

2012

Gateway Center for Domestic Violence Evaluation Report

Portland State University. Hatfield School of Government. Center for Public Service

Masami Nishishiba

Portland State University, nishism@pdx.edu

Mathew Jones


Portland State University, jonesma@pdx.edu

Jillian Girard

Portland State University, jgirard@pdx.edu

Let us know how access to this document benefits you.

Follow this and additional works at: http://pdxscholar.library.pdx.edu/publicservice_pub

 Part of the [Domestic and Intimate Partner Violence Commons](#), and the [Public Affairs, Public Policy and Public Administration Commons](#)

Citation Details

Portland State University. Hatfield School of Government. Center for Public Service; Nishishiba, Masami; Jones, Mathew; and Girard, Jillian, "Gateway Center for Domestic Violence Evaluation Report" (2012). *Center for Public Service Publications and Reports*. Paper 7. http://pdxscholar.library.pdx.edu/publicservice_pub/7

This Report is brought to you for free and open access. It has been accepted for inclusion in Center for Public Service Publications and Reports by an authorized administrator of PDXScholar. For more information, please contact pdxscholar@pdx.edu.

Gateway Center for Domestic Violence Evaluation Report



Prepared by:

The Center for Public Service
Mark O. Hatfield School of Government
Portland State University

Masami Nishishiba, Ph.D.
Mathew Jones, Ph.D.
Jillian Girard, MPA

Table of Contents

- Table of Contents 2**
- Executive Summary 4**
- 1. About Gateway Center for Domestic Violence..... 9**
 - 1.1. Background 9**
 - 1.2. Services and Partnerships 10**
- 2. Evaluation Study Overview 11**
 - 2.1. Success Measures..... 11**
 - 2.2. Data Collection and Analysis Approaches 12**
 - 2.2.1. Center Operation Data..... 14
 - 2.2.2. Focus Group Discussions..... 15
- 3. Evaluation Study Results 16**
 - 3.1. Outcomes Related To Participants 16**
 - 3.1.1. Every Participant Is Treated With Dignity and Respect..... 1
 - 3.1.2. Services Offered Onsite Are Convenient and Accessible 18
 - 3.1.3. The Center Environment Is Safe Physically and Psychologically For Participants..... 22
 - 3.1.4. Each participant directs the development of his or her own service plan
.....2
4
 - 3.1.5. Participants Find Tools and Services Useful..... 1
 - 3.2. Outcomes Related To Administration 29**

3.2.1. The Center Knows How Participants Come To Learn Of the Center and What Services Draw Individuals to the Center and Tailors Outreach Appropriately to Reach the Greatest Number of Participants	1
3.2.2. The Center Knows the Quantity of Actual Services Accessed by Participants and the Number of Referrals to Other Agencies (Gross Number of Participants, Restraining Order Applications, etc.)	1
3.2.3. The Center Strives to Continually Improve Services through the Collection and Examination of Data	36
3.3. Outcomes Related to On Site Partners and the Larger Community	37
3.3.1. The individuals who work at the Center work well together, consider themselves part of the same team and demonstrate an understanding of the roles of other partners in the building	1
3.3.2. Partners are given clear documentation and orientation of Center expectations, policies and procedures	40
3.3.3. The Center staff makes appropriate referrals to outside agencies. (The larger service community has a positive perception of the quality of work being done at the Center)	43
4. Recommendations	45
Appendices.....	52
Appendix A: Check-in/Check-out Forms and Actions Completed Report Form	52
Appendix B: Focus Group Discussion Questions.....	55

Executive Summary

"I really would like to emphasize that the Gateway Center is clearly focused on inclusion and access for all victims of domestic violence. It neglects or denies no victim or survivor seeking services, recovery, safety and confidentiality."

-Gateway Center Participant

The Gateway Center for Domestic Violence, which opened in September 2010, is governed by the terms of an intergovernmental agreement between the City of Portland and Multnomah County, Oregon. The intergovernmental agreement established an Advisory Council. It also requires a formal evaluation of the Center. This report assesses the Gateway Center's operation based on the success measures identified by the Gateway Center Advisory Council.

Overall, the findings of this report suggest that the Gateway Center has been successful in serving the participants who seek services at the Center. Participants report feeling respected and safe while at the Center as well as better informed upon leaving the Gateway Center. The location of the Gateway Center is generally regarded as accessible and convenient to participants seeking services. Additionally, the services provided at the Gateway Center are considered useful to Gateway Center participants.

The Gateway Center has created and maintained a database which contains information regarding participant referral, services the participant is interested in upon arrival, activities completed while at the Gateway Center, future appointments, number of visits to the Center, demographic background, and feedback related to participant experience while at the Center. This database is analyzed frequently by Center staff. The data collection is an invaluable tool to enable stakeholders to analyze participant flow and service utilization over time and tailor service delivery appropriately.

The relationships between the people who work at the Center are strong and well supported by the administration. Those who work at the Gateway Center on a regular basis, also feel confident regarding their knowledge of Center policies and procedures. On the other hand, those who do not work or do not work as regularly at the Gateway Center, feel less well equipped concerning policy and procedures. Generally, the larger service community has a positive perception of the work being done at the Gateway Center. Communication with the external service partners is one area that could be strengthened.

