

Grantee Panel Presentation: Christine Heyen, Oregon, March 5, 2014

I'm Christine Heyen, I'm from Oregon and I represent the Oregon Department of Justice and I'm here to tell you about our safer future's funding program. So, our project is under Category III and our application for this funding cycle was to serve exclusively women who are pregnant and parenting and who are victims of intimate partner violence. So I think some of you might have Category III as well as a part of your funding arrangement but (inaudible). So, next slide and I thank you for playing this disclaimer. Our views are not necessarily representative of the office that wasn't help, so (inaudible). Next slide, please. Oh, I do. Thank you and that's why I'm working here. So we have four goals and each of the goals that we wrote in our federal application and they are guiding principles which we move our project forward and hopefully these will be consistent through the course of the four years, we will be reevaluating them as we do each year but they are the foundation for our sustainability and most importantly our purpose is to improve the services and the access to those services for pregnant and nearly parenting women who are victims of intimate partner violence. Secondly, we want to see the services become integrated in health care and we see our role in making that happen by helping healthcare providers identify intimate partner violence as a health concern and we also recognized that are non-profit. This is a new partnership moving into this health care arena, so we want to help them build their capacity to do the work. And then our second partner, advocates are partnering with another system, the Child Welfare System and they are looking to improve interventions in cases that have intimate partner violence as a factor. So, of note which I missed (inaudible) goal 1 is that our on-site advocacy services are provided in child welfare, public health and other local healthcare systems and so which unique about these advocates is that though they are employed by local victim services organizations or women shelters, they are on-site located in these systems for the purpose of improving their access so that these women can receive confidential services which include information regarding shelter safety planning, support finding transportation, housing and a whole gambit of services that our advocates provide. Do you mind if I ask for a raise of hands and who is familiar with their local non-profit women shelters look to see who has an understanding of that framework, okay. So, I wanted to this particular slide as far as the resource guide is concerned represents our action strategy. So, of the eight factors this is our sort of steps for creating that action strategy and yesterday when I stood up and gave my lightning talk and mentioned that our advocates had three main intervention strategies and which include the advocacy services that they provide case consultation so working with providers specifically on cases that come to them and supporting them and addressing services in those cases that they are working on and then also our building capacity by both with our partners and with the organizations and whom are doing services, doing those capacity building efforts to sustain the project beyond the funding and also through the course of the four years. So next slide and I'm going to do that for myself (inaudible). So

safer futures has got great team of partnerships. We have a lot of State partners and one national training technical assistance provider and this is what I may said yesterday the core partner team and I thought, Oh, that sounds really good. So, this is our core and this team is put together and if you look at the resource guide would tend to complement, we build a team of leaders and creating strategic partnership factors and together this bundle of partners are looking at improving those advocacy intervention services in the child welfare system, public health department and local healthcare system. The Oregon Coalition against domestic and sexual violence by the way is represented with us here today at this conference. I want to thank her for coming. The core components of our project which by the way there are seven project sites, three of whom are addressing child welfare interventions and the child welfare systems and four of whom are addressing interventions in this healthcare system. Each one of those projects has constructed the same and they all have project leadership teams which are reflective of our State team and comprised of key stakeholders within their area and from there that core group of partners in each local site is advancing by making strategic partnerships with folks that would necessarily spend time on the quarterly meetings that the project leadership teams are having but yet would be the audience by which we would share our goals and objectives that they had up on the screen earlier with the community. So, our project leadership teams are facilitating those strategic partnerships. They are also engaging in our evaluation activities. We count on those project leadership teams to help us build our capacity and other important parts of our sustainability thinking process is and also a part of building capacity is making sure that we've got good performance management and we have continuous quality improvement. Many of these non-profit local victim services organization they have very small budgets, this is a very big ramp for them and for some of them it might even be 25% of their overall budget. So, it's a really influx of dollars yet so that it means that we have to build capacity within them to manage the money effectively to do these partnerships effectively and to pilot this intervention which we've taken from the child welfare it's an existing model that we've had in child welfare for over a decade and we're moving it brand new into local healthcare and public health systems. And as a note on that last slide, some of our teams also include other partners like A&D treatment providers, at home direct treatment providers, better intervention programs and non-traditional healthcare providers like chiropractors and that sort of thing. So on this slide, I'm talking about what are successes have been and we do have a strong foundation for sustainability and we have and when you look at your resource guide, we have been most successful in three of the eight factors which include, one, we have a great action strategy, we've done really well integrating programs and services into local infrastructures and we've done a good job of building leadership team. And so, we have followed that we started our sustainability conversations in our last grand cycle because the office (inaudible) healthcare training and those trainings are on sustainability. So, I got the message and I said, okay they wanted (inaudible) sustainability. So, as sort of a process of preparing the previously existing project sites for this next funding cycle, I said let's have this conversation now and they did and they all wrote up

