Oregon Safer Futures Sustainability Plan
January 2015
The Oregon Department of Justice annually receives $1,000,382 in federal Pregnancy Assistance Funds (PAF) from the U.S. Department of Health and Human Services, Office of Adolescent Health. Oregon’s PAF Grant #1SP1AH000019 supports advocacy interventions on-site in Child Welfare offices, Public Health departments and local health care clinics for pregnant and newly parenting women who are victims of intimate partner violence (IPV). Funding is scheduled for a four year period of August 1, 2013 to July 31, 2017.

**Vision**

*Safety and well-being for all pregnant and newly parenting women in Oregon*

**Mission**

*The mission of Safer Futures is to reach pregnant and newly parenting women who are victims of intimate partner violence (IPV) through partnerships with child welfare, public health and local health care systems*

**High Level Strategies**

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* Develop strategic partnerships to support the vision and work of the project  
* Establish a diversified and reliable funding base to sustain the project beyond the grant cycle  |

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**Project Structure**

The grant funds support seven projects located across the State of Oregon. Each project implements three main strategies for the work, including 1) intervention, accompaniment, and supportive services provided by an on-site advocate, 2) case consultation, provider training and technical assistance, and 3) capacity building efforts designed to sustain the project beyond the grant funding. Three projects share a focus on serving eligible women within Child Welfare systems (the Child Welfare Cohort) and four projects share a focus on serving eligible women within health care systems (the Health Care Cohort).

**Key Partners:**
- Oregon Department of Justice
- Oregon Department of Human Services
- Oregon Health Authority
- Oregon Coalition Against Domestic and Sexual Violence
- Portland State University Child Welfare Partnership
- Portland State University Regional Research Institute
- David Mandel & Associates, LLC
- Futures Without Violence

![Map of Oregon showing Safer Futures service areas](image-url)
SUSTAINABILITY TOOLS, ACTIVITIES AND ASSESSMENT METHODS

Sustainability is defined by Safer Futures as having projects that are capable of maintaining services through transitions in funding streams. Articulating a definition of sustainability is the first step in planning for it. Next one must identify key tools to use for evaluation and sustainability planning, followed by actual assessment and planning activities. All are outlined in more detail below.

Sustainability Tools

A key tool for sustainability planning, used by both the Oregon Department of Justice (DOJ) and its seven project sites, was the Office of Adolescent Health’s (OAH) resources titled “Building Sustainable Programs”. These resources include “The Framework”, “The Assessment” and “The Resource Guide” each found online at http://www.hhs.gov/ash/oah/oah-initiatives/paf/training/sustainability.html.

DOJ and its leadership team completed OAH’s sustainability assessment tool which is based on eight factors: 1) create an action strategy, 2) assess the environment, 3) be adaptable, 4) secure community support, 5) integrate program services into community infrastructures, 6) build a leadership team, 7) create strategic partnerships, and 8) secure diverse financial opportunities.

Sustainability Activities

Many of the sustainability planning activities thus far have focused on assessment. Safer Futures completed some specific planning activities that resulted from these thoughtful assessments of local and statewide assets and challenges.

Environmental assessment at the local project and statewide systems levels have been core activities, starting early in the life cycle of Safer Futures. DOJ began using the OAH tools for sustainability planning during its last federal project. Overall assessment, using the OAH assessment tool, found Safer Futures to be the strongest in 1) creating an action strategy and 2) building a leadership team (scores falling within the “outer circle”). Scoring also found that Safer Futures is well on its way to achieving sustainability in the remaining six factors (scores falling within the “middle circle”). There were no factors for which Safer Futures scored in the lowest range, or no progress made. Deeper assessment at both local and statewide system levels are outlined below.
Statewide Safer Futures Sustainability Activities

DOJ continuously assesses the environment in which Safer Futures functions through a variety of methods. DOJ follows the guidance set out by OAH in its Resource Guide, “Factor 2: Assess the Environment” chapter to keep a pulse on how its projects are fitting into their community environments. This guidance is used to understand Safer Futures effectiveness in the statewide landscape. DOJ has also borrowed tools from Futures Without Violence such as their asset mapping tool. The 2011-2013 evaluation conducted in the previous grant cycle offered findings that laid a strong foundation for how the projects were implemented.

Various meetings that DOJ and its partners host for the Safer Futures project sites are the primary avenue to hear feedback and gather information for assessment purposes. Each year, the two cohorts meet separately for two days each. These annual events are designed to facilitate dialogue and information sharing between the project sites. The meetings serve to culminate all that has been learned over the past year and are an opportunity to collectively re-examine the goals shared by Safer Futures project sites. This is the perfect time for DOJ to gather information that contributes to its larger sustainability planning efforts.

Cluster calls with projects in the Child Welfare Cohort are scheduled quarterly. The Health Care Cohort participates in cluster calls every three to six months. This is supplemented by monthly check-ins with each of the four Health Care Cohort project sites and on an as needed basis for projects in the Child Welfare cohort. Cluster calls and individual check-ins with all of the project sites provides opportunities for them to discuss their ongoing challenges and strengths for meeting those challenges. Through these contacts, DOJ focuses on assessing each project’s organizational, community, financial and political environments by asking specific questions to address each.

