. Housekeeping bill.	
G	BCS – AT	Update ORS 311.253 to update language referring to "punch cards"	Offense	Kathy Tuneberg Pat Frahler	Housekeeping bill. OACTC supports.	
G	BCS – AT	Revise ORS 309.100 so that the refund statute is consistent with the appeal statute	Offense	Kathy Tuneberg Gary Bartholomew	Requested by DOR upon letter of advice from Attorney General.	
G	BCS – Central Human Resources (CHR)	Clarify Oregon's State Wage and Hour Statute regarding elected official staff	Offense	Gail Parnell		

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
G	BCS – CHR	Update ERB's Case Law for easier access to electronic records	Offense	Gail Parnell		
G	BCS – Elections	Centralized voter registration	Offense	John Kauffman	Will not have a fiscal impact to county but could affect operations.	
G	BCS – Elections	State adjustments to Congressional Election Reform	Offense	John Kauffman	Will need to monitor.	
G	BCS – Emergency Management (EM)	Statewide Mutual Assistance Agreement	Offense	Doug McGillivray		
G	BCS – Facilities and Property Management (F&PM)	Maintain funds in Housing Trust Fund	Defense	Diane Luther	Support Governor's recommendation in OHCSD budget.	
G	BCS – F&PM	Affordable housing dedication in electricity deregulation law	Defense	Diane Luther	Work with advocates to maintain the 3% dedication from SB 1149 legislation. This may come up in public power debate.	
G	BCS – F&PM	Raise the ceiling on Oregon Affordable Housing Tax Credits	Offense	Diane Luther	This is an OHCSD bill. Contact is Jack Kenny, 503-986-2056.	
G	BCS – F&PM	Extend sunset on nonprofit-owned low income housing property tax exemption	Offense	Diane Luther	AOCDO will take the lead. Contact is John Blatt, 503-223-4041.	
G	BCS – F&PM	Funding for homeless shelters	Defense	Diane Luther	This will be a general fund line item in OHCSD's budget.	
G	BCS – F&PM	Courthouse replacement	Offense	Doug Butler		
G	BCS – F&PM	Court space/storage for records	Offense	Doug Butler		

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
G	BCS – Finance Administration (FA)	PERS reform (successor system)	Offense	Dave Boyer	Assist with reform efforts lead by the PERS employer task force (schools, local governments, special districts, ports)	
G	BCS – FA	Local budget law	Offense	Dave Boyer	Oregon Municipal Finance Officers Association (OMFOA) to sponsor changes to current statutes	
G	BCS – FA	Business Income Tax/Transient Lodging Taxes	Defense	Dave Boyer		
G	BCS – Finance/Purchasing	Purchasing	Offense	Franna Hathaway	Various groups will be presenting laws to change public purchasing rules	
G	BCS – Finance/Treasury	Debt	Offense	Dave Boyer	Municipal Debt Advisory Commission and state treasurers will likely sponsor various bills regarding debt financing	
G	BCS – Land Use and Transportation (LUT)	Non-conforming uses (Fountain Village)	Offense	Susan Muir	HB 3925 passed last session to correct this, but was written poorly and needs modification.	
G	BCS – LUT	Non-conforming use in farm and forest zones	Defense	Susan Muir	AOC differs from Multnomah County on this issue.	
G	BCS – LUT	Exclusive Farm Use	Offense	Susan Muir	Comm. Rojo de Steffey	

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
					and METRO indicated interest in supporting this.	
G	BCS – LUT	Columbia River Gorge Commission budget	Defense	Susan Muir		
G	BCS – LUT	Bridge funding	Offense	Mike Oswald Stan Ghezzi	Comm. Rojo de Steffey, ODOT, AOC, LOC, and Rep. Bruce Starr also interested.	
G	BCS – LUT	Revenue options for transportation maintenance and capital projects	Offense	Mike Oswald Harold Lasley	Likely pursued by Transportation Investment Task Force.	
G	BCS – LUT	Gas tax/vehicle registration fee formulas	Defense	Mike Oswald Harold Lasley	Any changes in revenue sharing needs to be monitored.	
G	BCS – LUT	Changes to diesel tax	Defense	Mike Oswald Harold Lasley		
G	BCS – LUT	Segways (motorized scooters) on sidewalks	Offense	Karen Schilling	Monitor legislation to be introduced.	
G	BCS - Safety	Ergonomic standards	Offense	Chuck Tilden	Monitor legislation to be introduced	
G	Commissioner Rojo de Steffey	Clarify/restructure transportation funding to secure stable funding for local bridges	Offense	Shelli Romero	Reps. Bruce Starr will likely lead as Chair of Transportation Committee.	X
G	Library	Ready to Read grants – maintain state funds	O/D	Cindy Gibbon		X
G	Office of School & Community Partnerships (OSCP)	Energy regulation/deregulation	O/D	Mary Li	This is also an issue for Diane Luther.	

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/Defense	Lead	Strategy	Budget Impact
G	OSCP	School funding, former allocation	O/D	Lolenzo Poe and others		
G H & HS PS	BCS – Animal Services (AS)	Revisions to state rabies statute	Offense	Gary Hendel		
G H & HS PS	BCS – EM	Amber Alert system	Offense	Doug McGillivray	Coordinate with MCSO and City of Portland.	
G H & HS PS	BCS – EM	Revisit the Disaster Assistance Fund – allow for state declaration	Offense	Doug McGillivray		
H & HS	Commission on Children, Families & Community (CCFC)	Flouridation	Offense	Sue Cameron		
H & HS	CCFC	OCCF issues	O/D	Sue Cameron		
H & HS	CCFC	School services for youth	Offesne	Sue Cameron		
H & HS	Commissioner Naito	Smoke-free workplaces	Defense	Charlotte Comito		
H & HS	County Human Services (CHS)	Poverty issues (health care access, coverage)	O/D	CCFC, OSCP identified as issue		
H & HS	CHS	Housing – affordability, supply	Defense	OSCP also identified as issue		
H & HS	CHS – Aging & Disability Services (ADS)	Maintain program funding	Defense	Jim McConnell		X
H & HS	CHS – ADS	Adult protective services	Offense	Jim McConnell		
H & HS	CHS – ADS	Change in payment structure to home care commission	Offense	Jim McConnell		

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
H & HS	CHS – ADS	Pharmaceutical costs	Offense	Jim McConnell		
H & HS	CHS – ADS	Guardianship	O/D	Jim McConnell		
H & HS	CHS – ADS	Adult home care program	O/D	Jim McConnell		
H & HS	CHS – ADS	Visitability		Jim McConnell		
H & HS	CHS – ADS	Equity	Defense	Jim McConnell		
H & HS	CHS – ADS	Oregon Project Independence	Defense	Jim McConnell		
H & HS	CHS – ADS	Medicaid – Long Term Care	O/D	Jim McConnell		
H & HS	CHS – ADS	Medically needy	O/D	Jim McConnell		
H & HS	CHS – Developmental Disabilities (DD)	Staley agreement	O/D	Howard Klink		
H & HS	CHS – Mental Health (MH)	OHP reform	O/D	Peter Davidson		
H & HS	CHS – MH	Equity	Defense	Peter Davidson		X
H & HS	Health	Incorporate Quarantine law revisions into state emergency preparedness legislation	Offense	Gary Oxman		
H& HS	Health	Support reasonable aspects of state emergency preparedness laws that impact health	O/D	Gary Oxman		
H & HS	Health	Create a state safety net program office	Offense	Tom Fronk		
H & HS	Health	Clarify/modify safety net funding structure	Offense	Tom Fronk		
H & HS	Health	Food inspections by ORA	O/D	Lila Wickham, Lynne Weidel, Dave Houghton		
H & HS	Health	Lead Prevention	O/D	Lila Wickham, Lynne Weidel, Dave Houghton		

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
H & HS	Health	Food Fees	O/D	Lila Wickham, Lynne Weidel, Dave Houghton		
H &HS	Health	Pesticide Use	O/D	Lila Wickham, Lynne Weidel, Dave Houghton		
H &HS	Health	Pool Fees	O/D	Lila Wickham, Lynne Weidel, Dave Houghton		
H &HS	Health	Workplace Tobacco Use/Restrictions/Chronic Disease	O/D	Wendy Rankin		
H & HS	Health	Maintain FQHC	Defense	Dan Kaplan		
H & HS	Health	Adult Dental – OHP	O/D	Dan Kaplan Gordon Empey		
H & HS	Health	Develop an approach for OHP clients unable to pay premiums	Offense	Dan Kaplan Gordon Empey		
H & HS	Health	System-wide of Maternal Child (including Healthy Start, Children's Plan, and Babies First)	O/D	Jan Wallinder		
H & HS	Health	System-wide of Adolescent (including SBHC)	O/D	Lisa Cline		
H & HS	Health	Health Disparities	O/D	Dave Houghton Bruce Bliatout		
H & HS	Health	Domestic Violence/Prevention Disparities	O/D	Linda Jaramillo		
H & HS	Health	Fluoridation	O/D	Gordon Empey		
H & HS	Health	CD/Occupational Health	O/D	Jan Poujade Dave Houghton		

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
H & HS	Health	Disease Prevention (including STD, HIV, TB)	O/D	Dave Houghton		
H & HS	OSCP	Expand transportation services to students before and after school	Offense	Diane Iverson	This may be a federal issue.	
H & HS	OSCP –Schools Uniting Neighborhoods (SUN)	HIPAA/FERPA confidentiality issues	Offense	Diane Iverson		
H & HS	OSCP – SUN	21st Century Funds: community learning centers, grant funds	Offense	Diane Iverson		
H & HS	OSCP	Service integration as it pertains to AOC and DHS	O/D	Lolenzo Poe	This is also an issue for CCFC.	
H & HS	OSCP	Poverty issues – homelessness, housing, welfare reform	O/D	Mary Li		
H & HS	OSCP	Multi-jurisdiction alignment funding	O/D	Lolenzo Poe and others	This is also an issue for CCFC.	
H & HS	CCFC	Early childhood	Defense	Sue Cameron		
H & HS	CCFC	Poverty	Defense	Sue Cameron		
H & HS	CCFC	Service integration	Defense	Sue Cameron		
H & HS	CCFC	Healthy Start	Defense	Sue Cameron		X
H & HS	CCFC	DHS reorganization	D/O	Sue Cameron		
H & HS PS	CHS – Alcohol & Drug (A&D)	Increase DUII fees	Offense	John Ball	LPSCC and Serena Cruz are also interested in this.	
H & HS PS	CHS – A&D	E-holds/hospital reimbursements	Offense	John Ball		

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
H & HS PS	CHS – Domestic Violence (DV)	Prosecute for strangulation	Offense	Chiquita Rollins		
H & HS PS	CHS – DV	Family Abuse Prevention Act – housekeeping fixes	Offense	Chiquita Rollins		
H & HS PS	CHS – DV	Establish advocate privilege	Offense	Chiquita Rollins		
H & HS PS	CHS – DV	Gun disposition	Offense	Chiquita Rollins	Commissioner Naito and Dan Saltzman are interested in this.	
H & HS PS	Health	SB 1145 Law Enforcement Liability Account	O/D	Gayle Burrows		
PS	CHS – DV	Maintain and increase funding for community grants (HB 2918)	Offense	Chiquita Rollins	Coordinate with community stakeholders	X
PS	Community Justice (CJ)	18-year olds in jails	Offense	Joanne Fuller	OJJDA to sponsor.	
PS	CJ	Modify year-round school funding formula	Offense	Joanne Fuller	OSBA sponsored last session. They won't likely support this session.	
PS	CJ	Juvenile code revision	Offense	Rich Scott	Interim Joint Judiciary Committee will sponsor. (MH holds for juveniles may arise out of this – OYA supports.)	
PS	CJ	DUII fee increase	Offense	Jim Peterson	PSCC, Comm. Cruz, Gov's Taskforce to support.	
PS	CJ	Beer & Wine tax increase	Offense	Jim Peterson		X
PS	CJ	ORS language re: sex offenders	Offense	Michael Haines	Clarify assessment tool –	

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Service Area	Department	Issue	Offense/ Defense	Lead	Strategy	Budget Impact
					DA's, defense attorneys, judicial dept., OSP support.	
PS	OSCP	Gang prevention, DHS, youth authority	O/D	Mary Li Robin Mack		
PS	Public Safety Coordinating Council (PSCC)	DUII fee increase	Offense	Christine Kirk	Supported by CJ.	
PS	PSCC	LEDS – increase type of crimes reported (ie, DV)	Offense	Christine Kirk		
PS	PSCC	Increase mental health training for police and parole officers at DPSST	Offense	Christine Kirk		
PS	PSCC	Classify domestic violence as a crime	Offense	Christine Kirk		
PS	PSCC	Modify/clarify timeline of mental health clients in jails and state hospital	Offense	Christine Kirk		

SERVICE AREA KEY: G: GOVERNMENT SERVICES; H & HS: HEALTH & HUMAN SERVICES; PS: PUBLIC SAFETY SERVICES

Multnomah County
Board of Commissioners

Worksession

December 3, 2002

What are "Key Issues"?

- Given the large number of problems we could attend to:
  - What do we believe to be most pressing?
  - Over what time period?
- "We" being the organizational leadership

Changing Conditions

- External
  - Economic, Social, Political
- Internal
  - Financial, Workforce, Strategies, Performance
- View of the organization as perceptive and adaptive

What's Changed or Changing?

- **The Economy**
  - Less money, more need
- **Political**
  - New governor, split legislature
  - Conflict over programs and funding
  - Perception of government as costly & ineffective

External Changes (cont)

- Social
  - Gap between rich & poor
    - Access to basic needs
  - Demographic Shifts
    - Increasing diversity
    - Eastward shift
  - Increasing incarceration rates
    - Rising numbers of post-prison offenders
    - Influence of A&D on crime & family stability
  - Terrorism

External Changes (cont)

- Partners
  - State funding crisis
  - Schools funding crisis
  - Lack of consensus on regional human service priorities
    - Land Use and transportation cooperation
    - Public Safety & Human Services largely defined by counties.

Internal Changes

- Financial - County fiscal crisis
- Workforce
  - Aging ⇨ Succession Planning
  - Skills/Competencies ⇨ Cultural Awareness, Management Development
  - New Leadership

Strategic Direction

- Benchmarks
  - Reduce Children in Living Poverty
  - Increase School Completion with Life Skills Equivalency
  - Reduce Crime
- Break Through Benchmarks
  - Increase Readiness for School; Meeting Development Milestones
  - Reduce Teen Pregnancy
  - Assure a Competent, Loving Adult for Each Child
  - Reduce Domestic Violence
  - Reduce Juvenile Crime

Strategic Direction Drives Policy Initiatives & New Programs

- **Public Safety**
  - Community Courts, Diversion and Restorative Justice programs
  - Alcohol & Drug Treatment, Counseling, Mead Bldg reorganization
  - Domestic Violence prevention, prosecution, victim's assistance, supervision and counseling

Human Service Innovations

- Family Centers, SUN schools, SAI
- School-based health centers, teen pregnancy prevention and parenting
- Mental Health redesign
- Homeless Youth

Issues/Decision Points

- **Public Safety**
  - Wapato: Use & Operating Funds
  - East County gangs
  - Delivery of services to increasing post-prison population
  - System Redesign & Integration
  - Maintenance of Strategic Direction
    - Juvenile Justice Reform
    - Community Courts
    - A&D programs

Issues/Decision Points (cont)

- Health & Human Services
  - School Age Services Framework
    - District Focus
    - Integration of services w/schools & DHS
  - Health Access
  - Environmental Health
  - Communicable Disease
  - Maintain Strategic Direction
    - Early Childhood programs
    - Mental Health Redesign

Issues/Decision Points (cont)

- Library

  - Service Plan ⇨ General Fund support

- Organizational management model

Most Frequently Cited Issues

- Given our anticipated funding levels, what is the County's Mission, Strategy, Role in…
  - Public Safety vs Human Services
  - School-aged services
  - Housing
  - Economic Development
  - Etc…

Key Issues (cont)

- Given our, and our partners' fiscal reality, we need to learn how to work better across boundaries;
  - Manage as a system
  - Coordinate/Collaborate with programs, partners (local & regional)

Wrap Up

- Are there issues I missed or brushed over?
- Does the Board want to plan for a discussion of Core services?

AGENDA PLACEMENT REQUEST

Bud Mod #:

Agenda Item #:   B-1

Estimated Start Time: 10:45 AM

Date Submitted: 11/08/02

Requested Date: December 5, 2002   Amount of Time Requested: 45 minutes

Department: DCHS   Division: Domestic Violence

Contact/s: Chiquita Rollins

Phone: 503 988-4112   Ext.: 84112   I/O Address: 166/7

Presenters: Chiquita Rollins, Caren Baumgart

Agenda Title: Resolution Adopting the Multnomah County Community-Based Victim Services System Plan

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.)

Please answer all relevant questions; leave others blank. Please do not alter form.

1.   **What action are you requesting from the Board? What is the department/agency recommendation?**

To pass a resolution to adopt the Multnomah County Community Based Victim Services System Plan. The Multnomah County Domestic Violence Coordinator's Office and the Department of County Human Services recommends adopting the resolution.

2.   **Please provide sufficient background information for the Board and the public to understand this issue.**

The community-based victim services system has expanded significantly in the last 8-10 years, and has become more diverse. Because of this and discussions during the 1999 Multnomah County Request For Proposal (RFP) planning process, the need for a more comprehensive plan was recognized and stakeholders made the commitment to develop such a plan. This proposed plan would provide the framework for the further development of the system. The plan is based on a year-long process, on prior reports from a variety of organizations and on the Family Violence Coordinating Council (FVCC) report Multnomah County Community-Based Victim Services System Assessment (2002).

3.   **Explain the fiscal impact (current year and ongoing).**

Adoption of this plan has no immediate fiscal impact to the county. The plan will be used in the future to direct the development and funding of this system through a variety of funding sources, County, private and state. And thus may have a fiscal impact in future years as the County increases funding to this system.

> **NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.**
>
> **If a budget modification, explain:**
> - ❖ **What revenue is being changed and why?**
> - ❖ **What budgets are increased/decreased?**
> - ❖ **What do the changes accomplish?**
> - ❖ **Do any personnel actions result from this budget modification? Explain.**
> - ❖ **Is the revenue one-time-only in nature?**
> - ❖ **If a grant, what period doest the grant cover?**
> - ❖ **When the grant expires, what are funding plans?**
>
> **NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**
>
> **If a contingency request, explain:**
> - ❖ **Why was the expenditure not included in the annual budget process?**
> - ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
> - ❖ **Why are no other department/agency fund sources available?**
> - ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
> - ❖ **Has this request been made before? When? What was the outcome?**
>
> **If grant application/notice of intent, explain:**
> - ❖ **Who is the granting agency?**
> - ❖ **Specify grant requirements and goals.**
> - ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
> - ❖ **What are the estimated filing timelines?**
> - ❖ **If a grant, what period doest the grant cover?**
> - ❖ **When the grant expires, what are funding plans?**
> - ❖ **How will the county indirect and departmental overhead costs be covered?**

4.   **Explain any legal and/or policy issues involved.**

The County, as one of the most significant government funders also has an interest in the adoption of such a plan, because it can be used to provide policy and fiscal direction in future years.

5.   **Explain any citizen and/or other government participation that has or will take place.**

A significant number of people and organizations were invited to participate in the development of the plan and to comment on various parts of the plan as it was developed and on the final draft version of the plan. Those individuals and agencies included the following: representatives of the community-based victim services

programs, culturally specific programs, community partners such as Portland and Gresham Police, Multnomah County Court, DHS Child Welfare, parent child development centers, family centers, and health care providers. In addition, county departments participated, including MCSO, Aging Disabilities Services, Developmental Disabilities, and Community Justice. A complete list of those participating and informed is included in the document.