The data utilized in this evaluation are drawn from three primary sources. First, data was drawn from an “actions completed report” filled out by employees at the Gateway Center when meeting with participants between March 2011 and October 2011. Second, data collected by the Gateway Center through check-in and check-out forms between August 2010 and September 2011. The data from these two sources provided a snapshot of the activities of the Gateway Center. The summary data is presented in the findings under the relevant outcome measures.

In addition, a series of eight focus groups were held between April 2012 and June 2012 in order to gain qualitative insight of Center operations. The key themes that emerged during the focus group sessions were extrapolated and formed the basis for the findings of this report. Those key themes capture the general perception of the stakeholders who are represented in the focus groups. While we tried to identify the common themes from the focus groups, it should be taken into consideration that these comments are not drawn from everybody who is engaged in the Center operation. Direct quotes from the focus groups that represent the key themes are included throughout this report.

The major findings for each of the eleven success measures are summarized in Table 1 below.

Table 1: The Eleven Success Measures and their Relevant Findings

Outcomes Related to Participants:
1. Every participant is treated with dignity and respect.
Finding: Exceeds Expectations
Evidence: Participants report feeling that: they were treated with respect and dignity; experienced a welcoming environment; they were listened to without judgment; and an openness of people who work at the Gateway Center to all survivors of intimate partner violence.
2. Services offered on site are convenient and accessible.
Finding: Exceeds Expectations
Evidence: The one-stop, drop-in model of the Gateway Center makes it convenient to the participants surveyed. The public address and the location of the building being on a major public transport corridor also contribute to the accessibility of the Gateway Center. Additionally, the culturally-based services, availability of childcare, and comfortable environment are specifically identified by participants as making the Gateway Center more convenient and accessible.

3. The Center environment is safe physically and psychologically for participants.
Finding: Exceeds Expectations
Evidence: Participants report feeling safe while at Gateway Center. Specifically, the safety features of the building, the onsite childcare services and the measures to ensure confidentiality are identified as contributing to the feeling of safety at the Gateway Center.
4. Each participant directs the development of his or her own service plan.
Finding: Meets Expectations
Evidence: Participants report feeling better equipped with resources to make decisions after visiting the Gateway Center. However, some participants also report feeling overwhelmed while at the Center.
5. Participants find tools and services useful.
Finding: Exceeds Expectations
Evidence: Tools and services identified as particularly useful to participants are the one-stop drop-in model, the ability to obtain virtual restraining orders, the availability of childcare services, client assistance, and referrals to relevant external services.

Outcomes Related to Administration:
6. The Center knows how participants come to learn of the Center and what services draw individuals to the Center and tailors outreach appropriately to reach the greatest number of participants.
Finding: Meets Expectations
Evidence: Data gathered from the check-in form provides the Gateway Center with relevant information regarding how the participants come to learn of the Center. However, because of the limitations of the Center capacity to meet high demands, additional outreach has not been made a priority.
7. The Center knows the quantity of actual services accessed by participants and the number of referrals to other agencies.
Finding: Exceeds Expectations
Evidence: The quantities of services utilized as well as the number of referrals are reported on the check-out form and actions completed report. This goal could be expanded to include qualitative measures to assess services and referrals for future evaluations.

8. The Center strives to continually improve services through the collection and examination of data.

Finding: Meets Expectations

Evidence: Periodic review of data and statistics provides opportunity for feedback and tailoring of services to trends in service needs of participants. There is room for additional effort to actively engage partners in utilizing data for service improvement.

Outcomes Related to On Site Partners and the Larger Community:

9. The individuals who work at the Center work well together, consider themselves part of the same team and demonstrate an understanding of the roles of other partners in the building.

Finding: Exceeds Expectations

Evidence: Individuals who work at the Gateway Center work well together with support from the administration. Additionally, individuals who work at the Center feel that they actively engage in collective problem solving to the benefit of the participants.

10. Partners are given clear documentation and orientation of Center expectations, policies and procedures.

Finding: Room for Improvement

Evidence: People who work primarily at the Gateway Center feel that they have a high level of understanding of Gateway Center policies and procedures. However, people who work less frequently or not at all at the Gateway Center are less comfortable with their knowledge of the policies and procedures.

11. The Center staff makes appropriate referrals to outside agencies.

Finding: Meets Expectations

Evidence: Survivors expressed being impressed by referral services provided. Also, people who work in the Gateway Center value connections to advocates in outside programs. The referral relationships could be further developed through increased networking.

Based on these findings, the following recommendations are made:

1. Improve communication with partners

- Improve Center closure notifications
- Communicating specific Center services and policies to partners
- Create more opportunities for joint problem solving

2. Possible area for expanding capacity and services.

- Additional full-time administrative staff
- Extend hours of service

3. Adopt targeted outreach strategies to share information with the potential participants.

- Outreach to human resource departments
- Place Gateway Center information in places where women frequent
- Collaborate with other culturally-specific service organizations for outreach

4. Areas of revisions and additions in data collection for future evaluations of the Center

- Improvements for data collection on the check-in and check-out forms
- Create mechanisms to obtain feedback and suggestions from participants, on-site partners, navigators, and community based partners in an anonymous manner.
- Develop mechanism to collect feedback from community partners in an on-going basis.
- Develop mechanism to track what service improvements were implemented as a result of the collection and examination of the data.