Continuation applications and semi-annual progress reports are a means to embed continuous assessment into the life of Safer Futures. CVSD asks questions within its applications and progress reports that direct project sites to respond to specific concerns. The information written in these applications and reports are essential for preparing DOJ for its annual site visits to the seven project sites. Site visits are the most effective tool for seeing firsthand how the project is functioning within its environmental context.

When information is not available through cluster calls, individual calls, site visits or in-person meetings, DOJ surveys its project sites using tools such as SurveyMonkey. Feedback from participants comes to DOJ through its participant survey which is distributed by the advocates, completed anonymously by participants and returned to DOJ.

DOJ expanded the reach of its sustainability activities to include a state and national systems lens to the sustainability work. The Project Coordinator, Christine Heyen, participated in OAH’s sustainability workgroup between November 2013 and February 2014. Ms. Heyen and representatives from other states contributed to and reviewed the OAH’s “Building Sustainable
Programs” resources prior to their publication. Additionally, Ms. Heyen was one of two panelists to speak about sustainability successes at OAH’s Pregnancy Assistance Fund Sustainability Workshop in Washington DC in March 2014. Safer Futures also connected with other similar statewide projects and their sustainability efforts. Of most significance, DOJ collaborated with Oregon Health Authority (OHA) on sustainability of Safer Futures and Project Connect. In September 2014, Ms. Heyen and the Oregon team attended an annual meeting of the Project Connect sites in San Francisco, CA where sustainability was a focus of discussion.

Statewide partners, such as the Oregon Coalition Against Domestic and Sexual Violence (OCADSV) and the Portland State University, Child Welfare Partnership (PSU CWP) have also assisted in sustainability assessment focused on state systems. Both are key partners to DOJ in its sustainability planning. OCADSV’s Health Systems Program Coordinator position is funded by both Safer Futures and Project Connect, ensuring that OCADSV is well positioned to take leadership in the sustainability of advocacy in health care. Sarah Keefe, who holds the coordinator position, serves on several statewide workgroups and has extensive statewide networks that allow her to examine the intersection of advocacy, IPV and healthcare at the policy level. She also facilitates a workgroup that focuses on this intersection. Through surveys of and information shared by that workgroup, Ms. Keefe contributed significantly to the development of Safer Futures’ sustainability plan.

PSU CWP seeks to strengthen Oregon Child Welfare practice in cases involving IPV. As the primary provider of caseworker training in the State of Oregon, PSU CWP in partnership with Safer Futures provides comprehensive training to Child Welfare staff, management and leadership on nationally recognized best practices regarding IPV in child welfare cases. This unique position gives PSU CWP opportunity to influence the sustainability of system/advocate partnerships and changes in case practice that support women and their children who are victims of IPV. Through surveys and information gathered from training participants, PSU CWP has contributed to the development of Safer Futures’ sustainability plan.

In an effort to assess the larger statewide political environment, DOJ meets regularly with members of its leadership team (which includes OCADSV and PSU CWP), participates in statewide workgroups and attends statewide meetings. These meetings are opportunities to listen and learn as well as develop strategic partnerships.

**Local Project Assessment Methods**

During the start-up period, November 2013 to January 2014, each project site assessed community readiness for the project by analyzing current resources, internally assessing the organization’s readiness to host the project, and scanning the external environment in which the

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1 Project Connect is a coordinated public health initiative designed to improve the health and safety of women and children. Oregon is one of 11 sites selected to participate in the second phase of Project Connect. Project Connect is supported by Futures Without Violence in partnership with the Office of Women’s Health, U.S. Department of Health and Human Services, and funded through the Violence Against Women Reauthorization Act of 2005.
project was to function. Project sites engaged in similar activities as DOJ did with its statewide assessment and used the OAH resources for conducting environmental assessments. They also used resources such as Futures Without Violence’s quality assurance/quality assessment tool and the strengths, weaknesses, opportunities, and threats (SWOT) analysis.

Each project was responsible for assessing their own local environment and for adapting their project sustainability planning efforts accordingly as information was learned. Early in the project year, each local project conducted an initial needs and resources assessment that they submitted to DOJ in January 2014. Most projects followed DOJ’s suggestion to conduct their assessments using four categories: population needs, project capacity, partner capacity, and staff training and development needs. Projects blended this assessment framework with the framework found in OAH’s sustainability resources after those were introduced in March 2014. Projects’ ongoing assessments are supplemented by training evaluations and feedback from participants, leadership teams and community stakeholders.

Understanding the needs of the population and how the local project activities can best impact outcomes is directly related to sustainability assessment. Specific needs of women who are survivors of IPV and how local Child Welfare and Health Care organizations policies and practices affect them are assessed through individual key informant interviews and focus groups led by the local project site. The information gathered is incorporated into the local project sustainability plan and listed as opportunities for change.

Project sites also meet regularly with their leadership teams and have project staff positioned on various community advisory councils which provide opportunities for assessing the political climate.