Required Sign Off (NOTE: electronic check indicates approval)

Department/Agency Director ☒ John Ball **(type name of approver)**

Agenda Review Team ☐ **By:** **(type name of approver)** **Date:**

Multnomah County Community Based Victim Services System Plan

Executive Summary

November 2002

**Developed by the Multnomah County Domestic Violence
Coordinator's Office
In partnership with
Tri-County Domestic and Sexual Violence Intervention
Network and Other Community Agencies**

For additional information contact:
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Multnomah County Community Based Victim Services System Plan

Introduction and Purpose

Domestic violence has received increased attention in the last ten years. This has led to increased calls by victims for services, a broader interest and understanding of domestic violence in the community, the development of new services, and increased funding for intervention. During the same ten years or more, the community based victim services system has shown itself to be an effective but under-funded system. It has increased its capacity to respond, adding services or programs as new funding or resources became available or as new needs were identified. However, there are still significant unfilled needs for services to victims of domestic violence.

There is now an opportunity to develop a true system of community-based services for victims based on the current strong foundation of services. This plan provides the framework for the further development of the system. The plan is based on the process described below and on information from the Family Violence Coordinating Council (FVCC) report *Multnomah County Community-Based Victim Services System Assessment* and other documents.[1]

> **In 2001**
> - 8,000 police reports of domestic violence
> - 10,200 requests for shelter
> - 3,500 Restraining Orders issued
> - Four women killed by their intimate partners in Multnomah County.

Foundations of the Plan

The plan is based on the following facts or assumptions:

1. Services are as **responsive as possible to the needs** of individual victims.

2. **Alignment to a long-range plan** can assist in making decisions regarding funding, program development, collaborative agreements, development of new resources, and ultimately be more responsive to the needs of victims and their children.

3. The plan is **built on a foundation of existing core services** and augment the level and quality of them. There are 16 programs in the County (Appendix A) that provide domestic violence intervention or prevention services specifically relating to domestic violence.
   a. Receive 20,000 calls to the eight County crisis lines in the Tri-County area;
   b. Provide shelter or transitional housing to 5,000 women and children, and turn away many more;
   c. Assist 2,000 victims in obtaining restraining orders at the courthouse;
   d. Provide almost 1,000 victims and their children with outreach services such as case management, support groups, transportation and assistance in accessing other services; and
   e. Provide culturally specific/population specific services to almost 1,000 victims and their children. Services include co-case management, outreach, support and other services to victims from specific populations.

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[1] The City Club of Portland *Domestic Violence -- Everybody's Business,* Multnomah County Department of Community and Family Services *Domestic Violence Victim Services and School-Based Prevention Programs* and the Multnomah County Health Department *Domestic Violence in Multnomah County,* and *1998 Oregon Needs Assessment* published by the Governor's Council on Domestic Violence.

4. This plan calls for a **Regional Centralized Resource For Information, Referral And Intake**. Victim-centered services begin with an effective and easily accessed system of services. The FVCC Assessment found that there was a clear need for an improved access system. Additional surveys and focus groups found that the existing crisis lines are frequently busy, provide limited information and do not provide "warm" hand offs to other services/referrals.

5. This plan includes **On-Site Collaborative Services** (advocates on site at other service sites including health care, DHS Self-Sufficiency and Child Welfare, mental health, A&D treatment, criminal justice system, etc.). On-site services have been shown to be effective and needed:
   a. Victims are more likely to access other social services rather than domestic violence services.[2] Frequently, these other services have limited expertise or capacity to respond to the full range of needs of domestic violence victims.
   b. Geographically based services in Multnomah County, such as Family Centers, Health Care clinics, Touchstone and others, have been shown to be effective.
   c. Collaborative partnerships in providing services to victims of domestic violence have also been shown to be effective. Examples include the advocate/officer teams of the Portland Police Bureau Domestic Violence Intervention Teams and victim advocates placed in DHS Child Welfare offices locally and in other parts of the state.

6. This plan includes **Multi-disciplinary, Domestic Violence Walk-In Centers**. Victims have complex, overlapping needs and "one-stop" service centers have been successfully used in job programs locally and in domestic violence intervention in other parts of the county. In particular, collaborative service centers have been developed with co-located services specifically geared to be responsive to domestic violence issues in Colorado Springs, Phoenix and Mesa, Arizona. These "one-stop" centers can include law enforcement, district attorney, welfare, child welfare, victim advocacy, legal assistance and in some cases civil court personnel.

7. This plan includes **Advocacy for Appropriate/Effective Response By Community Partners**. Because victims seek support and assistance from family, friends, co-workers, employers, health care professionals[3], law enforcement, courts and social services, these individuals and organizations need to be prepared to provide appropriate and effective assistance. The victim services system has significant expertise and relationships to provide this advocacy, but must balance provision of services with limited resources for this Advocacy work.

8. This plan was developed primarily for Multnomah County. However, because many victims move across county lines and/or utilize services in more than one County, it can be used to encourage collaboration and the development of new services, to better align services or to develop regional services in the **Tri-County region**.

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[2] *Domestic Violence in Multnomah County*, and *1998 Oregon Needs Assessment*
[3] The *1998 Oregon Needs Assessment* found that 98% of victims of domestic violence had received health care in the last year.

In the May, 2002, the Multnomah County Family Violence Coordinating Council found[4]:

STRENGTHS OF THE COMMUNITY-BASED VICTIM SERVICES SYSTEM
- There is a well-established and diverse system of victim services in Multnomah County.
- There are strong inter-agency collaborations with information sharing, cross-training and established opportunities for this collaboration.
- There is a depth of understanding of the needs, barriers and special considerations which victims of domestic violence and their children face.
- Services for specific cultural or racial communities, for people with disabilities, sexual minorities or other populations have greatly expanded in the last three years.
- One of its greatest strengths is the commitment, dedication and passion of those who work in the system at all levels.

GAPS AND BARRIERS
- There is insufficient funding, poor wages and as a result, high staff turnover, insufficient basic services, inexperienced staff, loss of expertise, reduced capacity to establish collaborative relationships, and in some cases instability of their infrastructure.
- There is a shortage of services for victims and their children, including civil/legal services and longer-term services and an overall shortage of basic services such as shelters and outreach services, services to specific populations and accessible affordable housing and flexible funds for victim's needs.
- There has been increasing complexity of the needs of clients. Typically, women needing services have many concurrent issues and they come from a variety of locations and service systems. They may have alcohol or drug addiction, criminal justice convictions, long-term mental health or health problems or disabilities.
- Women of color sometimes face barriers due to cultural differences, language, immigration problems, requirements and structure of general domestic violence services, community pressures to not seek services and isolation within/from their communities.
- There is a need for additional on-going training both within agencies and across agencies.
- There is also a need for better communication about and utilization of existing services among service providers, improved access, information and referral, and a comprehensive clearinghouse about basic domestic violence services.

Based on the findings in the *Assessment,* the Multnomah County Family Violence Coordinating Council recommends that the following be prioritized:
- Regional Centralized Information and Referral Resource
- Community-based system planning efforts to provide framework for future development of the system and for priorities in times of budget cutting.
- Development of new services/connections, including additional mobile advocates and advocates at many points of entry, increase in or maintenance of current funding at the state and county level, additional shelter and transitional housing, increased civil legal representation, increased long-term services and follow-up, and additional services for children affected by domestic violence.

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[4] Family Violence Coordinating Council *Assessment of the Community Based Victim Services System,* May 2002
November, 2002

Planning Process and Scope

This plan was developed in conjunction with members of the Tri-County Domestic and Sexual Violence Intervention Network and others in the community, through a planning process begun in September 2001. It is intended to provide a framework for future funding and development of services, programs, partnerships and procedures. Its scope and specific elements recognize the complex needs of victims, their use of other social services, and successes from existing services.

This plan proposes a model of community-based victim services system. This model is built on a core set of existing countywide services, expansion of those services and development of new elements of the system, including geographically dispersed services. The plan presents a comprehensive framework for an expanded more adequately funded system. Some parts of this plan can be implemented through improvements in existing services and some through reallocation of funds; however, implementation of the majority of the plan requires substantial new on-going funding. Individual agencies or programs, consortiums or other collaborative project endeavors, policy-makers and funders, including foundations, state and local governments and United Way can use this plan to assist in decisions regarding maintenance/ expansion of existing or development of new services in Multnomah County and the Tri-County Region.

Description of the Community-Based Victim Services System

There are now almost 20 community-based agencies providing services to victims in the Tri-County area. Fifteen are contracted by Multnomah County to provide some services to victims of domestic violence, including eight that provide population specific services.

The community-based victim services system in includes those programs that have a primary mission to provide services to victims of domestic violence, are part of the existing coordinated community response to domestic violence, or contract with Multnomah County Department of County Human Services for domestic violence victim services (Appendix A).

> *Definition of Domestic Violence*
> Conscious pattern of coercive behavior used by one person to control or subordinate another, generally an intimate partner. It includes physical, sexual, psychological, emotional and economic tactics used to engender fear and to enforce compliance. It crosses all cultural, religious, ethnic, age, economic, sexual orientations and social boundaries. Children who witness domestic violence often suffer emotional and psychological harm as a result and they are subject to the consequences of such violence.

In general, this system provides help to victims of intimate partner violence and their children, including current or former spouses, boyfriends, girlfriends, parent of minor children or dating partners. They also assist victims who are abused by their adolescent children or by other family members or adult relatives.

Services provided by this system historically have focused on women and children and were developed specifically to address violence against women. Women are the primary victims of and are victims of more serious violence perpetrated by intimate partners. They need specialized services and responses. Women, especially women with children, frequently have access to

fewer resources when attempting to leave a violent relationship. The social context within which domestic violence occurs has specific impacts on women and children.

Funding for the victim services system comes from a complex, piecemeal set of federal, state and local government sources, foundations, private donations and United Way funding. These multiple streams require substantial administrative time in terms of writing proposals, reporting, and tracking differing requirements. The agencies and programs included in this report have budgets totaling approximately $7 million. Approximately one-third of the funds come from government sources, including $1.3 million from four different State offices (Oregon State Police, Department of Justice, Department of Human Services and Department of Housing and Community Development) in 2001 and $1.8 million from Multnomah County Department of County Human Services in 2001. United Way funding in 2002 for Multnomah County programs was significantly reduced from over $350,000 to less than $200,000 due to changes in their funding priorities.

Existing Core Services

General programs are those that provide services to a range of populations in ways that are intended to be culturally competent, but not designed for a specific population. **Culturally specific programs** provide services designed to fit the needs of survivors and their children from specific populations and/or cultures (See APPENDIX A).

Residential Services include emergency shelter and transitional housing, with associated supportive services. The maximum capacity of the five shelters in Multnomah County is 89 beds, and the functional capacity is closer to 70 beds per night. Clackamas and Washington County shelters provide another 40 beds. The services generally associated with residential services include case management, support groups, services for children and partnership with population specific programs. Currently, these services are most often provided by general programs, but may also be provided by culturally specific programs.

Non-Residential Services/General

Non-residential services include crisis intervention, direct client assistance, case management, support groups, legal assistance/representations, and linkages to other services. The non-residential services provided by an agency will vary depending on their mission and their capacity.

Culturally or Population Specific Services

The population specific services that are currently available are mostly non-residential services based in providing case management for specific populations or connection to other services including general domestic violence programs. The system currently provides specific services to the following populations: Hispanic, African American, Russians, prostituted women, sexual minorities, Native Americans, Middle Eastern, South Asian, and immigrants or refugees, in particular SE Asian, Eastern European, African/Caribbean. Services provided in addition to case management include, urban skills training, transportation, access to affordable housing, coordination between service providers and access to general services.

Goals

1. Assist victims of domestic violence and their children to achieve safety, stability, healing and the freedom to make their own choices
2. Change the social norms and institutions that contribute to or promote domestic violence.
3. Eliminate domestic violence.

Values

- All people have the right to live free from domestic violence or the threat of such violence.
- Services must be culturally appropriate, based in respect for all individuals and a desire to build a rich multicultural community.
- Services should be part of a coordinated community response to domestic violence, which includes the victim services system, law enforcement, the criminal and civil justice system, health care, social services, the workplace, faith communities and public and school-based education and prevention.
- Intervention and prevention strategies must hold perpetrators responsible for and accountable for the abuse and not blame the survivors for either the effects of the abuse or for the actions of the abuser.
- Women and children have the right to make their own choices, to counter the strategies of the abuser, to develop a social support system, and to heal from the abuse.
- Eliminating domestic violence is the responsibility of each community member, individually and collectively.

Vision for Social Change

In addition to services, the victim services system also provides system advocacy. This system advocacy seeks to assure that victims are supported wherever they seek help and to change the social structures and beliefs that contribute to this violence. This vision of social change includes several components:

1. **Changing Social Attitudes Relating to Domestic Violence:** A variety of social attitudes contribute to domestic violence and devaluation of the victims/survivors of domestic violence, including blaming the victim for the violence, failing to respect the victim and her needs and strengths, lack of understanding of specific cultures and cultural issues, and discounting the danger to the victim. Social change also includes recognizing and responding to social injustice and disparities.

2. **Assuring/Developing Sufficient Resources for Victims and Children:** In addition to changing social attitudes, the system works with the community to increase the level of resources available to victims and their children, including shelter, money or food, and a wider range of services to address domestic violence that are accessible to all victims and provided by staff with a high level of domestic violence expertise.

3. **Develop Service Systems that Respond to and Respect the Specific Needs of Victims and their Children:** Victims and children are often helped at non-domestic violence agencies, such as health care, DHS Self-Sufficiency, housing and mental health counseling. These

services and providers need to be effective in addressing the needs of victims and their children so that they are easily accessible, responsive to all of the victim's needs, holistic, least disruptive to victim and children, provided by staff with a high level of expertise about domestic violence, able to address social injustice that create barriers to victims, recognize the lack of resources available and are coordinated across disciplines and agencies.

Model System of Response to Victims

The following describes a model community based victim services system that is effective and addresses the multiple needs of victims and their children.

1. **Incorporate the goals, values and the vision of social change:** The Model System should be non-intrusive, culturally appropriate and/or culturally or population specific, easily accessible, having both a single easily accessible point of entry and multiple points of entry, when possible be provided in person by well-trained, professional staff; and be augmented by partnerships among responding agencies (such as police, advocates, court and others).

2. **Build on a strong foundation:** The Model System depends on maintaining the existing set of core countywide services. Core services include telephone crisis intervention and access, emergency shelter and transitional housing, non-residential services, including support groups, legal representation and advocacy, outreach, and culturally or population specific services. Services included need to have a proven track record of success.

3. **Increase the level of existing core services:** Several organizations or agencies have documented a significant lack of services for victims of domestic violence. Additional non-residential outreach services, emergency shelter beds, transitional housing, crisis intervention, bilingual staff and culturally or population specific services are needed. Specific populations identified include people with developmental disabilities, young women/unemancipated minors, and Middle Eastern women, male victims (gay and heterosexual), and transsexuals.

4. **Develop New Services:** The Model System identifies four new services that are not well-established in the region, but have been shown to be successful elsewhere or have small pilot projects awaiting expansion:
   - Regional Centralized Resource For Information, Referral And Intake,
   - On-site Collaborative Services placed at offices of other social services, such as mental health counseling, Oregon DHS Self-Sufficiency and Child Welfare, health care providers, hospitals, Family Centers, and other geographically sited agencies, and
   - Multi-disciplinary Domestic Violence Walk-In Centers
   - Increased advocacy for a coordinated community response to domestic violence.

The **Regional Centralized Resource For Information, Referral And Intake** facility will provide telephone-based information and referral to victims of domestic violence and to professionals working with victims. It will assist victims in contacting and accessing specific services. It will build on the existing Byrne funded project to develop a regional information and referral resource. In this model, staff will provide a pre-screening for victims seeking shelter, a "warm" handoff or transfer directly to an agency staff person, screening information to the

agency staff person with permission of the victim, and expanded access for victims from specific populations. In some cases, they may make additional phone calls to find appropriate services for the caller.

On-Site Collaborative Services are services that are dispersed geographically throughout the county in established social service/health care offices. For example, a victim advocate may be co-located full or part time at a DHS Integrated Services Office, at a health clinic, a mental health agency or parent-child development center. The advocate would provide direct services to victims accessing these other services and consultation to the caseworkers on site, and would advocate for more effective services. Geographically based service systems have been shown to be very successful as Health Clinics, Parent-Child Development Centers, Family Centers, Caring Communities and Oregon Department of Human Services Integrated services and at schools. In addition, On-site Collaborative domestic violence services have been shown to be effective at the Portland Police Domestic Violence Intervention Team and DHS Child Welfare Offices.

The Multi-disciplinary, Domestic Violence Walk-In Centers are envisioned to provide services 24 hours a day, 7 days a week to victims of domestic violence and their children. It will house domestic violence victim advocates, legal assistance, services for children who witness domestic violence, culturally specific services and other needed services such as welfare, health care, mental health counseling, and law enforcement assistance. Support groups, parenting skills classes, and other services may also be available on site. Several sites have been suggested to house a walk-in center, including the Gateway Children's Center with the Portland Police Bureau Family Services Division, hospitals, and victim center at the Washington County courthouse. Management of the Walk-In Centers needs to retain the focus on domestic violence and victim advocacy, rather than take on the goals and objectives of the site where it is co-located.

Increased Advocacy for an Appropriate/Effective Response by Community Partners will focus on changing social attitudes, developing sufficient resources and developing systems that responds to the needs of victims and their children. In the planning process several specific examples were raised including the following:
- The need for emergency restraining order hearings at multiple sites in the county;
- Foster care homes specifically for victims with disabilities or for seniors;
- Trained and available translators and interpreters to assist in court and health care settings;
- Mental health counseling for victims of domestic violence and their children by specialists in trauma, abuse and domestic violence.
- Changing policies and/or procedures that unintentionally endanger, disadvantage or do not take into account the needs of victims and their children.
- Increased affordable housing.
- The need for universal screening and appropriate response in health care settings and appropriate response to domestic violence by employers and schools.

Implementation of the Model System
The implementation of this Model System will require a long-term commitment by funders, community based victim services agencies, policy-makers, commissions on children and families, and community leaders. Implementation can be staged and use creative collaboration and financing.

This plan identifies the following priorities for development in the early stages:

Augmentation of existing core services
- Culturally specific or population specific programs for ($300,000) to fund domestic violence specific services for 3-4 new populations (Middle Eastern, South Asian, women with disabilities and sexual minorities), to increase the number and types of services already funded, and to help build infrastructure in smaller organizations.
- Stability and quality of existing general programs ($300,000)
- Additional 50 new emergency shelter beds (2 new shelters) for the following populations: Spanish-speaking and women with significant drug or alcohol addiction. ($800,000)
- Two new scattered site transitional housing case managers with rent assistance funds ($200,000). Together with motel voucher funds, this type of service can expand the emergency shelter capacity.

- **Regional Centralized Resource For Information, Referral And Intake** developed using information and planning funded by the Byrne Grant to the Domestic Violence Coordinator's Office and in partnership with existing crisis or I&R line to provide infrastructure and space. It is estimated that together with current funding and resources, approximately $250,000 would provide full-time staffing and volunteers.

- **On-site Collaborative Services,** as a starting point, this plan recommends funding 1 FTE from victim services system agencies in each of the 9 County geographic areas/Caring Communities to be placed in existing social service agencies. ($450,000).

- **Multi-disciplinary, Domestic Violence Walk-In Center,** Phase I in conjunction with an existing facility. Again, to maximize on-site expertise and minimize overhead and administrative costs, the Walk-In Center could be co-located with an existing facility. One possible co-location site would be the Gateway Children's Center social services building (law enforcement, district attorney's building). $100,000 in funding would provide two victim advocates to assist in providing services.