5. Identify secured permanent funding sources to maintain, at least, current levels of operation.

1. About Gateway Center for Domestic Violence

1.1. Background

The Gateway Center for Domestic Violence opened in September 2010 to better meet the needs of domestic violence survivors in and around Portland, Oregon. With a survivor-centered approach, the Gateway Center seeks to provide a safe and supportive environment for domestic violence survivors and their children. The Gateway Center brings together service providers from the community and creates a centralized location through which survivors are able to access these resources.

The Gateway Center for Domestic Violence provides a “one-stop” model of service delivery, in which service providers are brought together in a central location for ease of access. The one-stop model has been identified as an effective means to deliver domestic violence services in other cities, such as San Diego. In light of this success, a feasibility study was conducted in 2008 to determine if a one-stop domestic violence center in Portland would be a beneficial addition to the community.

The effort to organize a one-stop service delivery center to respond to the unmet needs of domestic violence survivors was spearheaded by both City of Portland Commissioner Saltzman and Multnomah County Chair Cogen. The study found a strong positive response from the domestic violence service and domestic violence survivor communities for the implementation of a one-stop center in the Portland area. This led to an intergovernmental agreement between the City of Portland and Multnomah County to develop the Gateway Center for Domestic Violence Services. Generally, the City of Portland provided the operating costs and administration while Multnomah County provided the building space and technological support.

In addition to the contributions of the City of Portland and Multnomah County, service providers from in and around Portland, Oregon worked together to develop a center which served the unmet need of the community. This took the form of the Gateway Center for Domestic Violence Services which opened in September 2010. The Gateway Center is open from 9 am to 5 pm, Monday through Friday with additional groups meeting outside of normal business hours.

Drop in hours end at 4 pm. The Gateway Center provides survivor-focused, culturally sensitive, trauma-informed services to participants who seek assistance in navigating the range of services available to people experiencing intimate partner violence.

1.2. Services and Partnerships

The Gateway Center brings together service providers from both the public and private sectors to make domestic violence services more accessible. Services at the Gateway Center are delivered by a range of different providers who were already active in the community previous to the development of the Gateway Center. The services provided by the Gateway Center for Domestic Violence empower the participant to make informed and judgment-free choices for themselves. On site agencies include:

- City of Portland
- Multnomah County Sheriff's Office
- Multnomah County District Attorney's Office
- Multnomah County Circuit Court
- Volunteers of America Home Free
- Volunteers of America Relief Nursery
- Catholic Charities' UNICAL El Programa Hispano
- Bradley Angle's Healing Roots Center
- The Native American Youth and Family Center (NAYA)
- Immigrant and Refugee Community Organization (IRCO)
- Ecumenical Ministries of Oregon's Russian Oregon Social Services (ROSS)
- YWCA of Greater Portland
- Department of Human Services Self-Sufficiency
- Lifeworks NW
- Legal Aid Services of Multnomah County, Oregon (LASO)
- Abuse Recovery Ministry Services (ARMS)

Initially, each participant is paired with a "navigator" who helps the participant with basic information about domestic violence including safety planning and danger assessment and then assists in guiding the participant through the array of service providers. Navigators are specially trained employees of partner organizations that work, at least part of their time, at the Gateway Center. Navigator services are delivered by Bradley Angle, NAYA, IRCO, ROSS, Catholic Charities, and YWCA. The navigators' chief role is to understand the needs of

the participant in order to provide individualized safety planning and domestic violence education, and then to connect the participant with appropriate resources. Additionally, culturally specific navigators are available in some cases to aid in this process.

Beyond the navigators, there are outposts of organizations at the Gateway Center which participants can access. Some of these organizations include the Oregon Department of Human Services – Office of Self Sufficiency, Multnomah County District Attorney’s Office, Legal Aid Services of Oregon, Volunteers of America – Home Free, Volunteers of America Relief Nursery, Lifeworks NW, and Multnomah County Sheriff’s Office. Additionally, volunteers from Abuse Recovery Ministry Services regularly contribute to the service array offered at the Gateway Center. The Advisory Council that oversees the Gateway Center is comprised of members from many of the partner organizations active at the Gateway Center.

Together, the City of Portland, Multnomah County and the various partner organizations are able to provide a wide selection of services to participants. Given the potential time and financial constraints domestic violence survivors may be facing, the ability to access these services in a central location is very valuable. As a result of the collaborative effort, the Gateway Center is additionally able to provide a wide range of client assistance resources to survivors such as clothing, holiday assistance, hygiene items, and transportation assistance.

2. Evaluation Study Overview

2.1. Success Measures

The Gateway Center’s advisory council identified eleven outcomes that would represent success for the Gateway Center administration. These are:

(A) Outcomes related to participants

1. Every participant is treated with dignity and respect
2. Services offered on site are convenient and accessible
3. The Center environment is safe physically and psychologically for participants

4. Each participant directs the development of his or her own service plan
5. Participants find tools and services useful

(B) Outcomes related to administration

6. The Center knows how participants come to learn of the Center and what services draw individuals to the Center and tailors outreach appropriately to reach the greatest number of participants
7. The Center knows the quantity of actual services accessed by participants and the number of referrals to other agencies (gross number of participants, restraining order applications, etc.)
8. The Center strives to continually improve services through the collection and examination of data

(C) Outcomes related to on site partners and the larger community.

9. The individuals who work at the Center work well together, consider themselves part of the same team and demonstrate an understanding of the roles of other partners in the building
10. Partners are given clear documentation and orientation of Center expectations, policies and procedures
11. The Center staff makes appropriate referrals to outside agencies. (The larger service community has a positive perception of the quality of work being done at the Center)

2.2. Data Collection and Analysis Approaches

Two types of data were utilized to measure the success of each of the eleven outcomes – Center operation data and focus group feedback.