The most recent sustainability assessment activities for local projects were in November 2014 when

SPOTLIGHT ON ASSESSMENT

One local assessment activity included health care partners in Douglas County completing QA/QI assessments. Battered Persons’ Advocacy (BPA) was able to determine what IPV guidelines, screening and services were already in place. BPA worked with its leadership team to craft a vision statement and to identify priority areas for the life of the project. BPA provides the team a quarterly report card to document its progress in meeting these priority areas.

The Harbor, Inc. assessed local needs and strengths by convening 30 members of an existing community planning group called “Connect the Dots”. The Harbor, Inc. used the “Community Needs Assessment Tool” developed by the Family Violence Prevention Fund to assess awareness of the services already in place within the community for women who were experiencing IPV. The Harbor, Inc. learned that the system partners were largely unaware of the array of social services within the community available to these women.
each site was required to submit a project specific sustainability plan to DOJ. These sustainability plans were developed in collaboration with the local project leadership teams and key stakeholders and details can be reviewed in the “Logic Model and Sustainability Action Steps” section below.

SUSTAINABILITY ASSESSMENT OUTCOMES

In this section, outcomes from DOJ’s assessment of its sustainability are discussed. First is a brief presentation of the evidence of need for IPV response and the environmental influences on outcomes of IPV response. Second is a look at how Safer Futures categorizes its assessment outcomes (participant, provider, program and policy levels). Third, the advancements resulting from Safer Futures project activities and opportunities for further development are discussed.

Evidence of Need for IPV Response

There is overwhelming evidence that links IPV to a number of adverse physical and mental health problems for women. The impact of IPV on women’s health is particularly significant for those who are pregnant and newly parenting. Pregnancy-related problems are significantly higher for abused women, such as prenatal fetal injury and complications of pregnancy including low weight gain and infections. These negative health outcomes translate to high costs for health care systems. A 2009 study of more than 3,000 women (ages 18-64) from a large health plan located in the Pacific Northwest found costs for women suffering ongoing abuse were 42% higher when compared with non-abused women.

There is added vulnerability for children when violence is inflicted upon their mothers by an intimate partner. There is well-established evidence that high incidences of IPV and child maltreatment co-occur within the same family. Oregon Child Welfare statistics for 2011 show 35.2% of child protective cases with founded child abuse had domestic violence as a “family stress indicator”. One in three women who have experienced intimate partner violence report that a child witnessed a physical assault, and one in five witnessed a sexual assault in the previous five years. Children exposed to IPV during the toddler years have been noted to experience health, intellectual, emotional and behavioral problems; and higher levels of IPV appear to result in more severe child dysfunction. The U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in the country.

Population needs assessments conducted by the project sites early on added to the body of data that is known nationally, revealing that women who are victims of IPV 1) face significant barriers to accessing resources of any kind (i.e. low income housing, transportation, limited to no employment options for marginalized and/or underserved populations), 2) need information and support to enroll in a health plan and access health services and benefits, and 3) need better connections to prenatal care, parenting support and basic resources such as diapers, clothing and formula. Project sites also concluded through their assessments that 1) a high percentage of
Latina women access services at some of the health care clinics and Child Welfare branch offices where Safer Futures advocates are located, and 2) for pregnant and parenting teens, emotional support and education about healthy relationships are essential.

Research also suggests that **on-site advocacy interventions have important implications for reducing violence and improving a woman’s well-being over time.** Oregon is fortunate to have a statewide network of non-profit victim advocacy organizations whose advocates are uniquely qualified to help victims of IPV with crisis counseling, safety planning, emotional support, help navigating complex systems, assistance in finding safe housing and prenatal and parenting support.

**Environmental Influences on Outcomes of IPV Response**

Oregon has been going through a significant and fundamental shift in health care delivery since 2012. The health care transformation, led by Governor John Kitzhaber, is rooted in a desire to recreate how hospitals, medical, dental and mental health providers deliver services to those on Medicaid. The objectives are to improve care, reduce costs and improve population health outcomes. The Coordinated Care Organization (CCO) model was launched and many long established Independent Practice Associations and insurance plans jumped to create new CCOs across Oregon. How Medicaid funding was dispersed changed significantly while new requirements for the funding were added, such as completing a community health assessment, having community advisory councils and population health improvement planning. Suddenly, community engagement and collaboration were vital for CCO success, repositioning organizations that were traditionally competitors and focused only on individual clinical outcomes of enrollees. Considering the social determinants of health and how social conditions such IPV impact patients has a new importance in the health care delivery system. Similarly, the Oregon Child Welfare system is undergoing significant change, creating opportunities to positively impact those families who are experiencing IPV. Oregon’s roll out of Differential Response creates a unique opportunity to further weave advocacy interventions into Oregon’s Child Welfare practice. This is also seen as critical to improving and sustaining better case practice strategies for families affected by IPV. Each of these system transformations are important to note in relation to the Safer Futures project as it affects the sustainability activities, assessment and changes witnessed by the project.

