



Grant Report on Domestic Violence Funding¹

2008

The Health Care Foundation of Greater Kansas City (HCF) committed approximately \$1.7 million to support 11 domestic violence projects in 2008².

HCF is a leading advocate for domestic violence services in the Greater Kansas City region. HCF domestic violence funding and advocacy efforts reflect a commitment to addressing domestic violence holistically—a critical approach for effectively supporting domestic violence victims. HCF funds traditional domestic violence services such as safe housing as well as mental health services, children’s services, financial management training, employment assistance, and medical services. HCF also supports community-based efforts including training for health care professionals, education and outreach.

The purpose of this report is to evaluate the 11 domestic violence projects as a single funding group. Examples from individual grantees are featured in the report only to illustrate certain points.

¹ The Health Care Foundation funds a large number of domestic violence programs, including many that are focused on prevention and education. The organizations in this report were selected as a cohesive subset of the funding area because they all provide shelter or housing assistance to domestic violence victims.

² The Foundation supported more than one project for three local domestic violence agencies. Therefore, there are only eight different agencies represented by the eleven grants.

DOMESTIC VIOLENCE

Domestic violence can be broadly defined as violence against a current or former intimate partner. Approximately one-fifth of all women and one-tenth of all men in the United States will be victims of intimate partner violence, according to modest estimates.

In 2008, there were 6,255 cases of intimate partner violence, including 8 homicides in the Kansas City metro area. This is 53 percent increase from 2005. A survey of selected domestic violence agencies in Kansas City showed that in one day (October 7, 2008), \$57,862 worth of services were provided to domestic violence victims.

Exposure to abuse or violence in the household has been linked to chronic health conditions, including but not limited to, mental health and alcohol and other drug abuse. Intimate partner violence is estimated to cost the United States nearly a billion dollars per year, with health care expenses making up two-thirds of the total cost. Lost work productivity is another significant expense.

Domestic violence in households also has serious consequences for children, either as witnesses to violence or victims of violence themselves³.

DEMOGRAPHICS

The population served by the 11 grantees appears to be diverse and reflective of the grantees' community populations. Not all grantees identified the socio-demographics of the populations they served. The following statistics are drawn from six of the grantees:

Racial and Ethnic Population Served

- 55% were identified as Caucasian or white
- 30% were identified as African American
- 18% were identified as Hispanic or Latino
- 4% were identified as belonging to other racial groups including Asian, Native American, Pacific Islander, Multiracial or other.

Sexual Orientation

One program supports lesbian, gay, bisexual and transgender (LGBT) victims of domestic violence and hate crime violence. This is a population that is often overlooked in major health funding initiatives. The program reported that 50 clients were lesbian, gay, bisexual and transgender (LGBT).

Geography

The 2008 grantees offer services in much of HCF's service area. It should be noted, however, that services are highly concentrated in the Kansas City metropolitan area, specifically Jackson County (MO) and Johnson County (KS). There is only one grantee in Cass County, (MO) and Lafayette County, (MO). Two Kansas City based programs include Wyandotte County (KS) in their service area. The foundation supported no domestic violence programs in Allen County (KS) in 2008.

³Sources: Kansas City, Missouri Health Department, Community Health Assessment 2009, October 2009 and Radakovich R et al. Report on 2008 Domestic Violence Point-in-Time Survey. April 10, 2009. Kansas City Missouri Health Commission. www.kcmo.org/health.

SERVICES OFFERED

Domestic violence victims need a range of services from safe housing to medical care to psychological and financial counseling. It is often difficult to provide all the services under one roof or through one program. The mix of programs and services supported by the 11 grants reflects the complex nature of successfully assisting victims of domestic violence. A cornerstone of all of the programs is emergency shelter. The following is a representative list of the 2008 grantees' services and programs.