Table 2, below, provides a summary matrix of the outcomes and the data collection method used in the analysis.

Table 2: Outcomes and Data Collection Method

Outcome	Data Collection Method
1. Every participant is treated with dignity and respect	Operation Data & Focus Groups
2. Services offered on site are convenient and accessible	Operation Data & Focus Groups
3. The Center environment is safe physically and psychologically for participants	Operation Data & Focus Groups
4. Each participant directs the development of his or her own service plan	Operation Data & Focus Groups
5. Participants find tools and services useful	Focus Groups
6. The Center knows how participants come to learn of the Center and what services draw individuals to the Center and tailors outreach appropriately to reach the greatest number of participants	Operation Data & Focus Group
7. The Center knows the quantity of actual services accessed by participants and the number of referrals to other agencies	Operation Data
8. The Center strives to continually improve services through the collection and examination of data	Focus Groups
9. The individuals who work at the Center work well together, consider themselves part of the same team and demonstrate an understanding of the roles of other partners in the building	Focus Groups

10. Partners are given clear documentation and orientation of Center expectations, policies and procedures Focus Groups

11. The Center staff makes appropriate referrals to outside agencies Focus Groups

2.2.1. Center Operation Data

As part of their standard procedure, the Gateway Center asks participants to fill out a check-in form and check-out form. For this evaluation, check-in form data and check-out form data from September 2010 through September 2011 was analyzed. The check-in form records demographic data and referral information when the participants arrive at the Center. In addition, the check-out form asks the participant to reflect on their experience at the Gateway Center. The forms are filled out by the participants who self-report the information (See Appendix A for copies of the forms).

The data analyzed from the check-in form includes:

- Source of referral to Gateway Center for first time visitors
- Number of visits to Gateway Center
- The services that the participant is interested in at the Gateway Center
- Demographics including age, gender, ethnicity and zip code

The check-out form included the following information:

- Participant's perception of their experience at Gateway Center
- Services accessed

Additionally, when navigators work with a participant they record the services that were accessed in an actions completed report. This data ranges from March 2011 to October 2011 and includes the following information:

- Applications Completed
- Referral Forms Completed
- Referrals
- Scheduled Appointments

2.2.2. Focus Group Discussions

Eight focus groups were held to get feedback from a wide range of stakeholders. Each focus group was scheduled for two hours, although the running time of the groups varied. The number of people attending the focus group also varied. The focus groups, with the exception of the Spanish-speaking participant focus group, were facilitated by Dr. Masami Nishishiba of Portland State University. Dr. Matthew Jones and graduate student, Jillian Girard, also attended the sessions. The Spanish speaking focus group was conducted by a consultant and was attended by graduate student, Jillian Girard. Recruitment was done through outreach by the Gateway Center and other community partners and RSVP's were managed by Jillian Girard. Additional comments were accepted via phone or written submission.

Participants at the focus group sessions were asked a series of questions and relevant follow-up questions (See Appendix B). The sessions were tape recorded and later transcribed. In addition to the transcription, notes were taken during the focus group sessions. The transcripts were then coded and analyzed based on the eleven outcome measures. Table 3 identifies the category of focus group participants, date of the focus group, and number of attendees.

Table 3: Summary of Focus Group Sessions

Focus Group Participants	Date of Focus Group	Number of Attendees
Victim Service Providers	April 12, 2012	11 People
Advisory Council	April 17, 2012	10 People
Onsite Partners: Non-Navigators	April 19, 2012	8 People in Focus Group; 1 Written Comment
Onsite Partners: Navigators	April 26, 2012	6 People
System Partners	May 10, 2012	2 People
Administration	May 11, 2012	3 People
Survivors who Accessed the Gateway Center – English Speaking	May 17, 2012	5 People in Focus Group; 1 Written Comment; 1 Telephonic Comment
Survivors who Accessed the Gateway Center – Spanish Speaking	June 12, 2012	2 People

3. Evaluation Study Results

3.1. Outcomes Related To Participants

3.1.1. Every Participant Is Treated With Dignity and Respect

Overall Finding: Exceeds Expectations

Participants report feeling that they were treated with respect and dignity, experienced a welcoming environment, were listened to without judgment, and an openness of people who work at the Gateway Center to all survivors of intimate partner violence.

When asked to fill out the check-out form, nearly 100 percent of participants reported that they felt they were treated with respect while at the Gateway Center for Domestic Violence. Of the 3,042 people that responded to the question on the check-out form, just thirteen people reported that they did not feel treated with respect.

During the survivor focus groups, there was additional evidence of a supportive and respectful environment at the Gateway Center. One survivor said, “Here I have found support.” Another survivor described the Center and remarked, “There's a great sense of dignity in everything they do.” Many staff members who supported the survivor through their particular journey were mentioned at the survivor focus groups by name – demonstrating the unique relationships the staff has been able to develop with the survivors. Survivors at the focus group expressed that they had been able to open up to the Gateway Center staff without fear because they felt comfortable with them.