- **Advocacy for Appropriate/Effective Response By Community Partners,** Phase I would provide victim services system agencies and the Multnomah County Domestic Violence Coordinator's Office with additional resources to provide training and technical assistance, develop collaborative projects, assist in the development of protocols, and participate in on-going coordination and collaboration efforts. ($50,000).

Phase I implementation described above requires $2.45 million. Implementation of the full Model System could cost as much as $12-14 million.

Appendix A
Community-Based Victim Services System Existing Core Services

Shelter	Transitional	Non-residential/ general	Non-residential/ specific populations
• Bradley-Angle House (BAH) • *Clackamas Women's Services (CWS) • *Domestic Violence Resource Center/Washington County (DVRC) • Raphael House (RH) • V of A Family Center (VoAFC) • Salvation Army's West Women's and Children's Shelter (West) • YWCA Yolanda House (YWCA)	• **Facility-based:** BAH Andrea Lee, CWS, West, RH • **Scattered-site housing (HUD Horizon):** BAH, CPA/Lotus, El Programa Hispano, VofAFC	• **Children's programs:** All emergency shelters and transitional housing facilities have specialized services for the children of the women in the residential facility. VoAFC provides groups for children in the community. Community Advocates provides intervention in a school-based setting • **Court house advocates:** Multnomah, Washington and Clackamas Counties all have volunteers or staff • **Crisis intervention/ immediate needs:** BAH, CWS, DVRC, RH, VoAFC, West, YWCA, PWCL • **Legal Aid/assistance:** LASO, Lewis and Clark Legal Clinic, Immigration Services • **Outreach services:** VofAFC • **Phone support/ problem solving and safety planning:** All agencies • **Support groups:** BAH, VofAFC, PWCL, CWS, DVRC • **Mobile Outreach Services:** RH, VofAFC	• African American Providers Network • LOTUS (was Council for Prostitution) • El Programa Hispano (EPH) • IRCO Refugee and Immigrant Family Strengthening Project (RIFS) • Native American Youth Association Healing Circle (NAYA) • Hispanic Access Programa de Mujeres (Mujeres) • Russian Oregon Social Services (ROSS) • South Asian Women's Empowerment and Resource Association (SAWERA) • Safe and Strong • Coalition Against of Abuse of People with Disabilities (formerly It's My Right) • Middle Eastern Women's Empowerment (MEWERA)

* Programs sited in Washington or Clackamas Counties and primarily providing services to those population

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Adopting the Multnomah County Community-Based Victim Services System Plan

The Multnomah County Board of Commissioners Finds:

a.   Domestic violence is a pervasive and serious problem in Multnomah County. Our recent study found that one in seven adult women were assaulted either physically or sexually by their partner in 1999. Fifteen percent of children witnessed domestic violence; most were under 5 years old. Young women, 18 to 24 are particularly at risk of assault by their young male partners. Although national research has shown that women are more likely to be victims of abuse, especially intimate partner abuse, men can also be abused.

b.   Multnomah County currently funds an array of services to intervene in or prevent domestic violence, including victim services and prosecution, probation supervision, and incarceration of offenders.

c.   The County contracts $1.8 million through the Department of County Human Services for community-based victim services. There is now an opportunity to develop a true system of community-based services for victims based on the current strong foundation of services. This plan provides the framework for the further development of the system.

d.   The County recognizes the following:

   a. Services need to be responsive to the needs of individual victims and their children.

   b. Adoption and alignment to a long-range plan can assist in making decisions regarding funding, program development, collaborative agreements, development of new resources, and in developing services that more completely meet the needs of victims and their children.

   c. The system needs to be built on a core set of existing services and develop new services, including those designed to meet the unique needs of specific populations, a centralized resource for information and referral, on-site collaborative services, multi-disciplinary walk-in domestic violence centers, and increased advocacy for community-wide responses to domestic violence.

The Multnomah County Board of Commissioners Resolves:

1. To adopt the attached Multnomah County Community Based Victim Services System Plan, November 2002.

2. To utilize this plan in future policy, contracting and funding decisions.

3. The Board, acting through the Chair, directs the Domestic Violence Coordinator to work with the Board, other funders, community based domestic violence programs, and other service providers to implement this plan to the extent possible.

ADOPTED this 5th day of December, 2002.

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BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

_____
Diane Linn, Chair

</div>

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By_____
　　Patrick Henry, Assistant County Attorney

Multnomah County Community Based Victim Services System Plan

November 2002

**Developed by the Multnomah County Domestic Violence
Coordinator's Office
In partnership with
Tri-County Domestic and Sexual Violence Intervention
Network and Other Community Agencies**

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Table of Contents

Multnomah County Community Based Victim Services System Plan

Introduction and Purpose

Domestic violence has received increased attention in the last ten years. This has led to increased calls by victims for services, a broader interest and understanding of domestic violence in the community, the development of new services, and increased funding for intervention. During the same ten years or more, the community based victim services system has shown itself to be an effective but under-funded system. It has increased its capacity to respond, adding services or programs as new funding or resources became available or as new needs were identified. However, there are still significant unfilled needs for services to victims of domestic violence.

There is now an opportunity to develop a true system of community-based services for victims based on the current strong foundation of services. This plan provides the framework for the further development of the system. The plan is based on the process described below and on information from the Family Violence Coordinating Council (FVCC) report *Multnomah County Community-Based Victim Services System Assessment* and other documents.[1]

In 2001
• 8,000 police reports of domestic violence
• 10,200 requests for shelter
• 3,500 Restraining Orders issued
• Four women killed by their intimate partners in Multnomah County.

Planning Process and Scope

During the 1999 Multnomah County Request For Proposal (RFP) planning process, participants recognized the need for a more comprehensive plan and made a commitment to come back together to develop such a plan. Thus, the following document represents the efforts of many people and organizations. The plan itself is intended to assist in the modification of existing and development of new programs, policies, procedures or training guidelines. It is envisioned that it will useful to:
- Individual agencies or programs;
- A consortium, network or collaborative project;
- Policy-makers and
- Funders.

A community planning process was initiated in September 2001. See Appendix A for a complete list of those invited, those who attended meetings or provided comment or suggestions during the process. The group met monthly to develop the elements of this plan including definition of domestic violence and the victim services system, review scenarios from the perspective of a victim seeking services, and from those scenarios develop goals, values and components of the

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[1] The City Club of Portland *Domestic Violence -- Everybody's Business*, Multnomah County Department of Community and Family Services *Domestic Violence Victim Services and School-Based Prevention Programs* and the Multnomah County Health Department *Domestic Violence in Multnomah County*, and *1998 Oregon Needs Assessment* published by the Governor's Council on Domestic Violence.

Model System. Appendix B lists the services of victims developed from scenarios. Attendees at planning meetings included victim services system programs, law enforcement jurisdictions, culturally specific programs, other social service providers or government representatives, health care providers and representatives from Washington and Clackamas Counties.

This plan proposes a model community-based victim services system built on a core set of existing county-wide services, augmented by geographically placed "partnership services." The plan can be used to develop a longer-term vision of an expanded more adequately funded system. Some parts of this plan can be implemented through improvements in existing services and some through reallocation of funds; however, implementation of the majority of the plan requires substantial new on-going funding.

In addition to the planning process described above, this plan utilized the following documents:
- *Multnomah County Community-Based Victim Services System Assessment*[2]
- *Domestic Violence -- Everybody's Business,*[3]
- ***Domestic Violence Services in the Portland Metropolitan Area***[4]
- *Domestic Violence Victim Services and School-Based Prevention Programs*[5] and
- *Domestic Violence in Multnomah County.*[6]\

This plan was developed primarily for Multnomah County. However, because many victims move across county lines and/or utilize services in more than one County, it can be used to encourage collaboration and the development of new services, to better align services or to develop regional services in the **Tri-County region.**

Definition of Domestic Violence

Domestic violence is a conscious pattern of coercive behavior used by one person to control or subordinate another, generally an intimate partner. This system of control includes physical, sexual, psychological, emotional and economic tactics used to engender fear to enforce compliance. Blaming the victim of violence is another form of violence toward that person and significantly contributes to a community tolerance of domestic violence. Domestic violence crosses all cultural, religious, ethnic, age, economic, and social boundaries. It can occur in gay, lesbian and bi-sexual relationships, as well as heterosexual relationships.

Children who witness domestic violence often suffer emotional and psychological harm as a result of domestic violence and they are subject to the consequences of such violence, such as poverty, broken social connection, homelessness, and potential injury. Children who live in homes in which domestic violence occurs are also more likely to be victims of child abuse. Providing safety for the mothers of such children is very frequently the best way to provide safety, stability and healing for these children.

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[2] Family Violence Coordinating Council, May 2002
[3] City Club of Portland, July 1997
[4] Meyer Memorial Trust, 2000
[5] Domestic Violence RFP Planning Committee, June 1999
[6] Multnomah County Health Department, 2000

In the May, 2002, the Multnomah County Family Violence Coordinating Council found[7]:

STRENGTHS OF THE COMMUNITY-BASED VICTIM SERVICES SYSTEM
- There is a well-established and diverse system of victim services in Multnomah County.
- There are strong inter-agency collaborations with information sharing, cross-training and established opportunities for this collaboration.
- There is a depth of understanding of the needs, barriers and special considerations which victims of domestic violence and their children face.
- Services for specific cultural or racial communities, for people with disabilities, sexual minorities or other populations have greatly expanded in the last three years.
- One of its greatest strengths is the commitment, dedication and passion of those who work in the system at all levels.

GAPS AND BARRIERS
- There is insufficient funding, poor wages and as a result, high staff turnover, insufficient basic services, inexperienced staff, loss of expertise, reduced capacity to establish collaborative relationships, and in some cases instability of their infrastructure.
- There is a shortage of services for victims and their children, including civil/legal services and longer-term services and an overall shortage of basic services such as shelters and outreach services, services to specific populations and accessible affordable housing and flexible funds for victim's needs.
- There has been increasing complexity of the needs of clients. Typically, women needing services have many concurrent issues and they come from a variety of locations and service systems. They may have alcohol or drug addiction, criminal justice convictions, long-term mental health or health problems or disabilities.
- Women of color sometimes face barriers due to cultural differences, language, immigration problems, requirements and structure of general domestic violence services, community pressures to not seek services and isolation within/from their communities.
- There is a need for additional on-going training both within agencies and across agencies.
- There is also a need for better communication about and utilization of existing services among service providers, improved access, information and referral, and a comprehensive clearinghouse about basic domestic violence services.

Based on the findings in the *Assessment,* the Multnomah County Family Violence Coordinating Council recommends that the following be prioritized:
- Centralized Information and Referral Resource
- Community-based system planning efforts to provide framework for future development of the system and for priorities in times of budget cutting.
- Development of new services/connections, including additional mobile advocates and advocates at many points of entry, increase in or maintenance of current funding at the state and county level, additional shelter and transitional housing, increased civil legal representation, increased long-term services and follow-up, and additional services for children affected by domestic violence.

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[7] Family Violence Coordinating Council *Assessment of the Community Based Victim Services System,* May 2002

Description of the Community-Based Victim Services System

For the purposes of this plan, the community-based victim services system in Multnomah County is defined as those community-based agencies or programs which:

- Participate in the ongoing coordination and planning for victim's services and a coordinated community response AND meet one of the following criteria:
  - Have a primary mission of the organization to provide services to victims of domestic violence,
  - Have dedicated domestic violence units or departments whose primary mission is to provide domestic violence services to victims of,
  - Contract with Multnomah County Department of County Human Services for domestic violence victim services, or
  - Are collaborative endeavors between agencies or programs and provide specific services to victims of domestic violence.

It is important to acknowledge that there are several significant partners that do not fall under this definition:

- Domestic violence units of law enforcement; District Attorneys (including victim assistants) and community corrections;
- Other governmental agencies such as Department of Human Services, Adult Protective Services; and
- Other social service agencies that provide some specific services to domestic violence victims, but do so in the context of a broader mission, such as Family Centers.

For a complete list of agencies or programs included in this system, see the table of existing services below or Appendix C.

Populations served:

In general, the victim services system provides help to victims of intimate partner violence and their children in Multnomah County. Intimate partners include current or former spouses, ex-spouses, boyfriends, girlfriends, parent of minor children or dating partners. The victim services system also assists victims who are abused by their adolescent children or by other family members or adult relatives.

Perpetrators of domestic violence may have other types of relationships with victims than those listed above: adult children, caretakers, other relatives or others may abuse elderly people; and caregivers, relatives, and staff/residents of institutions may abuse people with disabilities. Since these populations have significant systems of response already in place, the domestic violence victim services system has focused on providing services to victims of intimate partner violence. For example, elders and people with disabilities receive services, including Adult Protective Services, funded by both the state and the county.

Services provided by the victim services system historically have focused on women and children. This system focus as been for the following reasons:

- Women are the primary victims of and are victims of more serious violence perpetrated by intimate partners. Women are 17 times more likely to be injured and 10 times more likely to be "beaten up" by an intimate partner than are men (Thoennes and Tjaden).[8]
- Women and children need different kinds of and specialized services and response than do men. Thus, the victim services system has developed extensive expertise, knowledge and resources to respond specifically to the needs of women and children.
- Women, especially women with children, frequently have access to fewer resources when attempting to leave a violent relationship than do most men.
- The social context within which domestic violence occurs has specific impacts on women and children. Gender roles, the pressure for women to be in a in intimate relationship, male violence, and the economic status of women all have a bearing on the impact and meaning of domestic violence against women. Therefore, the victim services for women and children address the unequal power of men over women that is prevalent in intimate relationships and other social structures.
- Historically, services for victims of domestic violence were developed for women and children by women, many of whom were survivors of domestic violence themselves, and were developed specifically to address violence against women.

Although, domestic violence crosses all socio-economic lines, the current victim services system most often provides services and support to women with fewer resources and more barriers in obtaining safety, stability and healing.

Existing Services
The following table[9] provides an overview of the types of services currently provided by the community-based victim services system in the Tri-County area. Services are divided into two large categories: General and Culturally Specific and then further divided into residential and non-residential services. These divisions are not absolute and in some cases overlapping definitions may apply to the services below. Appendices C and D provide a list of recommended services to be provided in each of these categories.

General programs are those that provide services to a range of populations in ways that are intended to be culturally competent, but not designed for a specific population. A significant proportion of survivors accessing general programs are women of color, are immigrants or refugees, or come from a specific culture. In some cases, a general program may have augmented services for a specific population, such as Native American or Hispanic women.

Non-Residential Services/General:
The non-residential services provided by an agency will vary depending on their mission and their capacity. Some agencies provide only one or two very specialized services, such as legal representation, while other agencies provide an array of victim services. Non-residential services include, but are not limited to:

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[8] *Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*, Patricia Tjaden and Nancy Thoennes for the National Institute of Justice and the Centers for Disease Control, 1998.
[9] See Page 10 below for a complete listing of the agencies and abbreviations presented in this table.

- Telephone crisis intervention
- Legal assistance/representation, courthouse advocates to assist with restraining orders
- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
    Crisis counseling
    Safety planning
    Comprehensive needs assessment/case plan and assistance in achieving individual goals
    Job preparation and referral to job training programs
    Assistance in navigating complex systems of service
    Transportation from danger to safety
- Direct Client Assistance
- Alcohol and drug screening, referral and advocacy for services/treatment
- Links to and information and referral to other needed services
    Services for pets
    Job training
    Police
    Parenting skills education
    Permanent housing
    Economic supports, and
    Mental health services.

Culturally specific programs provide services designed to fit the needs of survivors and their children from specific populations and/or cultures. Staff is usually bi-cultural and bi-lingual (if appropriate); programs provide outreach to their specific communities; and the program design incorporates cultural values and ways of acting.

Residential Services (Emergency Shelter and Transitional Housing)
Residential services include emergency shelter and transitional housing, with associated supportive services. The maximum capacity of the five shelters in Multnomah County is 89 beds, and the functional capacity is closer to 70 beds per night. Clackamas and Washington County shelters provide another 40 beds to the regional capacity. As indicated below, these services are comprised of emergency shelter and transitional housing, with associated supportive services. Currently, there are no culturally specific emergency shelter facilities, but there are four programs that provide culturally specific scattered site transitional housing services. The services generally associated with residential services include, but are not limited to:
- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
    Crisis counseling
    Safety planning
    Comprehensive needs assessment/case plan and assistance in achieving individual goals
    Job preparation and referral to job training programs
    Assistance in navigating complex systems of service and transportation.

Culturally Specific Services

The population specific services that are currently available are mostly non-residential services based in providing case management for specific populations or connection to other services including general domestic violence programs. In addition, these programs provide education about their culture/population to general programs and the public and education about domestic violence to their specific communities. These populations include:

> Hispanic
> African American
> Immigrant or refugees, in particular SE Asian, Eastern European, African
> Russians
> Prostituted women
> Sexual minorities
> Native American
> Middle Eastern,[*] and
> South Asian[*]

Services provided in addition to case management include, but are not limited to:

> Urban skills training, money management and other basic life skills
> Transportation: danger to safety, child exchange, for appointments, public transportation
> Emergency housing, such as hotel vouchers, safe homes esp. bi-lingual/bi-cultural
> Limited monetary assistance, especially for those not eligible for public assistance
> Childcare during groups
> Legal assistance
> Provide advocacy/interpreting in medical and other settings
> Job preparation and referral to job training
> Provide limited assistance with education (GED test costs, etc.)

Collaborations and coordination between these service providers
System advocacy
Access services for specific populations to general services
Technical assistance to the domestic violence intervention system.
Information and referral to other needed services

> ESL classes
> Schools/education
> Childcare, safe exchange/visitation
> Medical attention
> Job training
> Parenting skills education
> Permanent housing support

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[*] Services for this population are not currently funded by Multnomah County.

Community-Based Victim Services System Existing Services:

Shelter	Transitional	Non-residential/ general	Non-residential/ specific populations
• Bradley-Angle House (BAH) • Clackamas Women's Services (CWS) • Domestic Violence Resource Center/Washington County (DVRC) • Raphael House (RH) • V of A Family Center (VoAFC) • Salvation Army's West Women's and Children's Shelter (West) • YWCA Yolanda House (YWCA)	• **Facility-based:** BAH Andrea Lee, CWS, West, RH • **Scattered-site housing (HUD Horizon):** BAH, CPA/Lotus, El Programa Hispano, VofAFC	• **Children's programs:** All emergency shelters and transitional housing facilities have specialized services for the children of the women in the residential facility. VoAFC provides groups for children in the community. Community Advocates provides intervention in a school-based setting • **Court house advocates:** Multnomah, Washington and Clackamas Counties all have volunteers or staff • **Crisis intervention/ immediate needs:** BAH, CWS, DVRC, RH, VoAFC, West, YWCA, PWCL • **Legal Aid/assistance:** LASO, Lewis and Clark, Immigration Services • **Outreach services:** VofAFC • **Phone support/ problem solving and safety planning:** All agencies • **Support groups:** BAH, VofAFC, PWCL, CWS, DVRC • **Mobile Outreach Services:** RH, VofAFC	• El Programa Hispano (EPH) • IRCO Refugee and Immigrant Family Strengthening Project (RIFS) • LOTUS (was Council for Prostitution) • Native American Youth Association Healing Circle (NAYA) • NIA (formerly African American Providers Network) • Hispanic Access Programa de Mujeres (Mujeres) • Russian Oregon Social Services (ROSS) These are relative new programs not fully integrated into the system: • South Asian Women's Empowerment and Resource Association (SAWERA) • Safe and Strong • Coalition Against Abuse of People with Disabilities (formerly It's My Right) • Middle Eastern Women's Empowerment (MEWERC) • Desarrollo Integral de la Familia

For more detailed information/different format see Appendix C

Funding for the Victim Services System

Funding for the victim services system comes from a complex, piecemeal set of federal, state and local government sources, foundations, private donations and United Way funding. These multiple streams require substantial administrative time in terms of writing proposals, reporting, and tracking differing requirements.