Direct services on-site

- Safe housing for victims and children
- Counseling and therapy including individual and group therapy, substance abuse counseling, spiritual support, art and play therapy, psychiatric services and peer groups
- Services for Spanish speakers
- Walk-in support groups (for women not staying in the shelters)
- Children's programming, including child friendly recreational activities and therapy
- Free clothing vouchers to use at Goodwill
- Health services including on-site medical care, health planning, and safety planning
- Financial education using Allstate Financial Empowerment Curriculum
- On-site alcohol / substance abuse assessment and follow-up by Regional Alcohol and Drug Abuse Assessment Center (RADAC) staff
- Referral to Johnson County Mental Health Center, if clients are assessed as needing medication for mental health (transportation provided)
- Assistance filling medication prescriptions
- Support for pregnant and parenting teens
- Batterers program for domestic violence offenders

Outreach and direct services offered off-site to domestic violence victims/survivors

- Parenting classes and communication skills groups
- Case management for women on waiting lists and those still in abusive homes

Educational and outreach services to general population

- Training for health care professionals at regional hospitals and clinics to identify patients at-risk for domestic violence and help them access services.
- Presentations, outreach materials, and seminars at community and civic centers

STAFFING

The 11 grants rely heavily on HCF funds to pay for staff positions. Staffing appears to be one of the strongest components of the 11 domestic violence projects reviewed.

Approximately \$1.44 million, or 81% of all HCF funds for the 2008 domestic violence programs, was budgeted to pay for salary and benefits.⁵

Staff dedication, skill, training, education, sensitivity and creativity appear to be one of the cornerstones of the domestic violence programs. Domestic violence victims face a huge set of challenges when trying to remove themselves and their children from violent households and relationships. It requires a tremendous skill and sensitivity on the part of the service provider to help them through this transition. Time and time again, the staff and volunteers were credited with this skill and sensitivity.

⁵ This estimate is based on grantees projected budgets, since some grant cycles are not completed.

Staff turnover appears to be very common among the grantees and perhaps common in this field. Seven of the 11 programs included in this report lost staff members in the course of the one or two years reviewed. In most cases, staff members were replaced with other highly qualified professionals. One program, however, instituted a hiring freeze after losing a key staff member in order to balance their budget. Demands on volunteer staff also appear to be taxing.

ACCESSING SERVICES

Victims of domestic violence often have very narrow windows of opportunity to seek assistance. They generally need confidentiality, and cannot always seek services directly from their homes. Victims are not always well positioned to seek help pro-actively due to potential danger, mental and/or physical health, and need to care for children. But, if offered help at the right time, they may accept it. The 2008 grants offer a range of ways that victims may get access services. The following list, though not all inclusive, shows the breadth of the 2008 grantees' efforts:

- **Hospitals and clinics.** Approximately 14,500 health care professionals were trained in 2008 in hospitals and clinics to screen for victims on-site. Onsite advocates help victims access a range of services.
- **Kansas City Housing Authority.** One grantee partnered with the Kansas City Housing Authority for referrals for potential victims.
- **Culturally Competent Outreach.** El Centro has 5 locations in Kansas City and targets services for Hispanics and new Latino immigrants. One grantee developed a new relationship with El Centro for referrals for Spanish speaking domestic violence victims in 2008. (El Centro had existing relationships a ready in place with other 2008 grantees.)

- **Off-site case management.** One program has case management for victims still in their homes or on waiting lists, to keep them engaged until they can access direct services.

OUTCOMES

- These programs provided direct services to approximately 6,451 domestic violence victims, including at least 2,006 children in HCF's six county service area. Grantees provided trainings and presentations to at least 60 different community and civic organizations. Trainings were provided to approximately 14,500 health care professionals in over 350 training sessions⁷.
- 2008 grantees were able to achieve most of their program goals in terms of amount of services provided to domestic violence victims, trainings, and outreach. The ability to help victims make behavioral change is a key issue for grantees. Although it is challenging to document actual behavior changes, most grantees were able to articulate and achieve concrete outcomes that might reasonably be expected to lead clients to change their behavior and lives.

For example, one grantee had a goal that "abused families will live safer lives." To do this, the grantee assisted 100% of the residents of their emergency shelter to develop individualized safety plans (goal was 90%). Another goal was "abused mothers will achieve greater self-sufficiency thereby decreasing dependency on abusive partner." To do this, 84% of mothers residing in the shelter for at least two weeks developed and completed action steps for obtaining housing (goal was 80 percent).

⁷All numbers reported are estimates for two reasons: (1) Four of the programs included in this report were still in progress when these results were calculated and (2) grantees were not consistent in the way they reported number of services and individuals served during the grant period. Estimates presented here are conservative.

NETWORK OF SERVICES

One of the striking features of the foundation's 2008 domestic violence funding initiative is that the grantees are very well connected to one another, sharing services and resources, and exchanging information on a regular basis through meetings and forums.