Another aspect of the Gateway Center that has contributed to the sense of dignity and respect, is the welcoming environment fostered at the Center. The theme of a welcoming environment came up again and again throughout the focus groups. One survivor commented, “It's the most welcoming environment for us. The minute you walk through the doors you feel that you've entered a

place that's welcoming, that will work with you in your crisis situation." Additionally, the navigators at the Gateway Center make an extra effort to ensure participants feel like they are in a relaxed environment where they can be in a space that feels "like their living room and they're having coffee." A non-navigator onsite partner at the Gateway Center described the environment as "comfortable, comforting, welcoming kind of atmosphere."

The service providers of the Gateway Center also emphasized the importance of listening and patience in order to give the survivor the respect they deserve. At the navigator focus group, one participant described active listening as a key tool to understanding what the survivor's needs are. They said, "Active listening is an important first interaction with a participant. For one thing it may be the first time the person has been able to tell the story or at least tell their story without judgment." Another navigator remarked, "You listen and you respect their opinion. And you believe." Listening and responding in a nonjudgmental and patient manner is one way service providers demonstrate their respect for the participants. The focus on a judgment-free environment was noted by a survivor who remarked, "I think another very important thing about the Gateway Center is there's this pervasive attitude that there's no shame and we're not going to judge you at all."

The Gateway Center is inclusive of all survivors of intimate partner domestic violence. The participants at the Gateway Center feel treated with respect and dignity because the Center accepts "survivors whether [they're] male, female, gay, straight, transgender." Additionally, the Gateway Center provides culturally-specific services when possible and appropriate. Having a place to go that is welcoming and where people listen actively and provide information is a great resource for populations that otherwise find it challenging to these access services.

3.1.2. Services Offered Onsite Are Convenient and Accessible

Overall Finding: Exceeds Expectations

The one-stop, drop-in model of the Gateway Center makes it convenient to the participants surveyed. The public address and the location of the building itself along a major public transport corridor also contribute to the accessibility of the Gateway Center. Additionally, the culturally-based services, availability of childcare, and comfortable environment were specifically identified by participants as making the Gateway Center more convenient and accessible.

In all of the focus groups, the location of the Gateway Center was noted as being accessible by participants. One member of the advisory council said, "I think the fact that it's a published location is a great contribution to the services continuum." The mere fact that the Center has a published location provides a degree of accessibility that is not always possible for domestic violence service providers for safety reasons. The Gateway Center's "public, published address" offers survivors a safe place to go when they want to meet with service providers in a face-to-face setting. The convenient and accessible services provided by the Gateway Center have led to the Center operating at near capacity levels since its inception. The large number of people seeking services at the Gateway Center speaks to the unmet need in the community for this type of service.

The physical location of the Gateway Center on the East side of Portland rather than downtown allows for greater ease of parking and public transportation access. One partner described the location of the Gateway Center as easy to access for several reasons:

If you don't have to pay for parking, that's huge. Even if you do go downtown and you park it's likely that you're going to have to walk for some distance...The max is here, that's really helpful and for people that have physical disabilities...it's really helpful we don't have a lot of steps to go up or a far distance to walk.

On the other hand, for communities that are further from the Gateway Center, the travel to the Center can require a great deal of time. One survivor reported that some people she had spoken with, “have to come all the way [to the Gateway Center], taking buses, or trucks” and sometimes they “have to take a bus...and then another, and then another, even the train they have to take up to two or three to get here.”

The ability of the Center to provide a range of services in a single location is a feature that increases the accessibility of services for participants. For example, “as the participants are waiting for restraining orders – they’re getting appointments with Legal Aid and getting advice about the next steps and so forth and it’s just happening in a more seamless way than it would if you’re getting a restraining order and then going over to Legal Aid.” At the Gateway Center the participants are able to simultaneously access a wide range of services with the navigator to provide the introductions to those services. One survivor said that “the Gateway Center has been a one-stop resource and support center assisting me with accessing much needed services, community referrals, and vital ongoing advocacy.” The one-stop model allows the participants to meet with a variety of agencies and groups in a single session. This not only decreases travel time but also time spent figuring out which agencies need to be visited and in what order.

Although some of the onsite partners require an appointment, many of the resources are provided on a drop-in basis. This enables participants to come in as many times as they feel necessary and access resources as needed. According to the check-in form that participants fill out upon arrival at the Gateway Center just under half (46.5%) of the participants are coming to the Center for the first time. One advisory board member described the Gateway Center as:

A front door for people who don’t know what front door they’re looking for...They can go for information and find out how the system works, what’s available. They don’t have to have a lot of definition about help they’re specifically seeking, and it’s one of the few places where you can go without an appointment – and have someone there immediately.

Whether participants are seeking help for the first time or are returning to access additional services, the drop-in model allows people to easily access the

services they need – even if they are unsure what those services are upon arrival.

The drop-in service availability allows participants to access the Center when it is convenient to them. However, in many of the focus groups, the need for additional hours outside of the current 9 am – 4 pm operating hours of the Gateway Center was highlighted. One focus group member noted that “we have a lot of participants who would love to come to Gateway but they work 9-to-5 or they are not available to meet sort of the banker’s hours that Gateway has.” This same sentiment was expressed by a survivor who said “if the Gateway Center were to secure funding that would allow for those hours to be extended, I think that would be a great resource.” Also, because the Center can only work effectively with a set number of participants at any given time, there can be long periods of waiting or even a Gateway Center closure if capacity has been reached. This can be an accessibility challenge if the participant arrives at the Gateway Center only to discover it has been closed or is extremely busy.