brief sustainability plans which they submitted to me in May of 2013. Then when the request for applications came out after we received the new pregnancy systems fund award, we had the expectations requirements around sustainability and the request for applications, so it was clear as day that this was an expectation if you got the funding, and then in December of 2013, we had two trainings, one for the child welfare cohort and one for our healthcare cohort, that were two and half days long and we had a substantial part of those trainings talking about building leadership teams, talking about what is sustainability and coaching them on that, giving them a technical assistance that they would need. We also ask that each site build really good logic models and some of the logic models that came in with the applications were, they were okay, I kicked them back. I said work on those again, because for me the logic model is the path by which you are going to get where you are going and that's a part of that capacity building that we've been working on with them. I've asked them also to revisit their work plans, I am asking them to do that again and this progress report that they have that's due to me in March and I'm going to be going out and doing site visits and I am on the phone with them monthly, have monthly check-ins with each of the seven project sites, (inaudible) sheets been already out into the field and visited the healthcare cohort sites. So, we're doing a lot of person-to-person supports and for me that is a key component to successful sustainability because my dad told me something when I was going to the work field, he said, Christine, the key to success is networking and I believe that is truth and I have followed his advise to this day. So, we network a lot, we spend a lot of time face-to-face in talking with people. Some other things we plan to do are community surveys, focus groups with our target population, further time, you know, we're going to be developing a communication strategy for developing or getting our vision out the door and getting our partners invested. The safer futures banner that you see up here comes from better person's advocacy, they develop that and that is going to be our banner for the future so that we can have sort of, it's our branding. So, we've done some branding which is a new thing for us. So, our talent is for the future of safer futures is we have to continue building our organizational capacity. We have to make sure that these advocates can rise to the challenge of providing services alongside of these healthcare providers and alongside of each child welfare case workers because without understanding their professional perspectives, we could make a lot of mistakes because we don't know their language. So, teaching them the language or teaching advocates the language teaching them, the skills and the tools that would make them credible with their partners in the field. We need to expand our network of investor partners, in fact, to have a list of who I'm going to go out and start advertising or safer futures project to and some of that includes some legislative lobby groups because I want them to take on pushing forward the model and getting additional funding through state dollars to keep that model moving along and we have to prove to our healthcare providers that onsite advocacy is an effective tool for intervening when there is intimate partner violence and we haven't yet convinced our partners of that yet and that (inaudible) healthcare side or child welfare side is pretty (inaudible) model and anything, I said yesterday, we're tired of doing this work for free. We want to be recognized for

what we have and what we can do and we would love to see ourselves reimbursed for those services and so their stuff happening in Oregon where they changed up the whole way that healthcare is done and that there is no opportunity for non-traditional healthcare providers to be reimbursed for their work. So, we're looking to get some of those dollars and we already have State funding allocated for onsite advocacy and child welfare, we're using our three project sites to develop some innovations within the existing model to increase our State funding and to prove the legislature that we need to bump those dollars up so that we can have that across the State more consistently and at the end of the day, people just don't know what advocates do. So, we have to explain that and we have to explain it in a way that makes sense to people and we have to explain it well and I wrote there a confidentiality largely because advocate services are confidential and for some of our providers they don't understand why we can't tell them what we've just talk to that individual about. So, all of these things are challenges we have ahead but for the most part I think we're on a good path...