**Safer Futures Levels of Focus**

Safer Futures categorized its assessment outcomes, logic model and sustainability action plans into four levels. The core level is participant, or those women and their children experiencing IPV. The next level is provider, or those who are health care providers and Child Welfare staff. The remaining two levels are program and policy, each with emphasis on programs and organizations and system wide policy change. This focus on multiple levels ensures long term change and sustainability.
Advancements Resulting from Project Activities

**Advancements: Participant Level**

As a result of Safer Futures, women have greater access to on-site advocacy services in Child Welfare offices, public health departments and local health care clinics. These advocacy services are focused on safety, meeting participants’ immediate needs and removing barriers that survivors face in accessing resources. Initial participant survey results show that women who received advocacy services have new ideas about how to stay safe, know more about resources available to them, and learned how IPV impacts their health. On-site advocacy services are reaching women from marginalized and culturally specific populations. At three project sites, on-site advocates who are bi-lingual/bi-cultural are serving Latina women who are either engaged in the Child Welfare system or are seeking health services. Two projects are reaching out to local Tribes to explore partnerships with existing Tribal services.

**Advancements: Provider Level**

Training for Child Welfare staff and health care providers at the seven Safer Futures project sites is well underway. The result is an increasing number of referrals for advocacy services and requests for consultations coming from case workers and health care providers. Another marker of the increasing awareness and understanding of IPV is the inclusion of IPV screening questions in Electronic Health (or Medical) Record (EHR or EMR) and assessment protocols. Projects are reporting anecdotally how case workers and health care providers are changing their practice to incorporate new responses to women impacted by IPV. Members of the community are also investing in the vision of Safer Futures as evidenced by in-kind donations of space and equipment to support the advocate as well as participation in sustainability planning.
Advancements: Program Level

Safer Futures sustains on-site advocacy services in three Child Welfare branch offices across the state and expands the model to health care settings. Prior to Safer Futures, few if any partnerships between health care systems and non-profit victim advocacy organizations existed, preventing women from accessing advocacy services through their local health care system.

All seven organizations that receive Safer Futures funding are well established in their communities, with some celebrating over 20 years of operation. Each of the advocate positions funded by Safer Futures is filled by individuals who have been in place during the previous grant cycle. The projects now use medically appropriate and complete materials for their trainings and support groups. Overall, projects demonstrate a greater capacity for delivering services within Child Welfare and health care systems as a result of Safer Futures capacity building efforts. Projects demonstrate a growing understanding of Child Welfare and health care system infrastructures, cultures and communication patterns.

Advancements: Policy Level

There is a strong base of evidence that supports the efficacy of the on-site advocacy model in Child Welfare. This evidence is strengthened by Oregon’s legislative support and funding appropriation for the DHS Co-Located Advocacy Program, which funds 31 FTE advocate positions statewide. DOJ and DHS act together to leverage their collective resources for training and evaluation. Of significance, this partnership has brought David Mandel & Associates, LLC out to Oregon on several occasions to train and consult on the Safe and Together Model™ (STM). Evaluation results from these trainings document a growing investment in a system-wide implementation of the STM in Child Welfare case practice. Those trained reported the STM as essential to keeping the children safe from harm by partnering with the non-offending parent and intervening with the perpetrator of IPV to reduce risk and harm to the child. At the local level, DHS District Offices have invested precious financial resources to keep advocate positions in place during funding shortages as well as time and resources for staff to attend training on the STM. DHS recently completed a statewide Oregon Safety Model refresher training, much of which is built upon the components of the STM.

In Oregon’s climate of health care transformation, the health care system is well positioned to integrate screening, reproductive health education and services for survivors of IPV into its delivery model. DOI, the Oregon Health Authority, and OCADSV are actively seeking opportunities to expand on-site advocacy interventions to health care settings across the state, including the use of the EHR/EMR to conduct IPV screening and referral. The four project sites are positioning themselves at the center of local health care transformation by becoming members of Community Advisory Councils to CCOs. These vantage points are supported by the advocate’s delivery of services at the public health department or local health care clinic and the inclusion of IPV screening questions in the EHR/EMR. Local policy wins include recognition of
IPV as a significant health concern in local Community Health Assessments sponsored by the CCOs.

Opportunities for Further Development

Opportunities: Participant Level

Projects must continue to **improve access to advocacy services** for pregnant and newly parenting women. This is especially true for projects in their efforts to reach women between the ages of 12 and 19 years old. Projects must also refine and **expand the menu of services** so that they are offering supports that meet the needs of pregnant and newly parenting women.

Safer Futures is in discussion with its projects about how they can **increase the number of pregnant and newly parenting women that advocates are serving.** This has presented some challenges given the population eligibility criteria set by the Pregnancy Assistance Fund. Additionally, projects must consider other financial resources in addition to Safer Futures funding for providing legal assistance to women who are victims of IPV as many survivors need legal assistance obtaining legal immigration status (i.e. U-Visas and T-Visas). By **conducting additional focus groups** with pregnant and newly parenting women, projects will continue to inform practice and planning.

Opportunities: Provider Level

Safer Futures and its project sites must continue to recognize the complex systems in which Child Welfare staff and health care providers work. Child Welfare, Public Health and Oregon’s health care systems are experiencing extraordinary changes which pose a challenge to their ability to focus on IPV and advocacy partnerships. The last two years have been marked by significant growth in responsibility (though not always matched with resources) and changes in and/or additions to staff in both systems. Providers shoulder significant demands while being asked to adopt new practices. Projects that **undertake regular assessments of potential partnerships** can determine
where their energies for partnership development are best directed. Such an assessment is based on partners’ capacity for investment in the project, access to the priority population and matching resources.