The agencies and programs included in this report have budgets totaling approximately $7 million. Approximately one-third of the funds come from government sources, including $1.3 million from four different State offices (Oregon State Police, Department of Justice, Department of Human Services and Department of Housing and Community Development) in 2001, and $1.8 million from Multnomah County Department of County Human Services in 2001. Funding for Multnomah County programs from United Way in 2002 was significantly reduced from approximately $350,000 to $200,000 due to changes in their funding priorities. In addition, budget constraints within Multnomah County funding resulted in a reduction of approximately $40,000 in the 2002-03 budget. See Appendix E for details regarding FY2001-02 government funding.

The relatively low level of government funding for victim services leads to instability, loss of experienced highly competent staff to better funded systems, high turn-over, as described above. In addition, several agencies/programs are relatively new (developed in the last three years) and have additional significant needs for technical assistance, support from the community, and development of infrastructure to support stable on-going funding. At this time, two agencies are recovering from a significant reorganization and possible loss of funding, and one agency has had to seek administrative oversight by a more established agency.

Vision for Social Change

The victim services system not only provides services to victims and survivors of domestic violence, but also works to change the social structures and beliefs that contribute to this violence. This vision of social change includes several components.

1. **Changing Social Attitudes Relating to Domestic Violence**
   A variety of social attitudes contribute to domestic violence and devaluation of the victims/survivors of domestic violence. These social values need to be replaced by ones that:
   - Place responsibility for the violence on the perpetrator, not the victim;
   - Place responsibility for stopping the violence on the perpetrator and on the criminal justice system or the community;
   - Believe and listen to the victim, and name the violence/abuse;
   - Respect the individual's process and to honor victims/survivors for their survival, successes and strength;
   - Increase the understanding of who is responsible for abuse, how the community is responsible for safety of victims, and the need to change how relationships between men and women are viewed;
   - Understand specific cultures and cultural issues and how domestic violence is viewed within those cultures;

- Recognize social injustice and disparities between privileged and disadvantaged people and how our systems may not be responsive to the needs of disadvantaged people;
- Respond to the context of the victim/survivor's whole life, not just to the victimization;
- Consistently give batterers the message that violence/control is not acceptable and they will be held accountable; and
- Social change also includes recognizing and responding to social injustice and disparities.

2. **Assuring/Developing Sufficient Resources for Victims and Children:**
   In addition to changing social attitudes, the victim services system works with the community to increase the level of resources available to victims and their children. These include resources that:
   - Are needed for survival, such as shelter, money or food;
   - Provide more options and a wider range of services to address domestic violence, so that there is time for the victim to "regroup" and to follow her own process, not one enforced by others or by limited services;
   - Are accessible to all victims wherever they go;
   - Are provided by staff with a high level of expertise regarding domestic violence;
   - Include adequate housing, financial support/economic options, resources for children who witness domestic violence; and
   - Address abusers to encourage them to stop the abuse or limit their access to the victim.

3. **Develop Service Systems that Respond to and Respect the Specific Needs of Victims and their Children**
   The victim services system works with their partners in assuring that services are effective in addressing the needs of victims and their children. To do so, these services must be:
   - Easily available and accessible so that victims get help at their first attempt from someone who speaks her own language, understands her culture and domestic violence in that cultural context;
   - Responsive to all of the victim's needs in a way that is holistic and takes her whole life into account;
   - Least disruptive to victim and children, so victims aren't forced out of her house, job, school, community or support network, and don't lose their children;
   - Provided by staff with a high level of expertise about domestic violence, who are well compensated and given the time to address their own traumatization, regardless of the service system;
   - Able to address social injustice and recognize the lack of resources available;
   - Coordinated across disciplines and agencies; and
   - Proactive, not reactive

Prior Recommendations from Community Organizations

Several agencies and organizations have made extensive recommendations for expansion and improvement of the victim services system. All of them made the same over-all recommendation for an increase in the number and types of services offered for victims and an increase in funding to provide those services.

The following are recommendations from reports by other organizations that relate to the system design and recommendations in this document.

Health Department: *Domestic Violence in Multnomah County, 2000*

General recommendations:
- Use a comprehensive and coordinated approach
- Honor and expand on the work that local domestic violence advocates and services providers have carried out over the past 30 years
- Work with the many different segments of community to develop and put in place new approaches
- Increase public and private funding to prevent domestic violence and address its impacts.

Responding to children who witness domestic violence:
- Ensure that people who work with children know how to identify children exposed to domestic violence, take steps to increase the safety of these children, know what services and resources are appropriate to help address the negative impacts
- Expand services to address the emotional developmental needs of children exposed to domestic violence

Expand services for victims:
- Enhance the availability and variety of services for victims of domestic violence
- Develop prevention and intervention approaches that take advantage of natural community networks and systems – friends and family, employers, health care providers, places of worship and other community institutions

City Club of Portland: *Domestic Violence – Everybody's Business, July 1997*

- Double the emergency shelter capacity and services for victims of domestic violence
- Require health care and social service professionals to provide information to suspected victims of domestic violence concerning their rights, remedies and services
- Increase public awareness of domestic violence and provide training for professionals
- Increase services for domestic violence victims
- Stabilize and increase victim resources:
  - City/County funding level for domestic violence services should increase as follows from 1997 level of $1.2 million (does not include HUD)
    - On-going victim services $450,000
    - Non-shelter based services $225,000 – specifically attached to health care, religious organizations and community centers
    - New emergency shelter operations $200,000
    - Restraining order advocacy $25,000
    - Legal representation for low-income domestic violence victims $80,000
    - Transitional housing services for victims and children $100,000
    - Address the needs of different ethnic and cultural backgrounds
    - Total: $1.8 million
  - In addition, a one-time $1.6 million expenditure is needed to build or purchase and remodel two buildings: one for transitional housing and one for emergency shelter

Family Violence Coordinating Council: *Harassment to Homicide II,* *February 1994*
- Create a multi-disciplinary response team to act as victims' advocates throughout the system.
- Coordinate between national, state, and local government for funding. Raise money in the private sector as well.
- Raise money to stabilize funding for existing shelter services and potential expansion
- Explore and develop additional transitional housing resources for victims
- Seek stable, committed funding for on-going shelter operations; then expand bedspace
- Implement a program for large corporations to help provide/develop funding for an "adopted shelter.
- Support efforts to recruit attorneys and law students to assist victim in restraining order cases.

Multnomah County Department of Community and Family Services *Domestic Violence Victim Services And School-Based Prevention Programs,* **June, 1999**
During the planning process, several issues were raised which appeared to be beyond the time available and scope of this planning process. The Planning committee recommends that future discussions and planning be held to address the following issues:
- How AFS clients can be better served and service coordinated
- Improving access to the system, considering the high number of women and children turned away from shelter
- What are the barriers and needs and how can they be met, by populations that don't have access to mainstream resources, such as food stamps
- Mental health and alcohol and drug treatment – collaboration, relationship building, more efficient use of existing programs, cultural competency
- Screening tools for mental health and alcohol and drug issues
- Need for mainstream agencies to collaborate and build competency in working with cultural groups that do not receive funding for specific services.
- Develop a more holistic approach to victim services
- Building a better relationship between the County funding entity and the victim services programs.
- Teen dating violence
- Methods to track multi-racial heritage among domestic violence service recipients
- Development of a plan for an "ideal system" of victim services/prevention.

Meyer Memorial Trust, *Domestic Violence Services in the Portland Metropolitan Area* **by Marlene Farnum**
- The major challenges facing the system are:
  - A lack of an adequate, stable source of funding
  - Domestic violence agencies are under funded and staff underpaid
  - Women who need shelter services have much more complex issues that they face, such as alcohol and drug abuse, mental health issues, poverty, and racial and ethnic barriers
  - Affordable housing is limited

- Understaffed agencies have limited resources to put toward participation in a coordinated community response and the necessary collaboration and training.

Foundations of the Plan

The foundations of this plan span a wide variety of documents and concepts. It utilizes the prior recommendations and the findings of the Multnomah County Family Violence Coordinating Council, both listed above, and the knowledge, experience and expertise of the participants in the planning process.

As a starting point to guide the development of the system and description of services, the planning committee created the following Goals and Values for the victim services system.

Goals

1. Assist victims of domestic violence and their children to achieve safety, stability, healing and the freedom to make their own choices
2. Change the social norms and institutions that contribute to or promote domestic violence.
3. Eliminate domestic violence.

Values

- All people have the right to live free from domestic violence or the threat of such violence.
- Services must be culturally appropriate, based in respect for all individuals and a desire to build a rich multicultural community.
- Services should be part of a coordinated community response to domestic violence, which includes the victim services system, law enforcement, the criminal and civil justice system, health care, social services, the workplace, faith communities and public and school-based education and prevention.
- Intervention and prevention strategies must hold perpetrators responsible for and accountable for the abuse and not blame the survivors for either the effects of the abuse or for the actions of the abuser.
- Women and children have the right to make their own choices, to counter the strategies of the abuser, to develop a social support system, and to heal from the abuse.
- Eliminating domestic violence is the responsibility of each community member, individually and collectively.

In addition, the planning committee identified several other key facts or assumptions that should be taken into account in the development of this system, including:

1. The goal is to be as **responsive as possible to the needs** of individual victims.

2. An understanding that **alignment to a long-range plan** can assist in making decisions regarding funding, program development, collaborative agreements, development of new resources, and ultimately be more responsive to the needs of victims and their children.

3. This plan is **built on a foundation of existing core services** and augments the level and quality of them. There are 16 programs in Multnomah County (see Appendix C) that provide

domestic violence intervention or prevention services specifically relating to domestic violence and participate in on-going planning for and coordination of the system. Together they

    a. Receive 20,000 calls to the eight County crisis lines in the Tri-County area;

    b. Provide shelter or transitional housing to 5,000 women and children, and turn away many more;

    c. Assist 2,000 victims in obtaining restraining orders at the courthouse;

    d. Provide almost 1,000 victims and their children with outreach services such as case management, support groups, transportation and assistance in accessing other services; and

    e. Provide culturally specific/population specific services to almost 1,000 victims and their children. Services include co-case management, outreach, support and other services to victims from specific populations.

4. The planning committee also recognizes the strong **need for specialized services for specific populations**, including those victims and children:
   - Whose native language is not English
   - Have mental health or alcohol and drug problems
   - Whose culture and ethnicity are not that of the dominant culture
   - Are immigrants, refugees, asylees or undocumented
   - Are marginalized, such as prostituted women or have long familial histories of abuse or poverty
   - Are sexual minorities
   - Have disabilities, including developmental disabilities.

5. **The mode of service delivery** should:
   - Be flexible, non-intrusive and provide minimal disruption to meet the expressed needs and desires of the victim;
   - Be easily accessible, having both a single easily accessible point of entry and multiple points of entry;
   - Be provided in person when possible by well-trained, professional staff; and
   - Be augmented by partnerships among responding agencies (such as police, advocates, court and others).

Components of a Model Community-Based Victim Services System

A model community-based victim services would have the following characteristics and elements:

1. **Incorporate the goals, values and the vision of social change:**
   The Model System should be non-intrusive, culturally appropriate and/or culturally or population specific, easily accessible, having both a single easily accessible point of entry and multiple points of entry, when possible be provided in person by well-trained, professional staff; and be augmented by partnerships among responding agencies (such as police, advocates, court and others).

2. **Built on a strong foundation/expansion of existing core services**
   The ideal system plan depends on having a set of core services that have a solid foundation, both in terms of funding and in terms of the level and quality of services provided. The existing services listed above to a large extent represent the core services needed. Core services include telephone crisis intervention and access, emergency shelter and transitional housing, non-residential services, including support groups, legal representation and advocacy, outreach, and culturally or population specific services.

   As indicated above, several reports have documented a significant lack of services for victims of domestic violence. There is a particular need to expand the following:
   - Non-residential outreach services, including long-term follow-up services, mental health services for survivors and their children
   - Culturally or population specific services,
   - Bi-lingual and/or bi-cultural staff at general programs,
   - Emergency shelter beds, in particular for victims who have on-going severe or current alcohol and drug abuse problems, speak Spanish or are in the East County area
   - Transitional housing and
   - Crisis intervention.

3. **Increase the level of existing core services:**
   Several organizations or agencies have documented a significant lack of services for victims of domestic violence. Additional non-residential outreach services, culturally or population specific services, emergency shelter beds, transitional housing and crisis intervention are needed.

   Services for additional specific populations are needed. The following populations currently have few or no services specifically designed to meet their special needs.
   - People with developmental disabilities,
   - Young women/unemancipated minors,
   - Middle Eastern women,
   - Male victims (gay and heterosexual), and
   - Transsexuals

4. **Develop New Services:** The Model System identifies four new services that are not well-established in the region, but have been shown to be successful elsewhere or have small pilot projects awaiting expansion (described below):
   - Regional Centralized Resource For Information, Referral And Intake,
   - On-site Collaborative Services placed at offices of other social services, such as mental health counseling, Oregon Department of Human Services Self-Sufficiency and Child Welfare, health care providers, hospitals, Family Centers, and other geographically sited agencies, and
   - Multi-disciplinary Domestic Violence Walk-In Centers
   - Increased advocacy for a coordinated community response to domestic violence.

Description of Proposed New Services

The **Regional Centralized Resource For Information, Referral And Intake** facility will provide telephone-based information and referral to victims of domestic violence and to professionals working with victims. In addition, it will assist victims in contacting and accessing specific services. The Centralized Resource will build on the existing Byrne funded project to develop a regional information and referral resource. Ultimately staff will provide a pre-screening for victims seeking shelter; they will provide a "warm" handoff, so that the victim is transferred directly to an agency staff person; and provide screening information to the agency staff person with permission of the victim. In some cases, they may make additional phone calls to find appropriate services for the caller.

On-Site Collaborative Services are geographically based services that are dispersed throughout the county in established social service/health care offices. For example, a victim advocate may be co-located full or part time at a DHS Integrated Services Office, at a health clinic, a mental health agency or parent-child development center. The advocate would provide direct services to victims accessing these other services and consultation to the caseworkers on site, and would advocate for more effective services. Geographically based service systems have been shown to be very successful as Health Clinics, Parent-Child Development Centers, Family Centers, Caring Communities and Oregon Department of Human Services Integrated services and at schools. On-site Collaborative domestic violence services have been shown to be effective at the Portland Police Domestic Violence Intervention Team and DHS Child Welfare Offices.

Two to four case managers would be assigned per geographic area (based on Caring Community map), and two to four Portland Police Bureau precincts (5), Gresham Police Department, if appropriate to work with their Community Safety Specialist, and Sheriff's law enforcement unit. In addition, advocates would be assigned to Juvenile/dependency court, civil court to expand these services, jail/correctional facilities, and to work with Department of Community Justice.

Possible service programs for placement of Advocates include:
- DHS integrated offices
- Community Centers
- Caring Communities
- Homeless Family programs
- Parent child development centers
- Family Resource Centers
- Health clinics
- Mental Health walk-in clinics or other offices
- Probation Domestic Violence Unit and Family Services Unit
- Juvenile/dependency court
- Civil court; restraining order advocacy, expanded
- Jail/correctional facilities

Caring Community/DHS districts
- West (New Market Theater)

- N. Portland
- Jefferson
- Grant Madison
- Inner SE
- Franklin
- Outer SE
- Mid-County
- East County

The Multi-disciplinary, Domestic Violence Walk-In Centers are envisioned to provide services 24 hours a day, 7 days a week to victims of domestic violence and their children. It will house domestic violence victim advocates, legal assistance, services for children who witness domestic violence, culturally specific services and other needed services such as welfare, health care, mental health counseling, and law enforcement assistance. Support groups, parenting skills classes, and other services may also be available on site. In particular, collaborative service centers have been developed with co-located services specifically geared to be responsive to domestic violence issues in Colorado Springs, San Diego, Phoenix, and Mesa, Arizona. These "one-stop" centers include law enforcement, district attorney, welfare, child welfare, victim advocacy, legal assistance and in some cases civil court personnel. Several sites have been suggested to house such a walk-in center. These include co-location at Gateway Children's Center with the Portland Police Bureau Family Services Division, hospitals, and victim center at the Washington County courthouse. Management of the Walk-In Centers needs to retain the focus on domestic violence and victim advocacy, rather than take on the goals and objectives of the site where it is located.

Increased Advocacy for an Appropriate/Effective Coordinated Community Response will focus on changing social attitudes, developing sufficient resources and developing systems that respond to the needs of victims and their children. Because victims seek support and assistance from family, friends, co-workers, employers, health care professionals, law enforcement, courts, and social services, these individuals and organizations need to be prepared to provide appropriate and effective assistance. The victim service system has significant expertise and relationships to provide this advocacy, but must balance provision of services with limited resources for this advocacy work. In the planning process several specific examples were raised including the following:
- The need for emergency restraining order hearings at multiple sites in the county;
- Foster care homes specifically for victims of domestic violence with developmental or physical disabilities or for seniors;
- Translators and interpreters who are well-trained and available to assist victims of domestic violence in court and health care settings;
- Mental health counseling for victims of domestic violence and their children by specialists in trauma, abuse and domestic violence; services in Spanish for children who witnessed domestic violence are particularly needed.
- Changing policies and/or procedures that unintentionally endanger, disadvantage, or do not take into account the needs of victims and their children. An example of policies that unintentionally can disadvantage victims is the recent emphasis on responding to children who witness domestic violence without having services for their abused mothers.

- Increased affordable housing.
- The need for universal screening and appropriate response in health care settings including appropriate response to domestic violence by employers and schools.
- More trained response teams that include domestic violence advocates working as a partner with law enforcement, responding to domestic violence situations.

Implementation of the Model System

The implementation of this model system will require changes in current procedures and service delivery in some cases, increase in the level of existing services and development of new services. Implementing this model will require a significant increase in the level of funding for services to victims of domestic violence as well as collaborative agreements between the victim services system agencies and other organizations and creative financing and solutions.

Because of the complexity and cost of implementing this model, the planning committee recommends that its implementation be staged. The following is a description of the first stage implementation recommended by the committee. It is expected that this first stage will require approximately five years to realize.

Augmentation of existing core services
- Culturally specific or population specific programs for ($300,000) to fund domestic violence specific services for 3-4 new populations (Middle Eastern, South Asian, women with disabilities, and sexual minorities), to increase the number and types of services already funded, and to help build infrastructure in smaller organizations.
- Stability and quality of existing programs ($300,000)
- Additional 50 new emergency shelter beds (2 new shelters) for the following populations: Spanish-speaking and women with significant drug or alcohol addiction. ($800,000)
- Two new scattered site transitional housing case managers with rent assistance funds ($200,000). Together with motel vouchers funds, this type of service can expand the emergency shelter capacity.

Total for existing core services, first stage   **$1,600,000**

Regional Centralized Resource For Information, Referral And Intake developed using information and planning funded by the Byrne Grant to the Domestic Violence Coordinator's Office and in partnership with existing crisis or Information and Referral line to provide infrastructure and space. A discussion with the Mental Health Centralized Intake Line staff has indicated support for co-locating contracted domestic violence program staff with the expanded Centralized Intake Line staffed with County employees. Such a partnership would provide 24-hour staffing, mental health and domestic violence expertise on site, a reduction in infrastructure, computer and database costs to the Domestic Violence Centralized Access Line. It is estimated that together with current funding and resources, approximately $250,000 would provide full-time staffing and volunteers.

