New domestic violence crisis workers to work alongside police

BY JOANNE ZUHL
STAFF WRITER

On its first meeting in what is Domestic Violence Awareness month, Portland stepped up its game on the issue by funding a new program to have domestic violence advocates work with the police on evenings and weekends.

Domestic violence accounts for about 5,000 calls to the Portland Police Bureau each year, the majority coming on evening and weekend hours when other services are closed. Under the one-year pilot project, two full-time crisis response advocates will partner with officers responding to those calls to provide safety planning and resources to victims.

On Oct. 5, City Council voted unanimously to dedicate $41,720 to the joint project with Multnomah County, which is contributing more than $83,000 in federal grant funding.

"We know in the District Attorney's office that the best practice is going to be hands-on at the front of the case," said Rod Underhill, Multnomah County chief deputy district attorney, who testified at the council meeting. "We gather more evidence, we gather more trust and we gather more support. The involvement at that front end is a critical stage."

The ordinance comes on the receipt of the first-year figures from The Gateway Center for Domestic Violence Services, which opened in September 2010, the first of its kind in the region. The center, located at 103rd Avenue and East Burnside, received more than 2,000 participants seeking assistance in more than 4,500 visits.

With 19 partners from health, legal and housing services, the one-stop center provides a comprehensive spectrum of options for someone seeking help escaping domestic violence. In its first year, center staff facilitated the filing of 557 restraining order applications, in 15 languages. And it is the only location in Multnomah County where petitioners can teleconference with a judge to have their restraining order approved by the court.

The center also provides childcare for parents while they receive consultation and assistance.

"This city-county collaboration that got the idea off the ground is a reflection of our shared commitment to address the epidemic of domestic violence in our community," said Jeff Cogen, addressing the council. "While crime in general has been declining, domestic violence is an exception to that, and the incidences have been increasing."

County Commissioner Deborah Kafoury addressed the council saying that the center has created a new entry point to services for women and children who wouldn't traditionally approach agencies. In Multnomah County, the service portal for domestic violence assistance is primarily through shelters.

"The existing system is structured and funded for crisis and post crisis response and not prevention," Kafoury said. "And in nearly every case, when a woman calls a shelter for assistance, she is told that there's no room at the inn. We can and should do more to help these families before they reach the crisis point."

As a pilot project, the two new positions are tapping into the city's one-time money and come as an emergency request by Councilman Dan Saltzman outside of the regular budget process. Commissioner Randy Leonard raised the point that while he supported the service behind the request, and voted for it, it will become a bigger issue next year when the city will be looking at funding cuts between 4 and 8 percent across its bureaus.

"I'm trying to understand the consistency of now buying into what will inevitably be a request for ongoing funding, knowing we're going to have to cut live firefighters, live police ..."

Leonard said. "I've ruminated over where we are going to begin identifying more than $4 million in cuts in the fire bureau, over $6 million cuts in police, and I don't know how many million cuts in the parks bureau."

Commissioner Amanda Fritz said that in light of upcoming budget cuts, the results of the pilot project could help determine how resources are applied, which could mean shifting hours and staffing to cover evenings and weekends that might not mean additional costs in the future.

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gain a solid understanding of their patient's health to know the care the patient needs without having to wait until the patient gets sick again and seeks more costly hospital and emergency room care.

After that first phase, the patient will most often interact with the panel manager. Autumn Bolds, the panel manager on Solotaroff's team, says she calls as many as 30 patients a day and speaks to them for as long as 30 minutes.

Bolds role may sound simple, but it is a critical link in sustaining care. Bolds reminds patients about scheduled visits, lab or other routine tests, and inquires about any health goals a patient may have set. "It's letting them know that we care," she says.

She says patients become more responsible for their care, knowing that someone will occasionally call. "They realize they are not the only ones involved in their care," Bolds says.

"We're changing not only the habits of the health care system, but the habits of the people who use it."
REP. TINA KOTEK

Bolds keeps multiple thick white binders full of information on social-service agencies in Portland. Connecting healthcare to social services, many say, is vital. Oregon Health Plan patients, because of their socio-economic status, most often need an array of services besides health care, including housing, employment services, and other needs.

"The social interventions are going to be critical," says Ed Blackburn, Central City Concern's executive director.

As Central City Concern's programs began developing 25 years ago, there was a deliberate effort to offer, in addiction to health and addiction services, detox services, alcohol and drug free housing, low-barrier housing, employment services, services to help people get on disability, etc.

"We get better outcomes because of it," Blackburn says. "We realized early on that you can't successfully treat people on an outpatient basis if they're homeless and don't have a place to live."

The Richmond Clinic coordinates care similarly to the Old Town Clinic and relies heavily on phone calls, emails, and even text messages to communicate with patients. Gideonse calls these brief, non-clinic based interactions "touches." He says they are essential to engaging the patient in their own healthcare and helping them stay healthy.

Coordinated care, he says, "is not about increasing visits. It's about increasing touches. You meet their needs in a non-visit way."

A benefit of coordinated care is that if patients need mental health care, or need to be introduced to a social worker, those people are in the building to meet the patient in person, that day. "Giving someone a slip of paper with a phone number on it is really different from introducing them to a social worker. You're directly linking the next step," Gideonse says.

Kay Dickerson says the Richmond Clinic's patient teams encouraged her tremendously when she was dealing with a combination of mental and physical illnessess.

She had just arrived in Portland in September 2006, shortly after Hurricane Katrina devastated New Orleans, Louisiana, where she lived. She and her husband had relocated to Portland, and were processed through Washington High School. Gideonse was volunteering, and told Dickerson she had depression, anxiety, posttraumatic stress disorder, and that she had Type II diabetes. He asked if she had insurance. "I don't have nothing," she remembers responding. "I don't have a home. I have a few boxes, two mountain bikes, a dog, and a husband."

Gideonse gave her his card. "Come to our clinic, and we'll take care of you," she remembers him saying.

Dickerson went to the clinic within a week, and now has her diabetes under such control that she does not need to do regular tests. "I'll always have diabetes," she says. "But I have it extremely well under control with diet, exercise and pills. I've worked very hard on it."

Her patient team worked closely with her and answered any question that she had. "They take time to address your specific problems," she says. "And patients understand what the nurses and doctors are trying to tell them."

Without the encouragement of the doctors she worked with, Dickerson is not sure she would have made the changes in her lifestyle that are helping her manage her illnesses.

That nexus of requiring providers to collaborate and encouraging patients to assume responsibility for their health, Kotek says, is at the heart of HB 3650's efforts. "We're changing not only the habits of the health care system, but the habits of the people who use it," she says.

If CCOs can accomplish the hopes and visions of those looking to them to provide care to one of the most vulnerable populations in the state, then they will greatly contributed to changing lives.

As Greenlick says, "they have great promise."

PHOTO BY KEN HAWKINS

Kay Dickerson walks her dogs daily to get the exercise that helps control her diabetes. She says the coordinated care she recieved at the Richmond Clinic helped her get her spectrum of health problems under control.