2018 Domestic Violence Assessment Briefing

Domestic Violence Investments 2017-18

Agency	Program	Funding	Funding Source	2017 Actual	2018 Projected
Castoolo William 8	Domoctic Violanca Parnatratar				
Casteele, William, & Associates	Domestic Violence Perpetrator Treatment	\$40,000	MHSUD	33	18
**Casteele, William, &		7 10/000			
Associates	Windows of Change	\$54,000	MHSUD	26	23
Crystal Judson Family					
Justice Center	Essential Expenditures	\$820,000	GF	876	700
	Insights Domestic Violence				
YWCA Pierce County	Prevention	\$40,000	GF	536	300
	YWCA Pierce County Legal				
YWCA Pierce County	Services Program	\$100,000	GF	348	450
YWCA Pierce County	YWCA Children's Program	\$40,000	GF	98	50
Korean Women's					
Association	We are Family Home DV Shelter	\$100,000	GF	54	35
		\$1,194,000		1,971	1,576
*Projected unduplica	ted number of Tacoma residents serve	ed for 2017-18			

^{**}Casteele, Williams and Associates (Windows of Change) was funded under a separate competitive process.

Funding priorities, in 2015 related to DV, were as follows:

Goal: Interpersonal and intimate violence/abuse is reduced.

Goal: A reduction of the mental health impacts resulting from

interpersonal and intimate violence/abuse.

Funding priorities, in 2016 related to DV, were as follows:

Risk or harm reduction services for clients experiencing mental health or substance use issues

Domestic Violence Actual and Projected Outcomes

	*2017	2018
Outcomes	Actual	Projected
Number of bed nights for		
shelter	5,626	5,840
Number of duplicated		
client visits	2,330	2,200
Hours of legal assistance		
(Legal Advocate Hours)		
	6,304	4,680
Hours of client advocacy		
	4,013	3,120
Hours of legal		
representation (Attorney		
Hours)	2,792	1,890

^{*2017} Projected numbers are the same as the 2018 Projected Numbers. 2018 Projected is based on contract requirements.

Common Measures

SOCIAL WELLNESS: So that individuals can thrive and become productive, contributing members of the community, the City of Tacoma is committed to investing in two of the Social Determinants of Health: Health and Health Care, and Social and Community Context. Common Measures:

Emotional Gain

<u>Definition:</u> Client shows improved attitude towards life.

Safety Planning

<u>Definition:</u> Improved knowledge of creating and adhering to safety plan and improved ability to work with the legal system.

Social Gain

Definition: Increased life-skills and capacity to achieve life goals

Regional DV Emergency Shelter Capacity

Name of Shelter	Capacity	Eligibility Criteria	Turn Away Rate
YWCA Tacoma	75 beds in 22 units	DV victim, in immediate danger or immediate risk of harm receive first priority	Average calls per month 420 (calls may include duplicates
Safe Place	28 beds	DV victim, actively fleeing from DV	Roughly 110 adults for past month (Jan 2018)
KWA Tacoma	19 beds	DV victim, in immediate danger or immediate risk of harm receive first priority	35% turned away
CDVAP Puyallup Tribe Shelter	17 beds	DV victim has to be enrolled in a federally recognized tribe or have a letter of descendant from their tribe,	3 last quarter
DAWN	12 rooms with roughly 36 beds	DV victim or identify as survivor of DV, adults must identify as women	1:39—turns away 39 for every one accommodated
*Adams Street Family Shelter	**100 beds	Drug free and background check	1-2 households a month

^{*}Tacoma Rescue Mission, **Adams Street Family Shelter** is not established solely as a Domestic Violence Shelter., however occasionally accepts Domestic Violence victims if able to accommodate.

Source: Provider Survey, BERK 2017

DV Providers Refer to the Following Agencies

Organization Type	Percent of Agencies	
Courts		59%
DV Client Advocates		53%
DV Shelters		41%
Mental Health Service Providers		41%
Police/Law Enforcement		35%
Family Justice Center		29%
Medical/Health Care		24%

Source: Provider Survey, BERK 2017

Referrals to DV Providers Come From the Following Agencies

Organization Type	Percent of Agencies	
Mental Health Service Providers		71%
DV Client Advocates		65%
DV Shelters		59%
Courts		59%
Medical/Health Care		59%
Family Justice Center		53%
Police/Law Enforcement		47%
Other (please fill in)		29%

Source: Provider Survey, BERK 2017

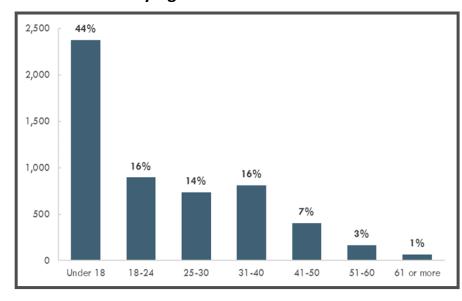
^{**} Not to be included in total available Domestic Violence beds.