Projects that create strategic partnerships beyond those already represented on the project leadership teams will find additional support and resources. At the same time, members of the leadership teams must be directed towards a greater sense of ownership in the Safer Futures vision and challenged to become external champions of that vision within the community. As new partnerships develop and grow, it is expected that community buy-in for the on-site advocacy model will increase and referrals for service will rise.

Health care providers need more training about IPV, including how to identify and respond appropriately. Providers often report feeling discomfort when screening women for IPV. Training providers to move away from the need to ask the “perfect” question to instead improve how the question is asked can reduce the pressure of disclosure for provider and patient. This also gives providers an opportunity to focus on universal screening and education about IPV for all patients. Education about IPV and healthy relationships (combined with a safety-card based intervention) may result in better outcomes for survivors in the long term. Additionally, it serves to create new community norms around what safe and healthy relationships look like and how this impacts one’s health.

Ongoing training and coaching opportunities for Child Welfare staff are needed to further incorporate the STM into every day Child Welfare case practice. Creative strategies must be employed to shift thinking away from blaming the victim for failing to protect her child(ren) to a strengths based approach which supports the non-offending parents efforts while holding the IPV perpetrator accountable. Though the STM is woven throughout DHS’ Child Welfare Practice Guidelines for Cases with IPV, greater exposure to the guidelines through training at all staff levels is still needed before changes in case practice is observed.

Opportunities: Program Level

Building organizations’ capacity to further integrate services into local Child Welfare and health care system infrastructures is a key strategy of Safer Futures. Child Welfare and health care systems have varying levels of practice, expertise and responsibility (i.e. initial vs. permanency case work or family practice vs. reproductive health care). Adaptability in the application of the on-site advocacy model is essential to operate successfully in various settings. Fortunately, Safer Futures has firm underpinnings for its model based on projects’ previous experience with on-site services in other systems (i.e. self-sufficiency programs, law enforcement).

Projects must continue to conduct local evaluations in the absence of a statewide evaluation (a result from a cut in federal funding) as a way to demonstrate project results to stakeholders and strategic partners. This can happen through simple strategies like surveys, focus
groups and key informant interviews. Projects also benefit when they define their own measures of success, have strong logic models and strengthen their efforts to collect and analyze data.

Historically, projects’ primary expertise has been in service delivery and program management. With Safer Futures, projects are challenged to develop effective communication strategies as a way to promote their work and to build community support. Confidentiality and safety issues may make it difficult to secure testimonial support from victims that can be publicized. Thus, alternative communication strategies must be employed. For example, projects can add to and improve knowledge about on-site advocacy in health care settings through Power Point and poster presentations at health care conferences and meetings.

Projects need to build capacity for delivering effective trainings and for reaching new training audiences. Training the trainers is essential for mastery of any topic and in building confidence for delivering that information. Knowledge acquired through training must be disseminated to in a timely manner. Projects must pass on knowledge and expertise gained through Safer Futures to all advocate staff. This builds organizational capacity for addressing the health impacts of IPV on pregnancy, reproductive coercion, birth control options, etc. and assisting women in navigating systems and finding appropriate resources.

It is essential to work on efforts to retain existing staff. This may prove challenging especially for organizations operating with lean administrative infrastructures. Additionally, staff serving culturally specific populations or in remote rural areas may need additional supports to avoid feeling isolated.

Opportunities: Policy Level

At the local and state policy levels, Safer Futures is navigating Child Welfare and health care systems transformations with an eye towards institutionalizing

Program Level

- Integrate services into local Child Welfare and health care systems
- Conduct local evaluations
- Develop effective communication strategies
- Build capacity for delivering effective trainings
- Retain existing staff

Policy Level

- Seek future funding opportunities
- Strengthen pathways for advocate services to successfully interface with systems
- Evaluate project activities
- Find new opportunities to improve IPV interventions and practice
- Replicate and extend the reach of on-site advocacy change
improved IPV interventions and practice changes and securing ongoing financial support.

As advocacy organizations expand into Child Welfare and health care systems, their financial capacity must also grow. Ultimately, the question for Safer Futures becomes “How will advocates be compensated for their services?” Safer Futures is exploring possible payment structures that may work for local health care plans and/or CCOs to compensate advocates for their services. For advocates on-site in Child Welfare, opportunities for funding largely exist through grants and state funding directed to and through District offices.

Safer Futures and its leadership team are exploring answers for questions such as “How will the Affordable Care Act operationally define ‘DV Counseling’”, or “How do advocates fit into Oregon’s Traditional Care Worker framework”? Safer Futures is hopeful that the answers it finds to each of these questions may manifest into future funding opportunities. Other revenue options being explored by Safer Futures include charging fees for services and specialized training. One challenge to be considered is that reimbursement from health care systems currently requires applying medical coding that would identify IPV in a woman’s medical and insurance records. This could compromise a woman’s safety. Safer Futures is seeking opportunities for projects to receive lump sum payments by supplying aggregate data only.