As an additional service, the Gateway Center provides free, onsite childcare for participants to utilize while at the Center. The financial burden of paying for childcare and sometimes short window of opportunity for seeking services can be a barrier to accessing services in some domestic violence situations. One survivor asked, “Do you realize how many people are not getting care that they need because of an hour’s worth of childcare?” The childcare services at the Gateway Center reduce the barrier of participation by making the Center more accessible to people with children. It also allows the participant to discuss sensitive issues without worrying about the child overhearing. One partner noted that “having the luxury of a daycare center right here under the roof, you know, is wonderful and allows us to be able to talk about things that I wouldn't dare approach if there were a child in the room.”

Another feature of the Gateway Center is the home-like features that are available to the participants. The Center has a kitchen and is stocked with coffee, pastries and other food items. This allows the participants to stay for a longer period of time than might otherwise be possible. The living room in the Gateway Center also provides an area where participants can relax. Additionally, there is a clothing closet, food boxes, support groups, ministry services, computer access, and other resources that contribute to the feeling of convenience at the Center. These client assistance services make the Gateway

Center a more comfortable and convenient place for survivors to meet a wide variety of needs.

The availability of a range of culturally-specific services also increases the accessibility of the Gateway Center for many participants. By providing services that are culturally consistent with the participants' worldview, the services can be more appropriate to that individual. Additionally, the variety of languages spoken by service providers at the Gateway Center allows participants from diverse backgrounds to access the services. One survivor recalled, "I've seen people from the Swahili speaking community, from the Russian community, from the Norwegian speaking, all can access the services." With the language services at the Gateway Center, "you can actually access folks who speak the language and...having interpreters available on time and onsite just saves so much time for a person who is needing emergency services or something that they need right away." The accessibility of services in a variety of languages allows participants to communicate in a way that may otherwise be difficult or impossible.

3.1.3. The Center Environment Is Safe Physically and Psychologically For Participants

Overall Finding: Exceeds Expectations

Participants report feeling safe while at Gateway Center. Specifically, the safety features of the building, the onsite childcare services and the measures to ensure confidentiality were identified as contributing to the feeling of safety at the Gateway Center.

The physical environment of the Gateway Center was continually identified as a safe environment. This is supported by the responses from the check-out form question regarding the participants' perception of safety while at the Gateway Center. Out of a total of 3,049 responses, 3,045 respondents reported feeling safe while at the Gateway Center.

Features of the building like: bullet proof glass, controlled access entry, an onsite sheriff, and police presence on the Gateway Campus all contribute to this feeling of physical safety. Once inside the building there are certain areas that can only be accessed by using a security card which further increases the safety of the building. Since the Gateway Center provides services to a particular population they are able to turn people away at the door if they do not appear to be there seeking the appropriate services. In the navigator group, one focus group participant described the process to get into the building and noted that when you walk in the door there's "somebody there who's asking questions about...what kind of resources are you looking for or how you think we can help you. [So] coming in you are aware that someone couldn't just walk in through the front door." The physical safety of the building was echoed in the survivor focus groups. One participant only wished they would have known about it earlier, remarking, "I was like, we can't go there, he'll find us, he'll be looking for us there, and if I would have known that day how safe we would have been - that it's in lockdown, there's a sheriff, ... and if I would have known my son would have been taken care of, he wouldn't have been hearing me talk."

Having a safe place for kids to play while participants navigate the services of the Gateway Center provides a sense of psychological safety for those with children. One survivor appreciated the mental respite the childcare resources at

Gateway Center offered because “when you're trying to build a new life, you know that your child is happy and safe and you don't have to worry about that at that time.” The safety of the participant’s children can go a long way toward ensuring the sense of safety while at the Center.

The Gateway Center provides participants with a psychologically safe setting as well. Treating the participant with respect and dignity is a part of making the participants feel safe and welcome inside the Center. Another aspect is building trust with the participant. As one onsite partner describes, “If they are trusting me, and they're having a good interaction with me, and I'm saying that another person is safe, I think it encourages them to access that person.” The face-to-face interactions possible at the Gateway Center encourage the trust building relationships which contribute to the feeling of psychological safety.

Confidentiality is extremely important to the Gateway Center and its participants. One survivor who had experienced breaches of confidentiality in the past when working with other agencies believed the efforts of the Gateway Center in establishing a clear safety plan and confidentiality plan “shielded [the survivor] against further abuse or experiencing assault or being stalked.” The Gateway’s Center’s commitment to establishing a safety plan and ensuring confidentiality contributes to the feeling of safety even beyond the walls of the Gateway Center. Supporting survivors in developing safety plans also allows survivors to address situations outside of the Gateway Center in a safe manner.

3.1.4. Each participant directs the development of his or her own service plan

Overall Finding: Meets Expectations

Participants report feeling better equipped with resources to make decisions after visiting the Gateway Center. However, some participants also report feeling overwhelmed while at the Center.

The Gateway Center tries to provide options and flexibility to participants. The navigators and partners present at the Gateway Center are responsible for providing information to the participants that come to the Gateway Center. Once the options are described, the decision ultimately falls to the participant. One participant described the interaction with the navigator as “[giving] me a clear pathway of how that would unfold if I chose to make those decisions for myself.” It is ultimately up to the participant to decide what to do with the information provided. According to the information provided on the check-out form, 94.6% of participants reported feeling at least somewhat “better able to make informed decisions about my situation.”