Total for Regional Centralized I&R Resource, first stage   **$250,000**

On-site Collaborative Services, as a starting point, this plan recommends funding 1 FTE from victim services system agencies in each of the 9 County geographic areas/Caring Communities to be placed in existing social service agencies. One role of the staff would be to advocate for appropriate/effective response by the host site. ($450,000).

Total for Collaborative Services, first stage   **$450,000**

Multi-disciplinary, Domestic Violence Walk-In Center, Phase I in conjunction with an existing facility. Again, to maximize on-site expertise and minimize overhead and administrative costs, the Walk-In Center could be co-located with an existing facility. One possible co-location site would be the Gateway Children's Center social services building (law enforcement, district attorney's building). $100,000 in funding would provide two victim advocates to assist in providing services.

Total for Walk Center, first stage: **$150,000**

Advocacy for Appropriate/Effective Response By Community Partners, Phase I would provide victim services system agencies and the Multnomah County Domestic Violence Coordinator's Office with additional resources to provide training and technical assistance, develop collaborative projects, assist in the development of protocols, and participate in on-going coordination and collaboration efforts. ($50,000).

Total for Advocacy, first stage: **$50,000**

Total first stage implementation cost: **$2,450,000**

A re-assessment of the system will be necessary to determine which areas have been most fully developed, most successful and most cost effective before further full implementation of the model is undertaken. However, it is estimated that the full model will cost approximately $12 million to implement. Only at that time will all victims of domestic violence have easily accessible, effective services available to them and their children.

APPENDIX A: Participants Invited to Planning Meetings

NAME	AGENCY
BADE, Susan	YWCA Yolanda House
BARRERA, Patricia	Lola Greene Baldwin Foundatio
BAUMGART, Caren	DV Coordinators Office
BIDNICK, Cindy	Court Operations Supervisor
BILLHARDT, Kris	Volunteers of America Family Center
BRAETIGAM, Bonnie Jean	DHS Child Welfare
BRAY, Doug	Court Administrator
BRIDGES, Laura M	Chairs Office
CAMERON, Deborah	Domestic Violence Resource Center
CAMPBELL, Lorena	East County Caring Community
CLARK, Ron	Communities Against DV
CONNELLY, Lorena	Desarrollo Intergral de la Fam
CURRY, Mary Ann	School of Nursing SN 5S
DARCY, Nathalie	Metropolitan Public Defenders
DILLARD, Delcia	Raphael House
DIMICK-BUCH, Ginny	IRCO
DUKE, Rachel	Housing Authority of Portland
ELLIS, Erin	Sexual Assault Resource Center
ERVINS, Lynn	Multnomah County DCHS
FELDMAN, Dr. Virginia	Kaiser East Interstate
FORESTER, Diana	Aging Services NE Branch
GARCIA, Angela	Tualatin Valley Centers
GENAUER, Gabrielle	Domestic Violence Resource Center
GLANTZ, Betty	Aging Services/Coalition to S
GOODEN RICE, Carol	Portland Women's Crisis Line
GUERRERO, Theresa	OCADSV
HALL, Joyce M	MCIJ Corrections Counselor
HANSEN, Yelena	Russian Oregon Social Services
HEYWORTH, Stacy J	District Attorney's Office
HUFFINE, Chris	Mens Resource Center
HUNT, Wendy	Gresham DV Unit
INGRAM, Amy	Human Solutions
JAMES, Sharon E	Family Court Services
JARAMILLO, Linda M	Multnomah County Health Department
KURSHNER, Hon. Paula J	Circuit Court Judge
LEHR, Angela	Washington Co. DVIC
LINK, Aaron	Outside In
LYONS, Heather	BHCD
MASON, Guruseva	Salvation Army
MAXWELL, Joyce	LOTUS
MAZHAR, Pari	MEWERA
MCFARLAND, Karla	Bradley-Angle House

MCKAY, Lana S	Dept of Community Justice
MCNEFF, Lizzi	OHSU Center on Self-Determination
MOHR. Pat	West Women's Shelter
MONTANO, Carmen	Portland Police/DVIT, Domestic Violence Coordinator's Office
MOORE, Kathy	Clackamas Women's Services
MOORE, Valerie	InAct
NEAL, Annie	Multnomah County Domestic Violence Coordinator's Office
OPPERMAN, Craig	Christie School
OSBORN, Denise R	Multnomah County DDSD
PEATOW, Rebecca	Guide Line
PENDERGRAFT, Katy	Hope For Families
PITTS, Cecile	Multnomah County OSCP
RAMIREZ-MCKEE, Lupe	Programa de Mujeres
RATCLIFF, Captain Larry	PPB Family Services Division
RICHMOND, John	DHS Child Abuse Hotline
ROCKHILL, Anna	PSU Regional Research Institute
RUTOVA, Karina	Russian Oregon Social Services
SALINAS, Virginia Q	Multnomah County OSCP
SANCHEZ, Tawna	NAYA
SANTOS, Aimee	OR Dept of Human Services Health Division
SCHRADER, Carol	Community Advocates
SCOP, Jonathon	Catholic Charities Immigration Services
SCOTT, Laura	IRCO Family Law Ed Program
SELIG, Robin	Legal Aid Services of Oregon
SHACKELFORD, Donna	Multnomah County OSCP
SLAUSON, Sgt. Dan	PPB DVRU
STORY, Mark	Raphael House
SWANSON, Patti	Eastwind Center
SWEETEN-LOPEZ, Oscar	OHDC/Hispanic Access Center
VASOLI, Theresa	El Programa Hispano
WARD, Rev. Renee	NIA
WILDER, Renee	SAWERA
WILSON, Cate	Oregon Medical Assn
WOLLEN, Kristin	Friendly House
WRIGHT, Terry	Lewis & Clark Legal Clinic
WRIGHT, Thomas	American Research Ecumenical Ministries

Appendix B: Service Needs of Victims of Domestic Violence

	VSS Currently provides	VSS Should Provide	VSS link/ partner	Available in community	Advocate for
Culturally specific domestic violence services	X (not sufficient for need)	X	X	X	X
Case Management that would include • Training or assistance with money matters, urban and life skills • Linkage to job training/one-stops, permanent housing, A&D assessments and treatment, mental health services • Assist a client in overcoming barriers to services and to jobs • Crisis intervention/counseling; immediate advocacy • Safety planning • Coordination with police or other service provider • Assistance in obtaining a Restraining Order • Links to housing/emergency shelter • Links to long-term services • Assessment for A&D, mental health or other specific needs • Domestic violence education	X	X	X		X
Referral to a wide variety of services, such as : • ESL classes • Money management, life and urban skills training • Schools or other job preparation program • Child care • Legal assistance • Services for dependents (pets)	X	X	X	X	X
Monetary or direct client assistance (flexible funds) • Especially for those not eligible for current self-sufficiency programs • Job assistance, tools, transportation • Rent assistance or other housing related costs, changing locks • Medical attention, with links to services that provide language and culturally appropriate services • Transportation • Child care	X Need More	X	X		X
Co-case management with general domestic violence	X	X			X

	VSS Currently provides	VSS Should Provide	VSS link/ partner	Available in community	Advocate for
programs					
Emergency housing • hotel vouchers, safe homes, or shelter • linkage and co-case management with existing general shelter program	X	X Services for clients with D&A issues	X	X	X Low income housing
Services for children who have witnessed domestic violence in conjunction with or services for victims	X	X	X	X	X
Collaborations and coordination between these service providers	X	X	X		X
System advocacy	X	X			X
Legal Representation specifically for immigration matters.	X	X	X St. Andrews Catholic Charities	X	X
General Services					
Immediate advocacy, to include: • Crisis counseling • Safety planning • Linkage to police, if appropriate for lethality assessment, panic button and batterer intervention • Assistance in obtaining restraining order • Transportation from danger to safety	X	X	X		X
Case Management/Advocacy • Comprehensive needs assessment/case plan and assistance in achieving individual goals • Domestic violence awareness education and support groups • Mental health screening, referral, and advocacy for services/treatment – have a strong need for cultural specific services for children that are language specific and child specific. • Alcohol and drug screening, referral and advocacy for services or treatment evaluation • Employment support • Information and referral to other needed services	X	X	X		X
Flexible funding/direct client assistance (Locks changes, transportation, medical care, documents, especially for women without children)	X Need much more	X	X	X	X
Follow up within twenty-four hours of referral from police, emergency room, health care provider or other		X	X		X

	VSS Currently provides	VSS Should Provide	VSS link/ partner	Available in community	Advocate for
emergency care provider					
Referral to: • Permanent housing support, referral • Ready to rent classes • Schools or job preparation • Child care, legal assistance, services for pets	X	X	X	X	X
Emergency Shelter/ safe homes – bed nights, case management hours, support groups, children's services, direct client assistance	X Need at least 50 beds more	X	X Link to Family System		X
Transitional housing – bed nights, case management hours, support groups, children's services, direct client assistance	X Very little	X	X	X More low income housing	X
Legal representation – representation in a variety of civil family law cases and immigration assistance (advice and information to battered immigrant women about immigration resources and issues and coordination of family law representation with a woman's immigration attorney and/or advocate).	X	X	X	X	X
Long-term follow-up services – up to two years					
• ESL classes • Money management, life and urban skills training • Translators available at health care providers, court, criminal justice system, welfare, etc. who are trained and sensitive concerning domestic violence issues. • Schools or other job preparation program • Child care (affordable, emergency, for sick children) • Legal assistance • Services for dependents (pets) • Permanent housing support, referral • Ready to rent classes • Health care providers who are sensitive to the issue of domestic violence	X	X	X	X	X
• A&D Treatment – NO, but formal linkage to treatment • Mental health counseling – NO, but formal linkage to treatment			X	X	X

Appendix C: Victim Service System Services

SERVICE	EXISTING * Partial County funding	CAPACITY	NEEDS
CENTRALIZED I&R/CRISIS LINE RESOURCE	*Eight existing crisis 24/7 lines throughout the county presently are in existence in addition to at least two culturally specific lines that are not 24/7.	PWCL – 20,000 calls a year; 5 shelter lines with varying capacity.	A single access line that allows victims access to immediate straightforward crisis intervention and shelter or other services. The documented need for central access is being explored through a existing Byrne grant.
CRISIS INTERVENTION	*Is provided at all DV service agencies on some level	Undefined	More centrally accessible intervention services
EMERGENCY SHELTER-SINGLES	*SA West Women *Raphael House *Bradley Angle House *Yolanda House *VOA Family Shelter	10 beds 2 beds 4 beds 4 beds No dedicated beds	More; capacity for women under the influence/in need of A&D tx; on-site mental health services; language/culture specific; accessible to people with disabilities or to males; sited in East County.
EMERGENCY SHELTER-FAMILIES	*SA West Women *Raphael House *Bradley Angle House *Yolanda House *VOA Family Shelter	2 units /5 beds 10 units /31 beds 1 dorm/11 beds 7 units/15 beds 4 units/12 beds	More; capacity for women under the influence/in need of A&D tx; on-site mental health services; language/culture specific; accessible to people with disabilities or to males; sited in East County.
TRANSITIONAL HOUSING- FACILITY BASED	*Bradley Angle House Raphael House YWCA SA West Women's	9 units/18 beds 8 units 8 units 20 single beds-3 flex units & 3 two-family apartments	
TRANSITIONAL HOUSING-SCATTERED SITE	*Bradley Angle House *VOA Family Center *LOTUS *Catholic Charities-El Programa Hispano	10 families 10 families 10 families 10 families	More; useful model together with vouchers to expand "emergency shelter" capacity – see comments under Emergency Shelter above
VOUCHERS/ SHELTER RENT ASSISTANCE	*A DV pool of approximately $32,000 annually is available *Six DV agencies have set aside funding for rent assistance about	Provides about 128 weeks of shelter Serves about 20 families a year	Frequently over-spent, indicates need for more funding in this area, plus need for accessible voucher sites

SERVICE	EXISTING * Partial County funding	CAPACITY	NEEDS
	$12,000 annually		
CULTURALLY SPECIFIC SERVICES (Includes, crisis intervention, advocacy, case management, basic needs, etc.)	*African American/Caribbean/ African *Prostitution/Sex Industry *Latina *East European/Asian *Russian *Native American *Sexual Minorities	40 clients 40 clients 80 clients 40 clients 60 clients 40 clients 20 clients	Additional populations identified include Middle Eastern, South Asian, and women with disabilities and sexual minorities; increase services/capacity for other populations
GENERAL NON-RESIDENTIAL SERVICES	*Courthouse advocacy	Multnomah, Washington and Clackamas Counties	Increase language and follow-up capacity
	*Civil legal representation	LASO, Lewis and Clark, Immigration Services	Increased need for restraining orders (contested and initial hearing), custody, visitation, INS
	*Support groups	BAH, VofA	
	*Outreach services	VofA	
	*Children's programs	All emergency shelters and transitional housing. VoAFC provides groups for children in the community. Community Advocates provides intervention in a school-based setting	
	Outreach services:	VofAFC	
	Phone support/ problem solving and safety planning:	All agencies	

SERVICE	EXISTING * Partial County funding	CAPACITY	NEEDS
	Support groups:	BAH, VofAFC, PWCL, CWS, DVRC	
ON-SITE COLLABORATIVE SERVICES	Child Welfare Offices Jail support groups Mobile Outreach Service/police:	VofA part-time; CWS VofA RH, VofAFC	No other on-site collaborative services have been developed or funded. Need for these services at agencies that provide services to homeless families/women, DHS Self-Sufficiency and Child Welfare, health care clinics, mental health facilities, jail, probation, and other sites.
WALK-IN ADVOCACY CENTER	None currently exist		Need for 3-4 centrally located sites, with a multi-disciplinary approach to domestic violence intervention.
ADVOCACY FOR APPROPRIATE/EFFEC TIVE RESPONSE BY COMMUNITY PARTNERS	All agencies do this to some extent, together with the Family Violence Coordinating Councils of Multnomah, Clackamas and Washington counties	Undefined	Need dedicated funding to provide time for victim services system agencies to develop the relationships, participate in planning or other activities.

Appendix D: Recommended Services to be Provided in Each Type of Core Service

Note that in some cases, each agency is expected to provide the full list of services (Residential Programs), and in other the services should be provided in the system as a total, but each agency is not expected to provide all the services listed (for example General non-residential services).

Residential (Emergency and Transitional Housing)
- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
     Crisis counseling
     Safety planning
     Comprehensive needs assessment/case plan and assistance in achieving individual goals
     Job preparation and referral to job training programs
     Assistance in navigating complex systems of service and
     Transportation.

General non-residential services
- Telephone crisis intervention
- Monetary or direct client assistance
- Legal assistance/representation, courthouse advocates to assist with restraining orders
- Support groups
- Children's services
- Partnership with population specific programs
- Case management/Advocacy
     Crisis counseling
     Safety planning
     Comprehensive needs assessment/case plan and assistance in achieving individual goals
     Job preparation and referral to job training programs
     Assistance in navigating complex systems of service
     Transportation from danger to safety
- Direct Client Assistance
- Alcohol and drug screening, referral and advocacy for services/treatment
- Links to and information and referral to other needed services
     Services for pets
     Job training
     To police for panic buttons, lock changes
     Parenting skills education
     Permanent housing
     Economic Supports
     Mental Health services

Population specific non-residential services

    Urban skills training, money management and other basic life skills

    Transportation: danger to safety, child exchange, for appointments, Public transportation

    Housing: Emergency (i.e. hotel vouchers, safe homes esp. bi-lingual/bi-cultural)

    Limited monetary assistance, esp. for those not AFS eligible (flexible funds)

    Child care during groups

    Legal assistance

    Provide advocacy/interpreting in medical and other settings

    Job preparation and referral to job training

    Provide limited assistance with education (GED test costs, etc.)

Collaborations and coordination between these service providers

System advocacy

Access services for specific populations to general services

Technical assistance to the domestic violence intervention system.

Information and referral to other needed services

    ESL classes

    Schools/education

    Childcare, safe exchange/visitation

    Medical attention

    Job training

    Parenting skills education

    Permanent housing support

APPENDIX E. Summary of Government Funding to Victim Services Programs in the Tri-County Area

FY 2001-02

Agency	MLT	CFAA DV	VOCA Basic	VOCA DV	VOCA SA	VAWA DV	VAWA SA	CFAA SA	FVPSA	Mult Co	Mult Co	Total
Culturally Specific Programs												
AAPN	4,344	12,321							9441	58,000		84,106
DIF					37,500			20,244				57,744
EPH	4,344	24,642				19,426			9441	50,000	91,701	199,554
IRCO RIFS	4,344	12,321							9441	82,200		108,306
Lotus/CPA	4,344	24,642				19,426		12,720	9441	55,209	108,980	234,762
NAYA	4,344	12,321				17,663			9441	42,600		86,369
OHDC/PdM	4,344	24,642				19,426			9441	52,188		110,041
ROSS	4,344	12,321		23,000					9441	92,782		141,888
SAWERA				37,500								37,500
BAHouse										10,000	88,673	98,673
VofA FC											76,773	76,773
Sub-Total	30,408	123,210	-	60,500	37,500	75,941	-	32,964	66,087	442,979	366,127	1,060,270
General Programs												
BAHouse	17,364	24,642	32,911	19,603		19,426			18,882	230,390		363,218
Comm Adv	4,344	24,642							9,441			38,427
CWS	17,364	24,642	51,069			19,426			18,882			131,383
DVRC	17,364	24,642	32,911			19,426			18,882			113,225
PWCL	17,364	24,642	34,352					31,800	18,882	36,487		163,527
Raphael House	17,364	24,642	23,633			19,426			18,882	154,309		258,256
SARC			45,629		74,680		17,663	36,768				174,740
VofA FC	17,364	24,642	12,367	37,689		19,443			18,882	149,584		279,971
West Women's	17,364	24,642	27,412			19,443			18,882	167,615		275,358
YWCA Yolanda	17,364	24,642	26,038			19,426			18,882	152,575		258,927
Legal Aid										66,000		66,000
Sub-Total	143,256	221,778	286,322	57,292	74,680	136,016	17,663	68,568	160,497	956,960	-	2,123,032
Total	173,664	344,988	286,322	117,792	112,180	211,957	17,663	101,532	226,584	1,399,939	366,127	3,183,302

Italicized numbers designate services sub-contracted through eligible programs
MLT: Admnistered by Oregon Department of Human Services, Oregon Marriage License Tax
CFAA/D V: Administered by Oregon Department of Human Services, Oregon Criminal Fines and Assessment, domestic violence
CFAA SA: Administered by Oregon Department of Human Services, Oregon Criminal Fines and Assessment, sexual assault
FVPSA: Administered by Oregon Department of Human Services, Federal Family Violence Prevention and Services Act funds, 9 months of funding 10/01-6/02
VOCA Basic: Administered by Oregon Department of Justice, 10/01-9/02
VOCA D V: Administered by Oregon Department of Justice, domestic violence specific funds, 10/01-9/02
VOCA SA: Administered by Oregon Department of Justice, sexual assault specific funds, 10/01-9/02
VAWA: Administered by Oregon State Police, Federal Violence Against Women Act funds for domestic violence
VAWA SA: Administered by Oregon State Police, Federal Violence Against Women Act funds for sexual assault
Mult Co: Administered by Multnomah County, includes General Funds and State EHA, SHAP
Mult Co: Administered by Multnomah County, HUD funding

Multnomah County Community Based Victim Services System Plan

November 2002

Developed by the Multnomah County Domestic Violence Coordinator's Office

In partnership with

Tri-County Domestic and Sexual Violence Intervention Network and Other Community Agencies

Why Now?

- Increased attention to domestic violence,
- Increased calls by victims for services,
- Broader interest and understanding in the community,
- New services developed,
- Increased funding at state and local level,
- Existence of an effective system,
- Still significant unfilled needs.