Selected Client Characteristics

Client Type	Count
Clients from Tacoma	2,124
Clients with Disabilities	530
Male Clients	301
Military Families	276
Clients with Limited English Proficiency	257
Clients who identify as LGBTQ	11

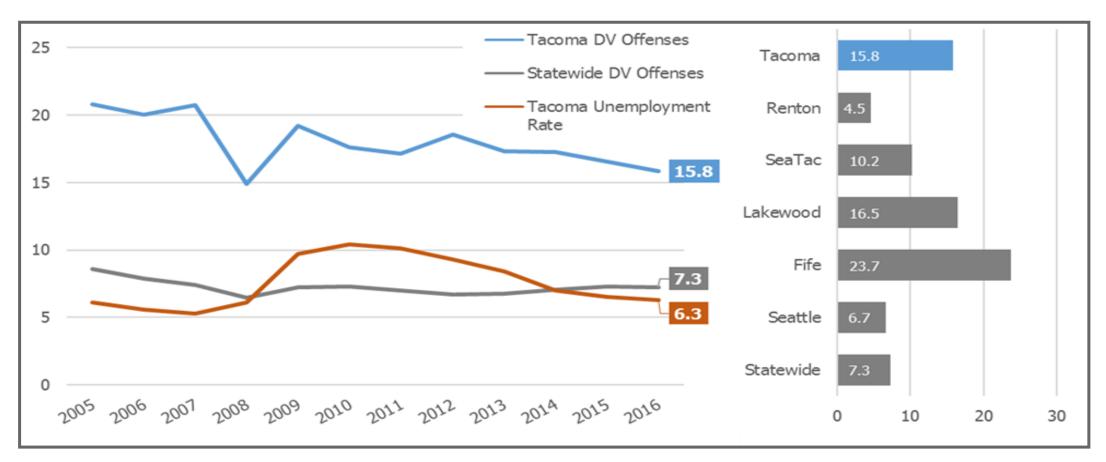
Source: Provider Survey, BERK 2017

Clients Served by Age



Source: Provider Survey, BERK 2017

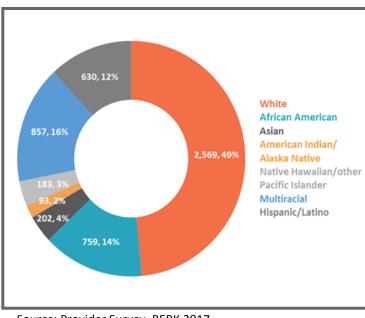
Domestic Violence Offenses per 1,000 residents.



Notes: Prior to 2012, data were calculated using the Summary UCR (SRS) reporting method. Beginning with 2012, data were calculated using the National Incident-Based Reporting System (NIBRS). Due to the significant differences in the reporting methods, SRS data cannot be compared to NIBRS data.

Source: Provider Survey, BERK 2017

Clients Served by Race/Ethnicity



Source: Provider Survey, BERK 2017

Priority Needs of Clients

Additional shelter capacity, access to legal assistance and mental health services, and cultural competence were identified as priority needs.

Provide consistent Protection and Comprehensive resources at Every Point of Contact

- Improve the Domestic Violence Protection Order process.
- Ensure consistent, high-quality law enforcement response.
- Provide hotel vouchers.
- · Create a comprehensive domestic violence resource guide.
- · Offer broad information about safety planning when contacted.
- Collaborate with DSHS.
- Collaborate with mental health, suicide prevention, substance abuse and healthcare providers.

Increase Community Awareness of Domestic Violence and Services Available to address it

- Use established, trusted channels and community partners.
- Improve City of Tacoma website.
- Provide information to at-risk populations.
- Provide information at schools and youth programs.

Ensure Access to Culturally Relevant Services

- Develop a Language Access Plan.
- Encourage and support providers to hire culturally competent staff.
- Support existing programs.

Source: Provider Survey, BERK 2017