External challenges that Safer Futures has identified include Oregon’s medical professional mandatory reporting of abuse, child abuse mandatory reporting, public documentation of IPV in the EHR/EMR, and statutes, rules and policies that govern Child Welfare which may inadvertently place blame on victims/non-offending parents. Safer Futures must strengthen pathways for advocate services (which are voluntary and confidential) to successfully interface with systems who have differing values and mandates for service delivery. These challenges are currently being discussed and local solutions being implemented. Solutions include the development of a state certification process for advocates, increasing partners’ understanding of advocate confidentiality, and ensuring that providers know the critical importance of informed consent when working with survivors. Legislative action may also be necessary to address the larger, more complex nature of how statutes, rules and policies impact how health care providers, Child Welfare case workers and advocates work cooperatively to better serve women who are survivors of IPV.

Safer Futures must also consider how it will continue to evaluate project activities now that federal funding for evaluation is no longer an option. Evaluation and outcome measurement is essential to building supporting evidence and assigning value and impact to Safer Futures. Safer Futures must strengthen projects’ ability to define their own measures of success and to evaluate themselves locally. Additionally, Safer Futures must strengthen its own processes for measuring outcomes based on the collection of quality metrics from all projects.

State partnerships like that with PSU CWP and Oregon Health Authority through Project Connect are also critical to the sustainability of Safer Futures. As funding supports come to their natural end, Safer Futures must consider how to sustain collaborative learning while finding new
opportunities to improve IPV interventions and practice change. Project Connect, which ends December 2015, is an example of one such partnership which is set to expire.

Safer Futures finds itself within a complex multi-player environment where partnerships must be cultivated strategically and nurtured carefully. Safer Futures has more resources to leverage in its four year grant cycle than do other state funded co-located advocate programs. Thus it is important to pursue efforts that replicate and extend the reach of on-site advocacy while being sensitive to the position of other state partners. Safer Futures can also build partnerships with organizations addressing similarly related issues (such as Adverse Childhood Experiences (ACES) and trauma-informed services) as a strategy to extend the reach of on-site advocacy.

LOGIC MODEL AND SUSTAINABILITY ACTION STEPS

The Safer Futures logic model below summarizes high level strategies, activities and outcomes in a chart format. The logic model includes the four levels (participant, provider, program and policy). Following the two-page logic model are more specific action steps to take at each level for achieving the desired outcomes.
## SAFER FUTURES LOGIC MODEL

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<th>Long term outcomes</th>
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<td>Greater access to advocacy services by locating advocates on-site at Child Welfare offices and health care clinics</td>
<td>Participant level&lt;br&gt;On-site advocates</td>
<td>Participant level&lt;br&gt;Deliver advocacy services; Provide consultations</td>
<td>Participant level&lt;br&gt;# of women served; # of referrals received from providers; # of consultations with providers</td>
<td>Participant level&lt;br&gt;Clients receive services and complete surveys</td>
<td>Participant level&lt;br&gt;Clients satisfied with intervention; clients report increased knowledge about IPV and strategies to reduce harm, awareness of services, increased self-efficacy</td>
<td>Participant level&lt;br&gt;Increased safety and well-being</td>
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<p>| <strong>Provider level</strong> | | | | | | |
| Training for health care providers and Child Welfare staff on IPV to improve identification, response and intervention | Provider level&lt;br&gt;Project-based trainers | Provider level&lt;br&gt;Trainings and resources provided to Child Welfare staff and health care providers; Establish Memoranda of Understanding to formalize partnerships | Provider level&lt;br&gt;# of trainings provided to Child Welfare staff, Public Health staff and health care providers; Memoranda of Understanding formalizing partnerships | Provider level&lt;br&gt;Training and resources offered; Clearly written Memoranda of Understanding that supports all aspects of partnership(s) | Provider level&lt;br&gt;Training and resources are recognized and sought out by providers; Providers report increase in knowledge, self-efficacy, skills; Providers increasingly refer victims to and consult with the advocate | Provider level&lt;br&gt;Sustained improvements in local health care practice regarding IPV identification and response; Sustained improvements in Child Welfare interventions in cases with IPV |</p>
<table>
<thead>
<tr>
<th>High Level Strategies</th>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short term outcomes</th>
<th>Intermediate outcomes</th>
<th>Long term outcomes</th>
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<tbody>
<tr>
<td>Program level</td>
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<tr>
<td>Organization and advocate development to increase delivering services and training</td>
<td>Annual cohort meetings, training and technical assistance from state and national partners; Project check-ins, cluster calls, site visits, progress reports; Project leadership teams</td>
<td>Trainings, consultations, resources, and professional development opportunities provided by DOJ and its state/national partners; Project sites participate in check-ins, cluster calls, annual meetings; Project leadership teams meet quarterly</td>
<td># of trainings, consultations, resources, and professional development opportunities provided</td>
<td>Initial advocate trainings competed; Training of project-based trainers completed</td>
<td>Advocates and project-based trainers demonstrate capacity to better deliver services and trainings</td>
<td>Improved organization capacity to deliver advocacy services in and training to Child Welfare and health care systems; Increased advocate self-efficacy for delivering services in partnership with Child Welfare and health care systems</td>
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<td>Policy level</td>
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<tr>
<td>Changes to systems’ responses to IPV, strategic partnerships and funding are sustained</td>
<td>Existing screening and assessment tools, guidelines and practice; Sustainability plan</td>
<td>Improvements made to IPV screening &amp; assessment tools, guidelines and practice (including referrals to advocate); Cultivate partnerships; Seek out funding opportunities; Write sustainability plan</td>
<td>Improved IPV screening &amp; assessment tools, guidelines and practice adopted; Strong partnerships established; Funding opportunities identified; Sustainability plan adopted</td>
<td>Initial assessment of existing screening and assessment tools, guidelines and practice; Inventory of current and potential strategic partnerships; Sustainability plan written with input from stakeholders</td>
<td>Review of tools, guidelines and practice for making improvements; Strategic partnerships pursued and expanded; Sustainability plan reviewed by stakeholders and updated</td>
<td>New policies and protocols adopted that institutionalize improved services, tools and practice; Funding through CCOs and DHS increases for on-site advocates</td>
</tr>
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</table>
**Actions to Take at the Participant Level**