Purpose

◆ To provides the framework for the further development of a true **SYSTEM** of community-based services for victims based on the current strong foundation of services.

Foundations of the Plan

- Services are as **responsive as possible to** individual victims;
- **Alignment to a long-range plan** in funding, program development, collaborative agreements, development of new resources, and the needs of victims and their children;
- **Built on a foundation of core services**;
- **New Services** or modes of delivery.

Definition

- Conscious pattern of coercive behavior to control or subordinate another, generally an intimate partner.
- Includes physical, sexual, psychological, emotional and economic tactics.
- Crosses all cultural, religious, ethnic, age, economic, sexual orientations and social boundaries.
- Children who witness it often suffer emotional and psychological harm and are subject to its consequences.

Description of the Community-Based System

◆ Includes those programs that have a primary mission to provide services to victims, are part of the existing coordinated community response, or contract with DCHS for victim services.

◆ Now includes almost 20 agencies, of which 15 contract with Multnomah County and 11 are culturally specific.

Funding

- ◆ Funding is complex and piecemeal;
- ◆ Federal, state and local government sources, foundations, private donations and United Way;
- ◆ Requires substantial administrative time;
- ◆ Budgets of $7 million, with over one-third from government sources
  - $1.3 million from four different State offices (2001)
  - $1.8 million County.

Model System of Response to Victims

- ◆ Incorporate the goals, values and the vision of social change;
- ◆ Build on a strong foundation;
- ◆ Increase the level of existing core services;
- ◆ Develop New Services/Modes of Delivery.

System Goals

- ◆ Assist victims and their children to achieve safety, stability, healing and the freedom to make their own choices.
- ◆ Change the social norms and institutions that contribute to or promote domestic violence.
- ◆ Eliminate domestic violence.

Values

◆ All people have the right to live free from domestic violence.

◆ Services must be culturally appropriate, based in respect for all individuals and a desire to build a rich multicultural community.

◆ Services should be part of a coordinated community response to domestic violence.

◆ Hold perpetrators responsible for and accountable for the abuse and not blame the survivors.

◆ Women and children have the right to make their own choices, to counter the strategies of the abuser, to develop a social support system, and to heal from the abuse.

◆ Eliminating domestic violence is the responsibility of each community member, individually and collectively.

Vision for Social Change

- **Changing Social Attitudes Relating to Domestic Violence;**
- **Assuring/Developing Sufficient Resources for Victims and Children;**
- **Developing Service Systems that Respond to and Respect the Specific Needs of Victims and their Children**

Existing Core Services

General

◆ **Residential Services:** emergency shelter and transitional housing, with associated supportive services, including case management, support groups, services for children and partnership with population specific programs.

◆ **Non-Residential Services:** crisis intervention, direct client assistance, case management, support groups, legal assistance/representations, and linkages to other services.

Culturally or Population Specific Services

◆ Non-residential services;

◆ Case management or connection to other services;

◆ Currently to populations: Latina, African American, Russian, prostituted women, sexual minorities, Native American, Middle Eastern, South Asian, and immigrant or refugee, in particular SE Asian, Eastern European, African, Caribbean.

New Services/Modes of Delivery

- Regional Centralized Resource For Information, Referral And Intake,
- On-site Collaborative Services placed at offices of other social services,
- Multi-disciplinary Domestic Violence Walk-In Center(s),
- Increased advocacy for a coordinated community response to domestic violence.

Implementation of the Model System

◆ Long-term commitment by funders, community based victim services agencies, policy-makers, commissions on children and families, and community leaders.

◆ Staged implementation and use of creative collaboration and financing.

Augment Core Services

- ◆ **Culturally specific or population specific programs ($300,000);**
  - new populations
  - increase the number and types of services
  - to help build infrastructure.
- ◆ General programs ($300,000)
  - Stability and quality
- ◆ **50 new emergency shelter beds($800,000)**
  - Spanish-speaking and women with significant drug or alcohol addiction.
- ◆ **Two new scattered site transitional housing case managers with rent assistance funds ($200,000).**

New Services/Modes of Delivery

- **Regional Centralized Resource For Information, Referral And Intake** ($250,000 added funding)
- **On-site Collaborative Services**, 1 FTE in 9 geographic areas in existing agencies. ($450,000).
- **Multi-disciplinary, Domestic Violence Walk-In Center**, in conjunction with existing multi-disciplinary facility, $100,000 to provide two victim advocates.
- **Advocacy for Appropriate/Effective Response by Community Partners,** for training and technical assistance, collaborative projects, development of protocols, and on-going coordination and collaboration efforts. ($50,000).

Cost

◆ Phase I implementation total $2.45 million annually;

◆ Potential funding sources include federal, state, local government, foundations and private donations;

◆ Implementation of the full Model as much as $12-14 million.

AGENDA PLACEMENT REQUEST

Bud Mod #:

Agenda Item #: B-2

Estimated Start Time: 11:30 AM

Date Submitted: 11/08/02

Requested Date: December 5, 2002

Time Requested: 45 Minutes

Department: Non-Departmental

Division: CCFC

Contact/s: Sue Cameron / Lisa Pellegrino

Phone: 503-988-6906   **Ext.:** 86906   **I/O Address:** 166/1075

Presenters: Sue Cameron

Agenda Title: School Age Services Policy Framework Briefing

NOTE: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide clearly written title.)

Please answer all relevant questions; leave others blank. Please do not alter form.

1. **What action are you requesting from the Board? What is the department/agency recommendation?**
   - Adopt School Aged Services Policy Framework including vision, guiding principles, goals, outcomes, strategies and recommendations.
   - Direct appropriate departments to implement recommendations.

2. **Please provide sufficient background information for the Board and the public to understand this issue.**
   In May of 2001, the Board of County Commissioners passed resolution No. 01-071 appointing a task force to develop recommendations for services to children and families in schools. The Commission on Children, Families and Community and the Office of School and Community Partnerships were charged with creating a school aged services policy framework to align county services for school aged youth. Lolenzo Poe and Sue Cameron co-chaired the advisory group. The framework was created with input from a wide range of focus groups, an advisory group, and community workshops. In addition, an inventory of county programs for school aged youth, a best practices study on service integration for school aged youth and a service delivery study were completed to assist the advisory group and its co-chairs in creating the framework and recommending system changes.

   The policy recommendations included in the framework are as follows:
   - Provide funds for school based services for children and their families that assist students in succeeding in school. Use professionals, paraprofessionals, parents,

1

interns and volunteers to provide the support. Define a core set of services and goals to be delivered either at school or linked to one or more specified geographic entities.

- Design one system of care that coordinates geographically with the other jurisdictions around intake and linkages. This can be called a regional center.
- The county through its geographic and/or culturally specific entities will ensure that culturally appropriate services will be provided to school aged children.
- Distribute services based on population of children plus risk factors.
- Align services to common boundaries with schools and the State Department of Human Services. Partner with DHS as much as possible.
- Redesign the information and referral system.
- Align intake, measurement and databases with other departments and jurisdictions when appropriate.
- Redesign departments structure around school aged core.
- Create a virtual grants office.

Please see the attached School-Aged Policy Framework document for more detail on The policy recommendations.

3. **Explain the fiscal impact (current year and ongoing).**

Three options are presented within the framework for implementation. Fiscal impact will depend upon the option chosen.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

If a budget modification, explain:
- ❖ **What revenue is being changed and why?**
- ❖ **What budgets are increased/decreased?**
- ❖ **What do the changes accomplish?**
- ❖ **Do any personnel actions result from this budget modification? Explain.**
- ❖ **Is the revenue one-time-only in nature?**
- ❖ **If a grant, what period doest the grant cover?**
- ❖ **When the grant expires, what are funding plans?**
- **NOTE: Attach Bud Mod spreadsheet (FORM FROM BUDGET)**

If a contingency request, explain:
- ❖ **Why was the expenditure not included in the annual budget process?**
- ❖ **What efforts have been made to identify funds from other sources within the Department/Agency to cover this expenditure?**
- ❖ **Why are no other department/agency fund sources available?**
- ❖ **Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account.**
- ❖ **Has this request been made before? When? What was the outcome?**

If grant application/notice of intent, explain:
- ❖ **Who is the granting agency?**
- ❖ **Specify grant requirements and goals.**
- ❖ **Explain grant funding detail – is this a one time only or long term commitment?**
- ❖ **What are the estimated filing timelines?**
- ❖ **If a grant, what period doest the grant cover?**

- ❖ **When the grant expires, what are funding plans?**
- ❖ **How will the county indirect and departmental overhead costs be covered?**

4. **Explain any legal and/or policy issues involved.**

See policy recommendations above.

5. **Explain any citizen and/or other government participation that has or will take place.**

Citizens and representatives of other governments participated in the advisory group (35+ members attended 8 meetings), focus groups (19 focus groups with 220 attendees), community workshops (2 workshops with 75 attendees). Other groups such as Group 3, the Leaders Roundtable Action Team and the school superintendents were also consulted. Finally, the recommendations described above will be posted on the CCFC's web site with a survey for interested people to submit further input.

Required Approvals (typed names indicate approval)

Department/Agency Director (type name of approver):

Sue Cameron
Lolenzo T. Poe

Agenda Review Team
By: (type name of approver):
Date:

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 01-071

Appointing a Task Force to Develop Recommendations for Services to Children and their Families in Schools

The Multnomah County Board of Commissioners Finds:

a.   Multnomah County has the following benchmarks:

- School Success: assisting students and their families enjoy success in schools.
- Reduction of Poverty: the reduction and amelioration of poverty.

b.   Multnomah County operates or provides support for programs of service for children and their families in schools. They include:

- School based health clinics;
- School based mental health consultants;
- Touchstone;
- SUN schools and Family Resource Centers;
- School Attendance Initiative;
- Caring Communities;
- Community and Family Service Centers - school-based services.

c.   There may be opportunities for additional state and federal funds for these programs.

The Multnomah County Board of Commissioners Resolves:

1.   The Chair will appoint a School-Based Programs Task Force. Its members will include one or two County Commissioner(s) as convener(s), County staff, community leaders and service providers.

2.   The Task Force will:

- Inventory of County funded school-based or school-related programs, including their source of funding, goals and impacts;
- List options for improving services and coordination, with pros and cons for each option;
- Identify overlap and duplication of efforts, and opportunities to streamline programs and administration;
- Suggest methods to maximize state and federal matching funds;
- Propose ways to minimize the paperwork required of providers, while collecting proper data to measure outcomes;

- ◆ Identify outcomes that can be measured and communicated; and
- ◆ Provide a report to the Chair by February 1, 2002.

3.   The following principles should guide the Task Force in its work:

- ◆ Access to services children and their families in school;
- ◆ Services should address children and families most in need and at highest risk of negative outcomes;
- ◆ The community has many resources to support students and their families. These informal supports are important;
- ◆ The basis for planning and services will be a strengths-based, assets approach for all students and families in the County;
- ◆ Special attention and funding are important to communities within the County who, whether because of language or cultural differences, have difficulty accessing traditional services;
- ◆ School success programs efforts should be within schools. Schools must be enlisted as full partners in the support and provision of these services;
- ◆ Major services efforts should receive three to five year funding commitments from the County and be expected to provide meaningful outcome and evaluation studies; and
- ◆ Services should be evaluated for efficiency and the delivery of outcomes.

Adopted this 31st day of May, 2001.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

_____
Bill Farver, Interim Chair

REVIEWED:

THOMAS SPONSLER, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By_____
Thomas Sponsler, County Attorney

School-Aged Policy Framework

November 14, 2002

I. School-Aged Policy Recommendations for an Alignment Model

Current situation and key questions	It is recommended that the County's Policy is.....	Implementation
1) Role • What is the role of the county as it relates to school-aged services? • Are schools a good place to provide services? • Key benchmarks: School success, decrease poverty, lower juvenile crime, readiness to learn, & improve government	**Provide funds for school based services for children and their families that assist students in succeeding in school. Use professionals, paraprofessionals, parents, interns and volunteers to provide the support. Define a core set of services and goals to be delivered either at school or linked to one or more specified geographic entities.**	**Targeted Services:** all to be discussed further in program development phase **Health Services:** to be discussed further in program development phase **Mental Health Services and family case management:** • Assessment, pretreatment, treatment readiness, mental health consulting and aftercare • Mental health treatment **Social Services for educational support:** • Emergency services (e.g. utility assistance, emergency and transitional housing) • Culturally specific family school coordination, progress tracking, attendance, homework club, tutoring, mentoring, individual student and family monitoring, parent education, literacy, family and community involvement
2) One system/One backbone • Several different systems of care exist • FRC, SUN, Community and Family Service Centers, and more • Clients don't know where to go for services. • Staff are unable to do I&R well given the fragmentation	**Design one system of care that coordinates geographically with the other jurisdictions around intake and linkages. This can be called a regional center.**	• Align the different system strategies to be one coordinated system • Define the role of the county. • Define the role of the geographic based system • Implement the policy of no pass without a receiver • Explore how DHS White City co-management model could be used for the regional center
3) Culturally Specific Programs • SEI/African American • Asian Family Center/Pan Asian • Bienestar/Villa de Clara Vista/Hispanic • NARA/Native American	**That the county, through its geographic and/or culturally specific entities, will ensure that culturally appropriate services will be provided to school aged children.**	• County's diversity initiative will make recommendations around the delivery of culturally specific and appropriate services • Existing culturally specific programs will be a resource in building the capacity of our institutions to be culturally appropriate
4) Equity • Services are not distributed equally around the county. Some parts of the county are	**Distribute services based on population of children plus risk factors.**	• Two tiers of school based service support are being recommended. • High poverty 40% F/R and higher • Low poverty Below 40%

Current situation and key questions	It is recommended that the County's Policy is....	Implementation
void of services.		
5) Boundaries ■ Different geographic boundaries for state, county, and schools ■ No coordination within the systems of care ■ Clients unaware of location of services ■ Staff unable to form teams with other jurisdictions	**Align services to common boundaries with schools and DHS. Partner with DHS as much as possible.**	■ Geographic areas will include more than one high school cluster but... ■ K-12 cluster approach to services ■ DHS boundaries, 1) Wilson, Lincoln, Roosevelt 2) Jefferson 3) Grant Madison 4) Franklin, Cleveland, Marshall, 5) Reynolds, Parkrose, David Douglas, 6) Barlow, Gresham, Centennial ■ E.g. School based health clinics serve youth and families within the K-12 cluster ■ Align Caring Community boundary lines to six regional centers
6) Information & Referral ■ Current system undefined ■ Inconsistent information given to potential clients ■ Staff time used inefficiently trying to find resources	**Re-design information and referral system.**	■ Central system has web/telephone access ■ Database needs to be designed to have up to date information about availability of services ■ Align all county I & R functions into one system keeping in mind eventual connection to future 211 system ■ I/R should be multilingual

7) Less paperwork
■ Duplicative paperwork for the...
   ✓ System
   ✓ Clients
   ✓ Staff
	Align intake, measurement, and databases with other departments and jurisdictions when appropriate.	■ Design a single survey form for all agencies - state, county, and schools - to share and use
		■ Each agency could use the web-based survey that the client filled out (see DHS survey).
		■ Measure fewer items across systems
		■ Use sampling and other ways to reduce amount of county funded evaluation

8) Departmental linkage ■ County has school aged programs in almost every single department ■ We often are viewed as fragmented by partners ■ We often consider ourselves fragmented within our departments and among our departments ■ We often operate through departmental silos.	**Redesign departmental structure around school-aged core.**	■ Restructure OSCP into a new department to implement these recommendations. ■ Reassign budget for selected school-aged programs from HD, DCJ, CHS, DA, OSCP, and Library into the new OSCP. ■ Create subsystem managers who are OSCP staff at the new Alignment Model OSCP department to work with other departments. Use existing resources. ■ This set of managers is building, ensuring and reporting on accountability related questions to OSCP for the entire system of county school aged services. ■ Each manager will be assigned to a regional center. Each will also have a related content expertise (Health, family justice, library, DHS, Schools, or mental health).
9) New Revenues ■ We must pursue revenues more aggressively ■ We need more powerful staffing in grants writing ■ We need coordination, focus	**Create a virtual grants office.**	■ Co-locate or reassign staff as needed ■ Office can have a non-profit and non-governmental arm ■ The General Funding for this office could decrease to push it towards being self-funded

Current situation and key questions	It is recommended that the County's Policy is….	Implementation
and nimbleness in pursuing opportunities that contribute to our policy while avoiding program fragmentation		

II. Alignment Model: Redesign Service Package and Service Delivery

Policy Recommendation:
County funded services for school aged children should be organized through a new model that emphasizes access at all County schools to family support, health and mental health services.

The proposed Alignment Model of service delivery model for school aged services realignment intends to:

- Coordinate County funded services for school aged children and individuals and families in poverty, through a <u>geographic framework</u>.
- Align geographic <u>boundaries</u> with existing high school cluster boundaries.
- Provide services at <u>geographically based sites</u>.
- <u>Re-design information and referral</u> service system.
- <u>Ensure access to health services in each high school cluster</u>.

Shared Outcomes

The service delivery model will have shared outcomes across the system – no matter the service delivery locale.

The County's emphasis on school-aged children lends importance to providing social supports that allow children maximum opportunity to succeed in school. For those individuals without school-aged children and/or those experiencing homelessness and poverty, access to life skills supports to foster self sufficiency, housing stabilization and economic sufficiency are the intended goals.

Service Package

A core set of services will be accessible through each geographic region. These services are depicted in Table 1 and will be finalized with further program development work. Program development is being defined at this time.

Table 1. Service Type by Designated Site			
Service Type	**Geographically Based Sites, culturally competent**	**School-Based**	**Culturally Specific**
Health Services: to be discussed further		X	Yes, to be discussed with cultural diversity task force
Mental Health Services: Assessment, pretreatment, pre treatment readiness, mental health consulting and aftercare		X	Yes, to be discussed with cultural diversity task force
Mental health treatment	X		Yes, to be discussed with cultural diversity task force
Social services for educational support: Culturally specific family school coordination, progress tracking, attendance, homework club, tutoring, mentoring, individual student and family monitoring, parent education, FAST, literacy	X (as appropriate)	X	Yes, to be discussed with cultural diversity task force
Family and Educational Support for Alternative School students	X		Yes, to be discussed with cultural diversity task force
Early Childhood Services	X	X (as possible)	Yes, to be discussed with cultural diversity task force
Family and Community Involvement	X	X	Yes, to be discussed with cultural diversity task force
Transitional Housing and Supportive Services, utility help, categorical funds and related services	X		Yes, to be discussed with cultural diversity task force

Role of the Geographic Entity

The geographic and/or culturally specific entities has several key roles to play in this model.

- Manage year round community and school based efforts in designated area(s).
- Hold the contract for identified services in given HS cluster(s).
- Provide direct service staff at identified school sites and geographic sites
- Sub contract for culturally specific services.
- Maintain positive, collaborative working relationships with cluster schools.
- Work closely with County staff to ensure consistent and full implementation of model.
- Work with other system partners both within this system and outside of it.
- Ensure that culturally appropriate services will be provided to school aged children. County's diversity initiative will make recommendations around the delivery of culturally appropriate services.
- Existing culturally specific programs will be a resource in building the capacity of our institutions to be culturally appropriate.

Role of School Based Services

Services sited at schools are the cornerstone of this service model; emphasis on school based service delivery represents a significant shift of county resources. Program development is being defined at this time.

Health Services

Details about how school based and community health services will be aligned with this model will be discussed further through the program development phase.

Mental Health Services and Family Case Management

- Assessment, pretreatment, treatment readiness, mental health consulting and aftercare
- Mental health treatment

Social Services for Educational Support

- Emergency services (e.g. utility assistance, transitional housing)
- Culturally specific family school coordination, progress tracking, attendance homework club, tutoring, mentoring, individual student and family monitoring, parent education, FAST, literacy, family and community involvement.
- Access point for community members seeking service; provide those services at the school site or link back to a specified geographic entity.