As a group, they reported collaborations with approximately 75 other regional organizations, including 33 hospitals and clinics. Five grantees (Safe Home, Rose Brooks Center, Hope House, Friends of Yates and Synergy) are the five core members of the Metropolitan Family Violence Coalition (MFVC), a 25 year old partnership to address Domestic Violence in the Kansas City area. MFVC has many collaborative efforts including a shared 24-hour crisis hotline for victims of domestic violence, a shared computer database for tracking clients, and the BridgeSPAN health advocacy program.

In 2008, the HCF awarded \$500,000 to Resource Development Institute for the Jackson County Safe Family Coalition, a group that has been in existence since 2001. The goal of this grant was to support a coordinated and integrated system for those affected by domestic violence. The project brings together a variety of stakeholders, including child protection, courts, prosecutors, judges, domestic violence shelters, probation and parole. Although this project does not specifically provide shelter or housing, it complements the networking activities that appear to be key elements for the success of the shelter-based organizations reviewed in this report.

CHALLENGES, BARRIERS, LESSONS LEARNED

2008 grantees identified several challenges, barriers and lessons learned. Most had already identified strategies for addressing the challenges and barriers that were within their control.

Economic Crisis

Many grantees noted that the economic downturn had affected their programs, services, and demand. One grantee said that funding sources had decreased, including interest income. Others speculated that hard economic times (job insecurity, income loss, housing and transportation costs) had been either the cause of more domestic violence or that it made it harder for victims to find alternative resources, such as employment opportunities.

Growing Demand and Waiting Lists for Services

Several grantees noted an increased demand for services, possibly due to the economic downturn. Other possible explanations are that outreach and training efforts have been reaching more victims. New programming creates higher demand (a new case management program started in 2008 for victims still in their homes had a waiting list in the first year.) One grantee reported that the number and children on its waiting list had grown from 171 in 2007 to 314 in 2008. Another reported turning away 2,315 victims in need of shelter in 2008, compared to 770 the previous year.

Growing Demand for Spanish Speaking Services

Several grantees noted the increased demand for services from Spanish speaking clients and that cultural sensitivity was a priority for helping this population. Two grantees said that they had Spanish speaking staff members and partnerships with agencies that serve this population. Another was actively adapting training materials to integrate cultural sensitivity and language issues.

Demand for services is evolving.

At least one grantee noted increased demand for services for post-residents and non-residents of shelters; support groups for teens; services for mental illness and substance abuse. There appears to be a growing demand for services over longer periods of time. For example, one grantee documented an increase in the average length of stay at its shelter from 43 to 45 nights.

Depression among pregnant clients. One grantee tested pregnant clients and found that a high percentage were likely to experience Postnatal Depression. National statistics show that abused pregnant women are at 40% greater risk of postpartum depression.

Staff training is helpful. Several grantees mentioned that training in topics like financial management (provided by the Foundation), specific treatments or approaches (Emotional Transformation Therapy), cultural sensitivity, LGBT issues was helpful.

Health insurance. One grantee found that 58 percent of its clients were uninsured. Another noted that women often lose their health insurance when they leave their abusers, if their abusers provided insurance. Lack of insurance makes it even harder for victims to access appropriate health care for themselves and their children.

Growing need for on-site medical services. At least three grantees are trying to provide more on-site medical services at shelters. Although none of them specify this as a barrier, it appears that the cost of paying health care providers and the availability of appropriate health care providers is challenging.

Shared database for tracking clients. Many grantees mentioned using ALICE (or beginning to use ALICE), a software system, to track clients. None mentioned this as a challenge; however, it appears that this is a useful and time-saving tool worth further investment.

Appendix

In this report, the eleven domestic violence projects funded by the Health Care Foundation of Greater Kansas City in 2008 are reviewed as a comprehensive funding initiative. Seven of the projects were completed by the time of this study and were reviewed based on their Final Project Reports. Four were still in progress and were reviewed based on their most recent Interim Reports. Eight different local agencies received grant funds to support the eleven projects. The projects included in the report were:

COMPLETED PROJECTS

- Kansas City Anti-Violence Project
- Hope House, Inc.
- Safehome, Inc., Clinical Counseling
- Safehome, Inc., On-Site Medical Care
- Rose Brooks Center, Emergency Shelter
- Rose Brooks Center, Children's Program
- Synergy Services

PROJECTS STILL IN PROGRESS

- Rose Brooks Center, Outreach Therapy Program
- Friends of Yates
- Hope Haven
- House of Hope
- Resource Development Institute