- **Improve access to advocacy services**
  - Assess how and where advocates are co-located (i.e. accessibility of location, convenience of hours, suitability of advocacy services at given location, etc.); **Make appropriate changes** based on learning; **Build advocate capacity** for serving pregnant and newly parenting women through education and training specific to the population’s needs; **Collaborate** with other advocates/programs within the organization to reach the population (i.e. advocates already assigned to serve teens, work in schools or do prevention work); **Develop new and strengthen existing partnerships** with organizations focused on pregnancy, early childhood, violence prevention, adolescence, school health, reproductive health, gynecological and obstetric care, family planning, home visiting and underserved, marginalized and culturally specific populations.

- **Increase the number of pregnant and newly parenting women advocates serve**
  - Follow strategies identified in "Improve access to advocacy services" and under Provider and Program Levels.

- **Expand the menu of services**
  - Assess what services and resources are already being provided advocates; **Identify what services and resources need to be added** (this may include 1) education about healthy relationships, birth control options, and reproductive health, 2) connections to prenatal care, parenting supports, and basic resources such as diapers, formula, clothing, etc. 3) supporting women in their pursuit of higher education or employment, and/or 4) offering support groups, perhaps in conjunction with mental health or drug treatment programs); **Equip advocates** to deliver an expanded repertoire of services through mentoring, training and professional development.

- **Conduct on-going focus groups**
  - Invite pregnant and newly parenting women who have experienced IPV to participate; **Develop a list of questions to ask** within these groups; Ask community partners with expertise in pregnancy and early parenting to help develop questions; **Inquire about women’s experiences** accessing prenatal and postpartum care in the community; Ask what barriers exist for women especially during the period of pregnancy and post-birth; Ask women what help advocates could provide; Ask women how Child Welfare and health care systems do or do not keep them safe and healthy.
**Safer Futures**

**Actions to Take at the Provider Level**

- **Establish clear expectations** with project partners in formal Memoranda of Understanding; Annually revisit and **strengthen partnership agreements**; Regularly examine and **improve pathways** for providers to make referrals; **Engage in collaborative case management** whenever possible; Find ways to **embed IPV screening in Electronic Health Record** and to make provider screening required

- **Form a communication approach** and message to win strategic partners; **Have a project vision** and clearly articulate that in outreach materials; Further develop and invest in leadership teams; Give members of leadership teams specific opportunities to **represent Safer Futures in the community** (i.e. co-train, speak with county commissioners, state legislators, health care governing boards, etc.); Develop a member of the leadership team to act as **spokesperson** or champion; Seek opportunities to partner with other organizations on issues of interest to them and that benefit the project vision (i.e. ACES, trauma informed services, healthy pregnancies); **Recruit health care providers** for the project organization's board of directors

- Ensure trainings are based on **medically accurate** and research based information; **Collaborate with Project Connect** trainers to deliver trainings to Safer Futures project sites; Bring Futures Without Violence to each of the four project sites to train local providers; Host **webinars by Futures Without Violence** that are designed for providers; **Recruit a local provider to co-train with the local project trainer**; Think creatively about ways to deliver training (i.e. bag lunch discussions, staff meetings, piggy back on existing trainings)

- **Create a team of certified trainers** to teach Child Welfare staff, supervisors and consultants about the Safe & Together Model™; Advocates regularly consult with Child Welfare staff; **Strengthen IPV core training** for new Child Welfare staff; **Train Child Welfare consultants** to coach IPV assessment and the principles of the STM™; **Maintain a regular training presence** at DHS supervisory quarterlies and annual conferences; **Develop a computer-based training module** on Child Welfare practices for cases with IPV; Invest in PSU CWP’s team of trainers so they can sustain training long-term
**Actions to Take at the Program Level**