Prioritization of School Sites

The prioritization criteria will be used to determine which schools will serve as delivery sites for school based services. The three prioritization criteria are:
- Assets: school leadership, readiness for on site collaborative services and successful application in School Selection Process.
- Risks: free and reduced lunch population and total student population.

- <u>Geographic equity</u>: both within a high school and across the County.

Options for Implementation of Service Delivery Model
Each of the options presumes that a geographically based site and culturally specific centers would be funded no matter how many schools have school based services on site.

Option A	Option B	Option C	Option D
All schools have a linkage to a specified geographic entity			
All schools have on site services, set of services to be defined	High poverty schools (those with more than 40% FRL) have on site services. These are Title 1 schools.	50 schools with highest FRL have on site services	Criteria for choosing is open for discussion
150 schools with a core set of services	90 schools with a core set of services	50 schools with a core set of services	Number of schools with a core set of services is open for discussion

More detailed research about actual costs will need to be explored based on the scope of the model to be implemented. For example: 2002 census information will be analyzed for allocations of homeless funds across the County; categorical funding must be allocated appropriately; funds for I&R need more analysis pending the type and scope of that system and matching resources for all services must be explored.

Project Overview

▶ **Commissioned by Chair Diane Linn, Commissioner Lisa Naito and the Board of County Commissioners**

▶ **Joint Project**

   ✳ **Commission on Children, Families & Community**

   ✳ **Office of School and Community Partnerships**

Project Goal

Create a School-Aged Services Policy Framework...

▶ To guide the County's involvement in services for school-aged children and youth (5 to 18).

▶ Includes a vision, goals, outcomes, strategies and recommendations for system changes to help the County and its partners realize positive outcomes for school aged youth.

School-Aged Services Policy Framework Project

School Services Framework

Collecting Input

Sources of Input

▶ **Existing Reports & Studies:**

 ❋ Educational Success for Youth: Aligning School, Family and Community, May 2000

 ❋ Salir Adelante: A Needs and Assets Assessment of the Hispanic Community of Multnomah County, 2001

 ❋ Comprehensive Community Plan: High Level Outcome #18, Increasing School Success, January 2002

 ❋ The Public Library's Role in Student Success: A Planning Grant to Determine Best Practices for Multnomah County Library, February 2002

 ❋ Child & Family System of Care Workgroup Recommendations for Children's Mental Health Redesign, January 2002

Sources of Input
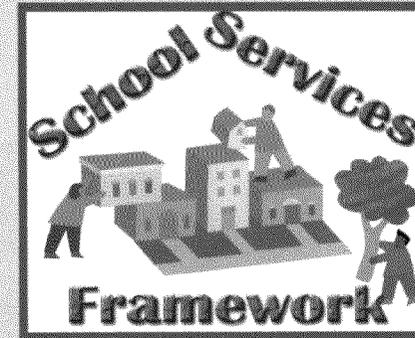
- **Reports Created During Process**
  - Inventory of County Programs for School Aged Youth
  - Integrating Services for School Aged Youth: A Review of Best Practices
  - School Aged Services Policy Framework: Service Delivery Study
- **Poverty Data from 2000 Census including poverty rates and location of people in poverty**
- **Student Achievement Data**

Sources of Input
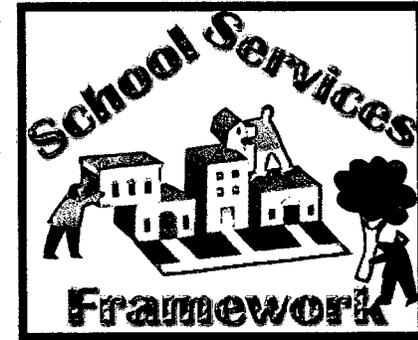
- **Stakeholders**
  - ※ **Advisory Group (35 members)**
  - ※ **Community and Government Groups**
  - ※ **Stakeholder Focus Groups (19)**
  - ※ **Community Workshops (75 people)**
- **General Public Comment Including Web Survey at www.ourcommission.org/sas (150 responses as of 11/30)**

School-Aged Services Policy Framework Project
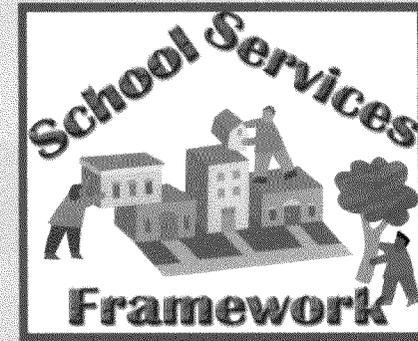
Primary Issues

Themes

- **County Role**
  - ✳ **The County should deliver services that support educational success.**
  - ✳ **The County should regularly convene providers and stakeholders to assist in resolving difficult issues in this arena.**

Themes

School Services Framework
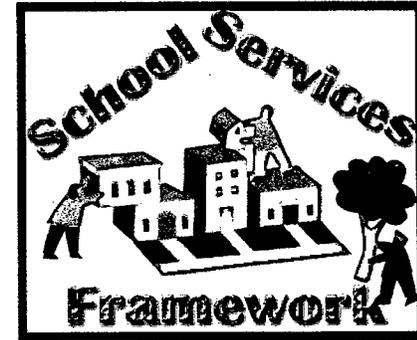
▶ **Benchmarks**

　　❋　**County should focus on benchmarks related to:**

　　　1.　**Hunger/Nutrition**

　　　2.　**Housing/Homelessness**

　　　3.　**Health/Mental Health**

　　　4.　**Family Self Sufficiency**

　　　5.　**Public Safety**

　　　6.　**Children's Readiness to Learn and Literacy**

Themes

- **Assure Equitable Distribution of Services**
  - * **The County should distribute services equitably by choosing a unit of geography that others use and assuring access to basic services in each geographic area.**
  - * **Allow some flexibility for localities to choose appropriate and necessary services within the geographic area**

Themes
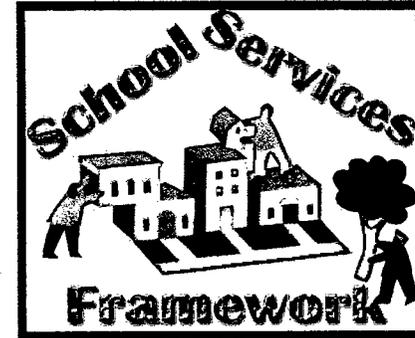
▶ **Location of Services**

✳ **Some services should be available at schools, and some community based. Linkages between schools and available services for school-aged youth are essential. Services should include:**

1. **Health**
2. **Mental Health**
3. **Alcohol and Drug**
4. **Nutrition**
5. **Information and Referral**
6. **Violence Prevention**
7. **After School Activities**
8. **Academic/Higher Education and Employment Counseling**

Themes
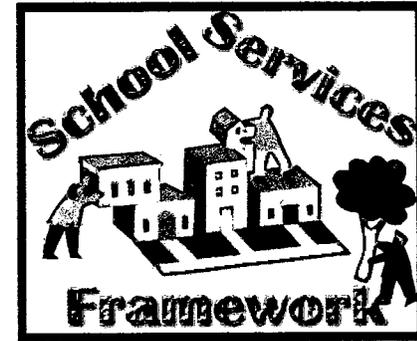
▶ **Information and referral**

* **Centralize information and referral services for the county and/or join efforts to create a 211 system for social services.**

* **Reduce the number of contacts a client must make to receive a service.**

* **Identify and promote existing information and referral tools such as Oregonhelps.org.**

* **Schools need access to quality information and referral for students and their families.**
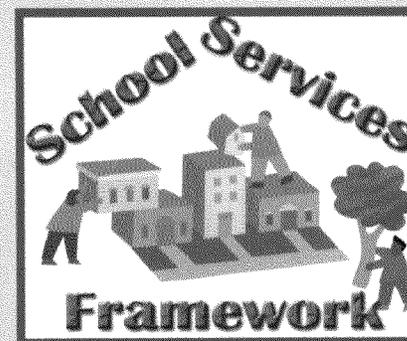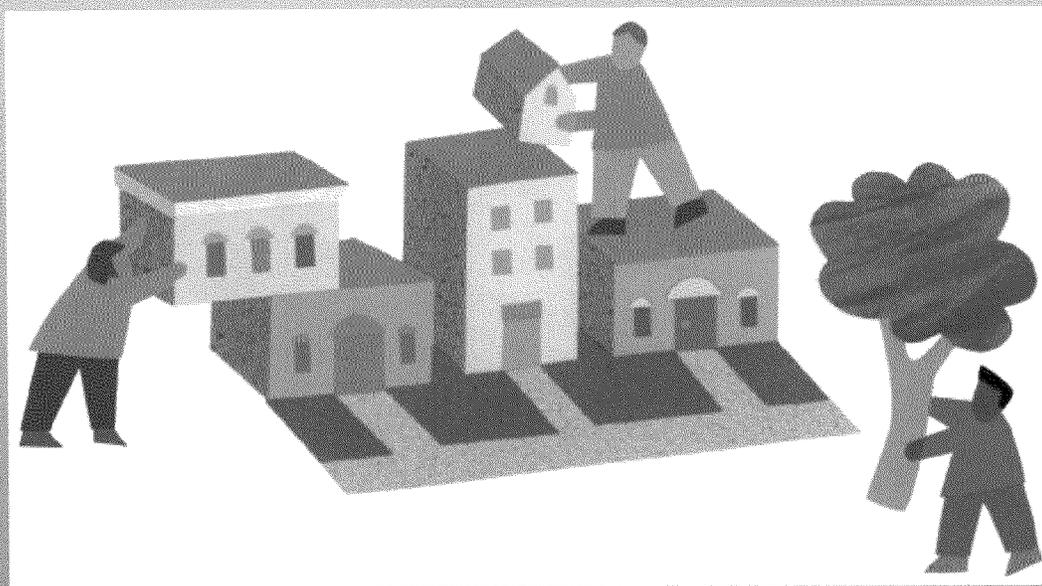
Recommendations: County Role
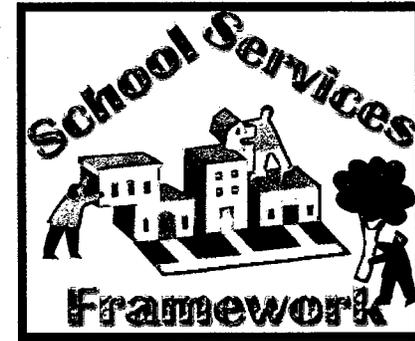
▸ **Provide funds for school based services for children and their families that assist students in succeeding in school.**

▸ **Use professionals, paraprofessionals, parents, interns and volunteers to provide support.**

▸ **Services should include:**

1. **Health Services**
2. **Mental Health services and family case management**
3. **Social services for educational support**

Recommendations: One System/One Backbone

▶ **Design one system of care that coordinates geographically with other jurisdictions around intake and linkages.**

▶ **May be called a "Regional Center."**

▶ **Roles would include:**

  ✳ **Managing and holding contracts for year round community and school based efforts in a geographic area**

  ✳ **Provide direct service staff at school sites and geographic sites**

  ✳ **Subcontract for culturally specific services**

  ✳ **Work with county staff and other system partners**

Recommendations: Culturally Specific Programs

▶ **The County will ensure that culturally appropriate services will be provided through the regional centers:**

* ❋ **The County's diversity initiative will make recommendations regarding delivery of culturally appropriate services**

* ❋ **Existing culturally specific programs will be a resource in building capacity for cultural competency**

Recommendations: Equity
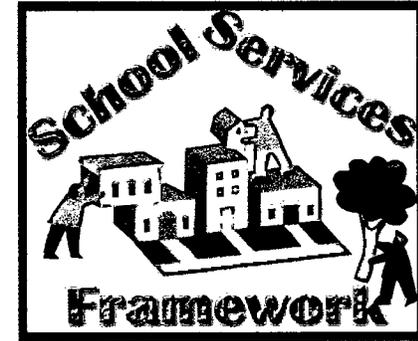
▶ **Distribute services based on population of children plus risk factors. Two tiers of school based service are proposed:**

　❋ **High poverty = student population with greater than 40% receiving free or reduced price lunch**

　❋ **Low poverty = student population with less than 40% receiving free or reduced price lunch**

Recommendations: Boundaries
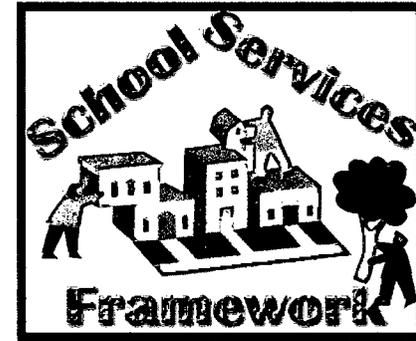
▶ **Align services to common boundaries with schools and State Department of Human Services.**

▶ **Partner with State DHS to the greatest extent possible.**

Recommendations: Information and Referral
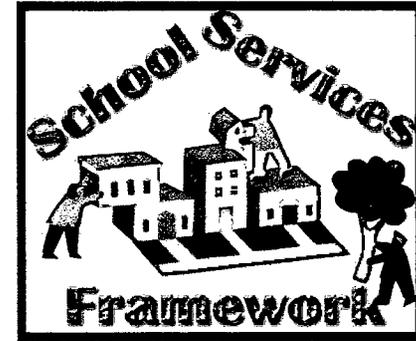
▶ **Redesign information and referral system to serve the system design. Possibilities include:**

- ✳ **Central system with web/telephone access**
- ✳ **Real time information on service availability**
- ✳ **One information and referral service for all County services**

Recommendations: Paperwork Reduction
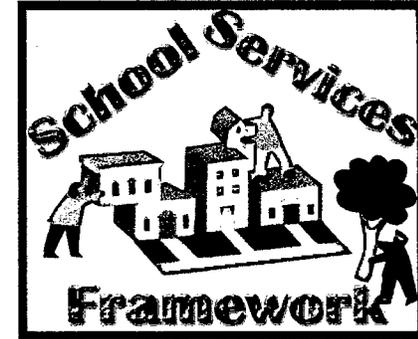
▶ **Align intake, measurement and databases with other departments and jurisdictions where appropriate.**

  ✳ **Design a single survey form for agencies, County, and schools to share and use**

  ✳ **Measure fewer items across systems**

  ✳ **Use trends and sampling**

  ✳ **Reduce amount of County funded evaluation**

Recommendations: Inter-Departmental Linkage

▸ **OSCP to implement these recommendations by working with other departments that have programs for school aged youth**

Recommendations: New Revenues
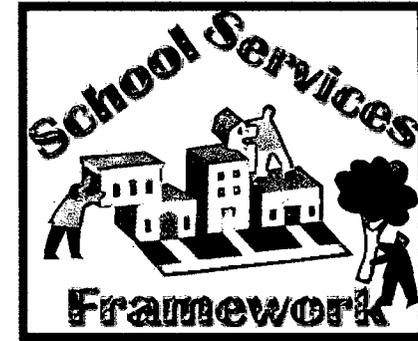
▶ **Create a "Virtual Grants Office."**

 ✳ Aggressively pursue new revenue

 ✳ Provide coordination and focus in pursuing funding opportunities that fit within system roles and objectives to prevent future fragmentation

Multnomah County Service Boundaries Study
Existing and Proposed Service Boundaries
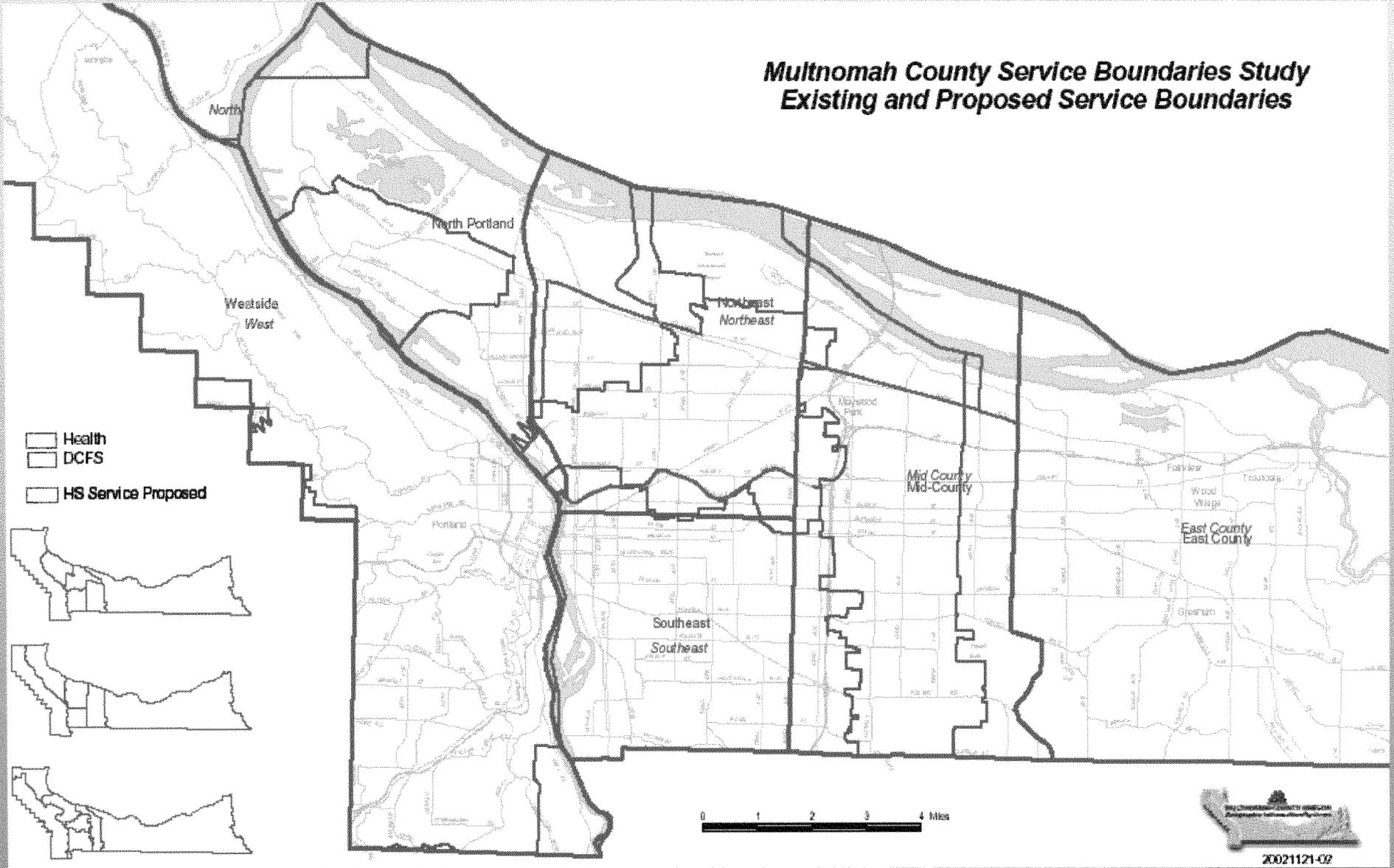
School-Aged Policy Framework

Working draft, proposed

November 14th, 2002

Changes from original November 14th 2002 version
- Addition of the words Working Draft, Proposed on the cover and throughout document
- Changed the Implementation column to read Implementation Options on pages 2-4
- Corrected the assignment of high school clusters to DHS regions, recommendation #5, on page 3

Further changes consistent with the framework's intention to bring more services to more schools and more kids are possible. Please visit the web site www.ourcommission.org