The focus on the survivor’s own choices provides the participants at the Gateway Center with a sense of dignity throughout the process. As the navigators are working with a participant they base their response on the particular choices of that survivor. As one navigator put it, “We just support them with whatever they want. If they decided, ‘I’m not leaving the abusive situation,’ then we look for a way for safety just doing that sort of thing. We plan from there. So the decision has to come from them and whatever they decided, that’s how we support them.” Giving the survivor the power and the information to make decisions for themselves is an important part of the navigator’s work.

Having so many service options available to participants can result in very long days at the Gateway Center. As a result, some participants feel overwhelmed at the Center and feel as though they need to go through as many of the available services in a single day as possible. As represented by one advisory board

member's comment, some participants have expressed that they "feel kind of like they're going to be disappointing somebody, or that's kind of what you have to do while you're there." The wealth of services is strength of the Gateway Center but it can also make decisions regarding a service plan daunting for some participants.

Despite having a wide range of options for participants there seems to be a great deal of emphasis put on applying for restraining orders. After Navigator services, the restraining orders are the most frequently accessed service at the Gateway Center, with one-third (33%) of participants having filled out a restraining order application while at Gateway Center. Although not reported directly in the survivor focus groups, members of other focus group sessions reported participants felt pressure to fill out a restraining order or pressure to fill out a restraining order in a particular way while seeking services at the Gateway Center. While the survivors who took part in the focus group did not report feeling pressured to fill out a restraining order, this theme was discussed in multiple non-survivor focus groups. One advisory board member expressed interest in looking into why participants might feel pressured, stating "some of that might be perception and some of that might be approach or language that's being used." This either real or perceived pressure could undermine the ability of participants to direct their own service plan.

3.1.5. Participants Find Tools and Services Useful

Overall Finding: Exceeds Expectations

Tools and services identified as particularly useful to participants are the one-stop drop-in model, the ability to obtain virtual restraining orders, the availability of childcare services, client assistance, and referrals to relevant external services.

The one-stop nature of the Gateway Center was repeatedly mentioned by focus group participants as one of the most unique and useful aspects of the Center. During the survivor focus group, one participant recalled “I was just incredibly relieved to find someplace that was so welcoming and that basically wrapped you in services.” The ability of participants to access a wide range of services in a central location helps to alleviate some of the barriers of accessing services, thus making it an extremely useful service. The Gateway Center’s one-stop model additionally allows participants to navigate the variety of services available with a knowledgeable partner to ensure congruence. One member of the advisory council addressed the role of the Gateway Center in meeting a wide range of needs by helping participants navigate the system effectively:

I think that it’s significant in that it really has addressed some barriers. The transportation barrier, just the pure logistical barrier of getting help, but also kind of the emotional barrier...not everyone who’s... experiencing domestic violence needs a shelter. But everyone needs help navigating the situations, some people need a shelter, some people need a bus ticket, some people need a voucher, and some people need to just make a plan.

Being able to address their concerns in a quick and efficient manner was repeatedly praised by the participants of the survivor focus groups as one of the most useful aspects of the Gateway Center. The coordinated response allowed the participants to make the desired changes in their lives in a relatively quick timeframe.

Participants can utilize the Gateway Center services as many times as they feel necessary, whether that means help with finding housing, counseling, art therapy, finding clothes for a growing child, or searching for a job online. Additionally, the drop-in capacity of the Gateway Center is useful to participants who need to act quickly or want to access services based on their own timetable. Participants also noted the usefulness of services such as Legal Aid, DHS and mental health services.

The ability of the Gateway Center to do virtual restraining orders is also a very useful service. As one advisory board member described:

Going to court is an overwhelmingly intimidating experience for survivors and that setting and support they get and the time they have to spend with a navigator and talk about what happens next they can process it differently than when they're standing in front of a judge and getting instructions from the clerk.

Childcare services are also mentioned as a very useful feature of the Gateway Center. Having onsite childcare allows participants to use the services of the Center while knowing their children are in a safe environment. Also, this allows the participants to discuss challenges that might otherwise be difficult to talk through in the presence of a child. The onsite childcare additionally permits participants to come to the Gateway Center in a crisis situation with their children rather than trying to find somebody safe to watch their children when leaving an abusive situation. The childcare services make seeking services financially feasible for those who may not otherwise be able to afford childcare. So, having a safe space for kids at the Gateway Center is useful to participants for a variety of reasons.

Beyond the service providers present in-house at the Gateway Center, the Center has the capacity to provide a range of periphery services that are useful in filling in some gaps in practical needs of the participants. One partner focus group participant reported that "There's a small amount of money for...bus tickets...gift cards, things like that." Another partner recalled providing Christmas trees that had been donated to the Center to survivors during the holidays. Survivors also recalled utilizing these services to get groceries and transportation. For services that are not available in-house, the Gateway Center has been useful to participants in providing referrals to other programs which

have aided participants in everything from housing and home furnishing resources to car repair, interview apparel, and the state address confidentiality program.