- **Integrate services into local Child Welfare and health care system infrastructures**
  - Follow strategies identified under the Participant and Provider Levels
  - Provide training and technical assistance for conducting local evaluations; Each project undertake one or two small evaluation based activities in collaboration with project partners; Engage local partners and key stakeholders early and throughout the evaluation; Plan ahead for how to disseminate findings in a timely manner; Each project define its own measures of success in addition to federal performance measures; Strengthen collection and analysis of data

- **Conduct local evaluations**
  - Develop a 'project pitch' or 'elevator speech'; Create a one-page brief that can be used to market the project; Create a communication plan to raise profile of the project; Create new or piggyback on existing social media platforms to communicate with participants and stakeholders; Host events to celebrate the project and supporting partners; Safer Futures weekly e-letters, quarterly news articles; OCADSV’s COIN site; Publish evaluation findings

- **Develop effective communication strategies**
  - Teach and mentor project staff to be better trainers (i.e. as offered through Futures Without Violence and David Mandel & Associates, LLC); Adequately budget for both train-the-trainer opportunities and opportunities to provide training; Develop a training plan that looks out at least a year in advance; Base trainings on medically accurate and research based information; Survey providers prior to trainings to assess knowledge base, interest and availability; Evaluate trainings and make improvements based on feedback; Develop trainings for other advocacy staff at least twice a year; Seek opportunities to provide training at state and national conferences (i.e. National Conference on Health and Domestic Violence and the OCADSV Annual Conference)

- **Build capacity for delivering effective trainings**
  - Budget for cost of living increases and strong benefits packages; Foster staff development through check-ins, cluster calls and training opportunities; Keep expectations clear; Promote staff talents and skills; Give staff a voice in project direction

- **Retain project staff**

**DOJ, PSU RRI, local projects & leadership teams**

**DOJ, PSU RRI, local projects & leadership teams**

**DOJ, OCADSV, PSU, CWP, Futures Without Violence, David Mandel & Associates, LLC, local projects**

**DOJ and local projects**
Seek future funding opportunities

Find pathways for advocacy services to successfully interface with Child Welfare and health care systems

Evaluate project activities

Find new opportunities to improve IPV interventions and promote practice change

Replicate and extend the reach of on-site advocacy

**Explore payment methods** for local health care systems and CCOs to compensate advocates for services; Identify and **apply for new grant funding**; Collaborate with partners to craft mutually beneficial funding proposals; **Allocate state and district level funding** to advocate positions.

Build IPV advocacy interventions into **Differential Response** protocols; Embed on-site advocacy interventions within certain points of Child Welfare practice; Find ways to incorporate IPV interventions into **Community Health Improvement Plans**; **Investigate how IPV screening can be included in Electronic Health Records**; Make the connection with partners that IPV is a significant negative social determinant of health and carries high costs for care; Determine if advocates can be certified as **Traditional Care Workers**.

**Conduct a case study** on one project to find what pathways are most effective in reaching pregnant and newly parenting women through health care systems and how health care partnerships enhance those pathways; Seek out new funding/partnership opportunities for evaluation; **Evaluate trainings**.

**Develop and publish a resource manual** for Oregon health care professionals (specifically regarding IPV, its health impacts, guidance for identification and response to IPV, and ways to collaborate with advocates); **Create an online toolkit** for health care providers and advocates containing information and resources about the intersection of health and IPV; Provide online training for providers; **Seek and disseminate research** on best practices regarding IPV and benefits of advocacy interventions; **Observe changes in practice** through surveys, focus groups, and training evaluations; Host events that celebrate champions, **highlight accomplishments**, and raise support.

Improve statewide collection and analysis of data; **Promote replication of model**; Promote trainings and resources created by Safer Futures; Follow plan to transfer learning from Project Connect and Safer Futures to other locations around the state.
CONCLUSION

The 2015 Safer Futures Sustainability Plan draws attention to many challenges and opportunities for change. This document demonstrates the process for creating change at the participant, provider, program and policy level. Work at the local level and statewide is instrumental in building long term sustainability and continuing to improve the lives of women and children survivors of IPV. The Sustainability Plan is intended to give the reader a broader view of the project. More detailed information about Safer Futures annual work plans and scheduled activities are available by request from DOJ.

Special thanks are given to DOJ’s partners and Safer Futures project sites mentioned below for their role in the development of the Sustainability Plan. These partners and project sites include:

Training and technical assistance partners:
- Oregon Coalition Against Domestic and Sexual Violence
- Oregon Health Authority
- Oregon Human Services
- Portland State University, Child Welfare Partnership
- Portland State University, Regional Research Institute
- David Mandel & Associates, LLC
- Futures Without Violence

Safer Futures project sites:
- Battered Persons’ Advocacy - Roseburg, OR
- Clackamas Women’s Services - Oregon City, OR
- The Harbor, Inc. - Astoria, OR
- HAVEN from Domestic Violence - the Dalles, OR
- Tillamook County Women’s Resource Center - Tillamook, OR
- Volunteers of America, Home Free - Portland, OR
- Women’s Crisis Support Team - Grants Pass, OR

To contact DOJ regarding Safer Futures, email or call Christine Heyen at christine.p.heyen@doj.state.or.us or (503) 378-5303.