I. School-Aged Policy Recommendations for an Alignment Model

Current situation and key questions	It is recommended that the County's Policy is….	Implementation Options
1) Role • What is the role of the county as it relates to school-aged services? • Are schools a good place to provide services? • Key benchmarks: School success, decrease poverty, lower juvenile crime, readiness to learn, & improve government	**Provide funds for school based services for children and their families that assist students in succeeding in school. Use professionals, paraprofessionals, parents, interns and volunteers to provide the support. Define a core set of services and goals to be delivered either at school or linked to one or more specified geographic entities.**	**Targeted Services:** all to be discussed further in program development phase **Health Services:** to be discussed further in program development phase **Mental Health Services and family case management:** • Assessment, pretreatment, treatment readiness, mental health consulting and aftercare • Mental health treatment **Social Services for educational support:** • Emergency services (e.g. utility assistance, emergency and transitional housing) • Culturally specific family school coordination, progress tracking, attendance, homework club, tutoring, mentoring, individual student and family monitoring, parent education, literacy, family and community involvement
2) One system/One backbone • Several different systems of care exist • FRC, SUN, Community and Family Service Centers, and more • Clients don't know where to go for services. • Staff are unable to do I&R well given the fragmentation	**Design one system of care that coordinates geographically with the other jurisdictions around intake and linkages. This can be called a regional center.**	• Align the different system strategies to be one coordinated system • Define the role of the county. • Define the role of the geographic based system • Implement the policy of no pass without a receiver • Explore how DHS White City co-management model could be used for the regional center
3) Culturally Specific Programs • SEI/African American • Asian Family Center/Pan Asian • Bienestar/Villa de Clara Vista/Hispanic • NARA/Native American	**That the county, through its geographic and/or culturally specific entities, will ensure that culturally appropriate services will be provided to school aged children.**	• County's diversity initiative will make recommendations around the delivery of culturally specific and appropriate services • Existing culturally specific programs will be a resource in building the capacity of our institutions to be culturally appropriate
4) Equity • Services are not distributed equally around the county. Some parts of the county are void of services.	**Distribute services based on population of children plus risk factors.**	• Two tiers of school based service support are being recommended. • High poverty 40% F/R and higher • Low poverty Below 40%

Current situation and key questions	It is recommended that the County's Policy is....	Implementation Options
5) Boundaries ■ Different geographic boundaries for state, county, and schools ■ No coordination within the systems of care ■ Clients unaware of location of services ■ Staff unable to form teams with other jurisdictions	**Align services to common boundaries with schools and DHS. Partner with DHS as much as possible.**	■ Geographic areas will include more than one high school cluster but... ■ K-12 cluster approach to services ■ DHS boundaries, 1) Wilson, Lincoln, Roosevelt 2) Jefferson 3) Grant Madison 4) Franklin, Cleveland, Marshall, 5) Parkrose, David Douglas 6) Reynolds, Barlow, Gresham, Centennial, Corbett ■ E.g. School based health clinics serve youth and families within the K-12 cluster ■ Align Caring Community boundary lines to six regional centers
6) Information & Referral ■ Current system undefined ■ Inconsistent information given to potential clients ■ Staff time used inefficiently trying to find resources	**Re-design information and referral system.**	■ Central system has web/telephone access ■ Database needs to be designed to have up to date information about availability of services ■ Align all county I & R functions into one system keeping in mind eventual connection to future 211 system ■ I/R should be multilingual

7) Less paperwork
■ Duplicative paperwork for the...
   ✓ System
   ✓ Clients
   ✓ Staff
	Align intake, measurement, and databases with other departments and jurisdictions when appropriate.	■ Design a single survey form for all agencies - state, county, and schools - to share and use
		■ Each agency could use the web-based survey that the client filled out (see DHS survey).
		■ Measure fewer items across systems
		■ Use sampling and other ways to reduce amount of county funded evaluation

8) Departmental linkage ■ County has school aged programs in almost every single department ■ We often are viewed as fragmented by partners ■ We often consider ourselves fragmented within our departments and among our departments ■ We often operate through departmental silos.	**Redesign departmental structure around school-aged core.**	■ Restructure OSCP into a new department to implement these recommendations. ■ Reassign budget for selected school-aged programs from HD, DCJ, CHS, DA, OSCP, and Library into the new OSCP. ■ Create subsystem managers who are OSCP staff at the new Alignment Model OSCP department to work with other departments. Use existing resources. ■ This set of managers is building, ensuring and reporting on accountability related questions to OSCP for the entire system of county school aged services. ■ Each manager will be assigned to a regional center. Each will also have a related content expertise (Health, family justice, library, DHS, Schools, or mental health).
9) New Revenues ■ We must pursue revenues more aggressively ■ We need more powerful staffing in grants writing ■ We need coordination, focus and nimbleness in pursuing	**Create a virtual grants office.**	■ Co-locate or reassign staff as needed ■ Office can have a non-profit and non-governmental arm ■ The General Funding for this office could decrease to push it towards being self-funded

Current situation and key questions	It is recommended that the County's Policy is....	Implementation Options
opportunities that contribute to our policy while avoiding program fragmentation		

II. Alignment Model: Redesign Service Package and Service Delivery

Policy Recommendation:
County funded services for school aged children should be organized through a new model that emphasizes access at all County schools to family support, health and mental health services.

The proposed Alignment Model of service delivery model for school aged services realignment intends to:
- Coordinate County funded services for school aged children and individuals and families in poverty, through a <u>geographic framework</u>.
- Align geographic <u>boundaries</u> with existing high school cluster boundaries.
- Provide services at <u>geographically based sites</u>.
- <u>Re-design information and referral</u> service system.
- <u>Ensure access to health services in each high school cluster</u>.

Shared Outcomes
The service delivery model will have shared outcomes across the system – no matter the service delivery locale.

The County's emphasis on school-aged children lends importance to providing social supports that allow children maximum opportunity to succeed in school. For those individuals without school-aged children and/or those experiencing homelessness and poverty, access to life skills supports to foster self sufficiency, housing stabilization and economic sufficiency are the intended goals.

Service Package
A core set of services will be accessible through each geographic region. These services are depicted in Table 1 and will be finalized with further program development work. Program development is being defined at this time.

Table 1. Service Type by Designated Site			
Service Type	**Geographically Based Sites, culturally competent**	**School-Based**	**Culturally Specific**
Health Services: to be discussed further		X	Yes, to be discussed with cultural diversity task force
Mental Health Services: Assessment, pretreatment, pre treatment readiness, mental health consulting and aftercare		X	Yes, to be discussed with cultural diversity task force
Mental health treatment	X		Yes, to be discussed with cultural diversity task force
Social services for educational support: Culturally specific family school coordination, progress tracking, attendance, homework club, tutoring, mentoring, individual student and family monitoring, parent education, FAST, literacy	X (as appropriate)	X	Yes, to be discussed with cultural diversity task force
Family and Educational Support for Alternative School students	X		Yes, to be discussed with cultural diversity task force
Early Childhood Services	X	X (as possible)	Yes, to be discussed with cultural diversity task force
Family and Community Involvement	X	X	Yes, to be discussed with cultural diversity task force
Transitional Housing and Supportive Services, utility help, categorical funds and related services	X		Yes, to be discussed with cultural diversity task force

Role of the Geographic Entity
The geographic and/or culturally specific entities has several key roles to play in this model.
- Manage year round community and school based efforts in designated area(s).
- Hold the contract for identified services in given HS cluster(s).
- Provide direct service staff at identified school sites and geographic sites
- Sub contract for culturally specific services.
- Maintain positive, collaborative working relationships with cluster schools.
- Work closely with County staff to ensure consistent and full implementation of model.
- Work with other system partners both within this system and outside of it.
- Ensure that culturally appropriate services will be provided to school aged children. County's diversity initiative will make recommendations around the delivery of culturally appropriate services.
- Existing culturally specific programs will be a resource in building the capacity of our institutions to be culturally appropriate.

Role of School Based Services
Services sited at schools are the cornerstone of this service model; emphasis on school based service delivery represents a significant shift of county resources. Program development is being defined at this time.

Health Services
Details about how school based and community health services will be aligned with this model will be discussed further through the program development phase.

Mental Health Services and Family Case Management
- Assessment, pretreatment, treatment readiness, mental health consulting and aftercare
- Mental health treatment

Social Services for Educational Support
- Emergency services (e.g. utility assistance, transitional housing)
- Culturally specific family school coordination, progress tracking, attendance homework club, tutoring, mentoring, individual student and family monitoring, parent education, FAST, literacy, family and community involvement.
- Access point for community members seeking service; provide those services at the school site or link back to a specified geographic entity.

Prioritization of School Sites
The prioritization criteria will be used to determine which schools will serve as delivery sites for school based services. The three prioritization criteria are:
- Assets: school leadership, readiness for on site collaborative services and successful application in School Selection Process.
- Risks: free and reduced lunch population and total student population.

- Geographic equity: both within a high school and across the County.

Options for Implementation of Service Delivery Model
Each of the options presumes that a geographically based site and culturally specific centers would be funded no matter how many schools have school based services on site.

Option A	Option B	Option C	Option D
All schools have a linkage to a specified geographic entity			
All schools have on site services, set of services to be defined	High poverty schools (those with more than 40% FRL) have on site services. These are Title 1 schools.	50 schools with highest FRL have on site services	Criteria for choosing is open for discussion
150 schools with a core set of services	90 schools with a core set of services	50 schools with a core set of services	Number of schools with a core set of services is open for discussion

More detailed research about actual costs will need to be explored based on the scope of the model to be implemented. For example: 2002 census information will be analyzed for allocations of homeless funds across the County; categorical funding must be allocated appropriately; funds for I&R need more analysis pending the type and scope of that system and matching resources for all services must be explored.

School-Aged Policy Framework

Working draft, proposed

December 2nd, 2002

Changes from original November 14th 2002 version
- Addition of the words Working Draft, Proposed on the cover and throughout document
- Changed the Implementation column to read Implementation Options on pages 2-3
- Corrected the assignment of high school clusters to DHS regions, recommendation #5, on page 3
- Modified two bullet points for recommendation #8, on page 4

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		• Measure fewer items across systems
		• Use sampling and other ways to reduce amount of county funded evaluation

8) Departmental linkage • County has school aged programs in almost every single department • We often are viewed as fragmented by partners • We often consider ourselves fragmented within our departments and among our departments • We often operate through departmental silos.	**Designate the Office of School and Community Partnerships as the implementer of this Framework**	• OSCP to implement these recommendations by working with other departments that have school aged programs. • Create subsystem managers who report to OSCP and their home departments. Use existing resources. • This set of managers is building, ensuring and reporting on accountability related questions to OSCP for the entire system of county school aged services. • Each manager will be assigned to a regional center. Each will also have a related content expertise (Health, family justice, library, DHS, Schools, or mental health).
9) New Revenues • We must pursue revenues more aggressively • We need more powerful staffing in grants writing • We need coordination, focus and nimbleness in pursuing opportunities that contribute to our policy while avoiding program fragmentation	**Create a virtual grants office.**	• Co-locate or reassign staff as needed • Office can have a non-profit and non-governmental arm • The General Funding for this office could decrease to push it towards being self-funded

II. Alignment Model: Redesign Service Package and Service Delivery

> *Policy Recommendation:*
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- <u>Ensure access to health services in each high school cluster</u>.

Shared Outcomes
The service delivery model will have shared outcomes across the system – no matter the service delivery locale.

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Service Package
A core set of services will be accessible through each geographic region. These services are depicted in Table 1 and will be finalized with further program development work. Program development is being defined at this time.

Table 1. Service Type by Designated Site			
Service Type	**Geographically Based Sites, culturally competent**	**School-Based**	**Culturally Specific**
Health Services: to be discussed further		X	Yes, to be discussed with cultural diversity task force
Mental Health Services: Assessment, pretreatment, pre treatment readiness, mental health consulting and aftercare		X	Yes, to be discussed with cultural diversity task force
Mental health treatment	X		Yes, to be discussed with cultural diversity task force
Social services for educational support: Culturally specific family school coordination, progress tracking, attendance, homework club, tutoring, mentoring, individual student and family monitoring, parent education, FAST, literacy	X (as appropriate)	X	Yes, to be discussed with cultural diversity task force
Family and Educational Support for Alternative School students	X		Yes, to be discussed with cultural diversity task force
Early Childhood Services	X	X (as possible)	Yes, to be discussed with cultural diversity task force
Family and Community Involvement	X	X	Yes, to be discussed with cultural diversity task force
Transitional Housing and Supportive Services, utility help, categorical funds and related services	X		Yes, to be discussed with cultural diversity task force

Role of the Geographic Entity

The geographic and/or culturally specific entities has several key roles to play in this model.

- Manage year round community and school based efforts in designated area(s).
- Hold the contract for identified services in given HS cluster(s).
- Provide direct service staff at identified school sites and geographic sites
- Sub contract for culturally specific services.
- Maintain positive, collaborative working relationships with cluster schools.
- Work closely with County staff to ensure consistent and full implementation of model.
- Work with other system partners both within this system and outside of it.
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Role of School Based Services

Services sited at schools are the cornerstone of this service model; emphasis on school based service delivery represents a significant shift of county resources. Program development is being defined at this time.

Health Services

Details about how school based and community health services will be aligned with this model will be discussed further through the program development phase.

Mental Health Services and Family Case Management

- Assessment, pretreatment, treatment readiness, mental health consulting and aftercare
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Social Services for Educational Support

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- Culturally specific family school coordination, progress tracking, attendance homework club, tutoring, mentoring, individual student and family monitoring, parent education, FAST, literacy, family and community involvement.
- Access point for community members seeking service; provide those services at the school site or link back to a specified geographic entity.

Prioritization of School Sites

The prioritization criteria will be used to determine which schools will serve as delivery sites for school based services. The three prioritization criteria are:

- <u>Assets</u>: school leadership, readiness for on site collaborative services and successful application in School Selection Process.
- <u>Risks</u>: free and reduced lunch population and total student population.

- Geographic equity: both within a high school and across the County.

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Each of the options presumes that a geographically based site and culturally specific centers would be funded no matter how many schools have school based services on site.

Option A	Option B	Option C	Option D
All schools have a linkage to a specified geographic entity			
All schools have on site services, set of services to be defined	High poverty schools (those with more than 40% FRL) have on site services. These are Title 1 schools.	50 schools with highest FRL have on site services	Criteria for choosing is open for discussion
150 schools with a core set of services	90 schools with a core set of services	50 schools with a core set of services	Number of schools with a core set of services is open for discussion

More detailed research about actual costs will need to be explored based on the scope of the model to be implemented. For example: 2002 census information will be analyzed for allocations of homeless funds across the County; categorical funding must be allocated appropriately; funds for I&R need more analysis pending the type and scope of that system and matching resources for all services must be explored.

Major Contributors to School Aged Framework Development

Summer 2000

1. CCFC Kathryn Nichols and Leslie Rennie Hill report for educational success
   -needs coordination
   -emphasize third grade reading level

Summer 2001

a. Multnomah County Board of County Commissioners creates a school services task force in May 2001.

Spring 2002

2. OSCP formed as a new department to "manage and coordinate county services to individuals, families, youth and young children", in January 2002 ordinance. This ordinance identified "the first priority for expanding multi-jurisdictional collaboration will be directed at school-based and school-linked partnerships, service delivery and alignment.

Spring 2002

3. CCFC and OSCP begin planning work to support the school aged task force
4. CCFC begins three studies: School aged services inventory; best practice study on service integration, and a frontline service delivery study.

Summer 2002

5. Advisory group convened to discuss and give input into a report by CCFC and OSCP on the issues related to school aged services for youths and their families.

Sept 2002

6. Advisory group continues to meet
7. Community workshops with 75 people
8. Focus groups with 220 people and different sectors such as Caring Community Coordinators, parents, youth and cultural groups.

Oct 2002

9. Advisory group discusses questions concerning framework goals, visions, strategies
10. Subgroup of Advisory group drafts policy framework appointed by CCFC and OSCP to synthesize school aged related information such as completed studies, advisory group comments, workshop, focus group input, major community reports.

Nov-Jan 2003

11. CCFC and OSCP arrange input sessions with internal and external stakeholders.
12. Subgroup of Advisory group incorporated feedback into the draft framework
13. Feedback from Leaders Roundtable, union, Departmental leadership and staff, Board staff, CCFC commissioners, Superintendents, providers, Key Partners, citizens as well as anonymous web based input
14. Multnomah County board of Commissioners considers the School aged task force report containing the framework in several board briefings

Jan 2003

15. Resolution before the Multnomah County board of Commissioners on the Framework

Multnomah County Board of Commissioners

Worksession

December 3, 2002

What are "Key Issues"?

- Given the large number of problems we could attend to:
  - What do we believe to be most pressing?
  - Over what time period?
- "We" being the organizational leadership

Changing Conditions

- External
  - Economic, Social, Political
- Internal
  - Financial, Workforce, Strategies, Performance
- View of the organization as perceptive and adaptive

What's Changed or Changing?

- **The Economy**
  - Less money, more need
- **Political**
  - New governor, split legislature
  - Conflict over programs and funding
  - Perception of government as costly & ineffective

External Changes (cont)

- Social
  - Gap between rich & poor
    - Access to basic needs
  - Demographic Shifts
    - Increasing diversity
    - Eastward shift
  - Increasing incarceration rates
    - Rising numbers of post-prison offenders
    - Influence of A&D on crime & family stability
  - Terrorism

External Changes (cont)

- Partners
  - State funding crisis
  - Schools funding crisis
  - Lack of consensus on regional human service priorities
    - Land Use and transportation cooperation
    - Public Safety & Human Services largely defined by counties.

Internal Changes

- Financial - County fiscal crisis
- Workforce
  - Aging ⇨ Succession Planning
  - Skills/Competencies ⇨ Cultural Awareness, Management Development
  - New Leadership

Strategic Direction

- Benchmarks
  - Reduce Children in Living Poverty
  - Increase School Completion with Life Skills Equivalency
  - Reduce Crime
- Break Through Benchmarks
  - Increase Readiness for School; Meeting Development Milestones
  - Reduce Teen Pregnancy
  - Assure a Competent, Loving Adult for Each Child
  - Reduce Domestic Violence
  - Reduce Juvenile Crime

Strategic Direction Drives Policy Initiatives & New Programs

- Public Safety
  - Community Courts, Diversion and Restorative Justice programs
  - Alcohol & Drug Treatment, Counseling, Mead Bldg reorganization
  - Domestic Violence prevention, prosecution, victim's assistance, supervision and counseling

Human Service Innovations

- Family Centers, SUN schools, SAI
- School-based health centers, teen pregnancy prevention and parenting
- Mental Health redesign
- Homeless Youth

Issues/Decision Points

- **Public Safety**
  - Wapato: Use & Operating Funds
  - East County gangs
  - Delivery of services to increasing post-prison population
  - System Redesign & Integration
  - Maintenance of Strategic Direction
    - Juvenile Justice Reform
    - Community Courts
    - A&D programs

Issues/Decision Points (cont)

- Health & Human Services
  - School Age Services Framework
    - District Focus
    - Integration of services w/schools & DHS
  - Health Access
  - Environmental Health
  - Communicable Disease
  - Maintain Strategic Direction
    - Early Childhood programs
    - Mental Health Redesign

Issues/Decision Points (cont)

- Library

  - Service Plan ⇨ General Fund support

- Organizational management model

Most Frequently Cited Issues

- Given our anticipated funding levels, what is the County's Mission, Strategy, Role in...
  - Public Safety vs Human Services
  - School-aged services
  - Housing
  - Economic Development
  - Etc...

Key Issues (cont)

- Given our, and our partners' fiscal reality, we need to learn how to work better across boundaries;
  - Manage as a system
  - Coordinate/Collaborate with programs, partners (local & regional)

Wrap Up

- Are there issues I missed or brushed over?

- Does the Board want to plan for a discussion of Core services?