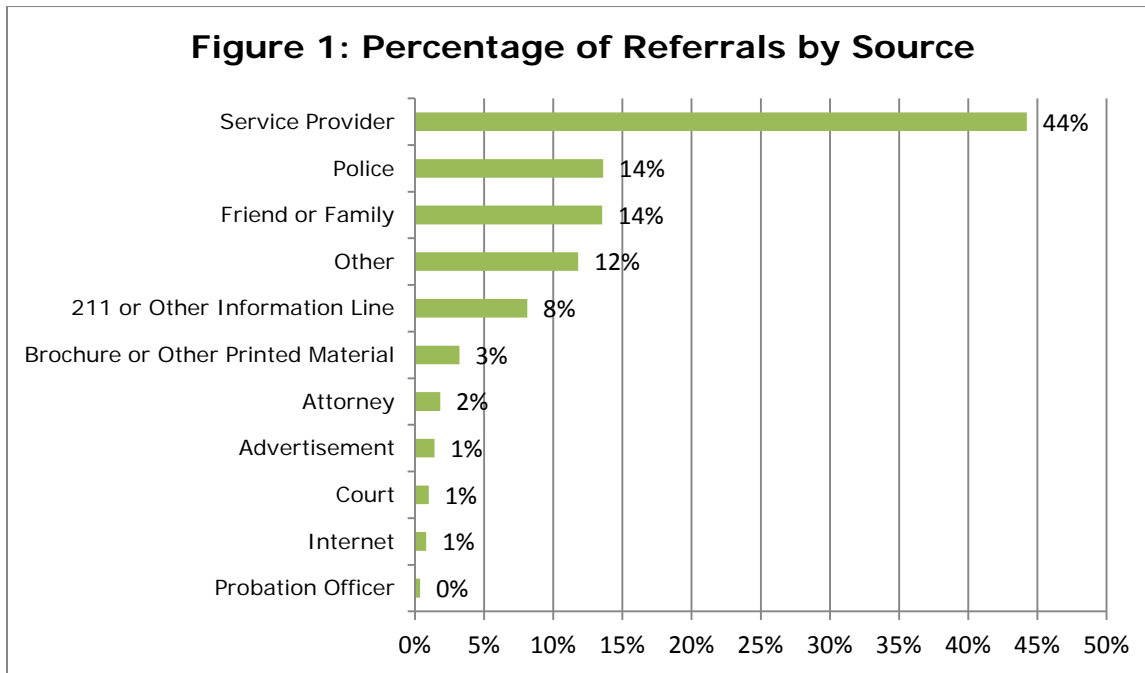
3.2. Outcomes Related To Administration

3.2.1. The Center Knows How Participants Come To Learn Of the Center and What Services Draw Individuals to the Center and Tailors Outreach Appropriately to Reach the Greatest Number of Participants

Overall Finding: Meets Expectations

Data gathered from the check-in form provides the Gateway Center with relevant information regarding how the participants come to learn of the Center. However, because of the limitations of the Center capacity to meet high demands, additional outreach has not been made a priority.

When participants go to the Gateway Center they are asked to fill out a check-in form which documents their referral source. This is the primary mechanism for how the Gateway Center gathers information regarding the referral source of the participants. This information is communicated to partners at a monthly operations meeting. On the check-in form, 3,409 participants responded to this question between August 2010 and October 2011. The primary source of referrals to the Gateway Center was service providers (44%), followed by police and family or friend (both with 14% of responses). More detailed results are captured in Figure 1, below.



The check-in form also asks the participants to report the specific services that they are seeking at the Gateway Center. Based on 4,487 participants who responded to this question, the services most commonly sought by participants were a restraining order (1,319 responses), a meeting with the department of human services (1,258 responses), and civil legal assistance (1,119 responses). Table 4, below, includes the responses of all the participants who responded to this question on the check-in form.

Table 4: The Number and Percentage of Participants Seeking Access to Specific Services at the Gateway Center, August 2010 and October 2011

Service	Number of Responses	Percentage of Responses
Restraining Order	1,319	29.4%
Department of Human Services	1,258	28.0%
Civil Legal Assistance	1,119	24.9%
Advocacy Services	1,043	23.2%
Counseling	973	21.7%

Not sure. I would like to explore my options.	918	20.5%
Children's Services	578	12.9%
Employment Assistance	426	9.5%
District Attorney's Office	234	5.2%
Police	174	3.9%
Teen Advocacy	121	2.7%
Other	5	0.1%

Despite information regarding referral source and desired services, the Gateway Center does not have a very active outreach program. This is largely due to the issues of capacity experienced at the Gateway Center. In November 2011, the Center averaged 20 visits per day. Given the in depth services offered at the Center, 20 people is close to capacity. Since they are at capacity in the current environment, additional outreach has not been a priority. One advisory board member lamented this problem in the focus group:

I wish [the Gateway Center] were able to have more capacity but I realize there's physical constraints as well as a funding constraints... I wish we could handle more people but we can't right now. But, we've never even done a real PR campaign about this. I think we had one billboard at one point, and we're full. That's because we're getting referrals from survivors and law enforcement and others but... I imagine there's a whole other universe of people out there that if they just knew about it...might find their way there.

A survivor added to the feeling of wanting to reach as many people as possible. They said, "I don't know how I stumbled upon it and that is the scary part because if someone else like me didn't stumble on it, they could be out there in a scary place and so I'm really grateful somehow I was able to stumble on it."

The survivors also expressed concern between the competing interests of promoting the Gateway Center and keeping it concealed from abusers to a certain extent. One focus group participant expressed, "I don't know how to

exactly get the word out there more, because...we want the Gateway Center kept...low key. It's a safe place to go that most people don't know about but I wish I would have known about it when I was with my abuser." So, if outreach is expanded, this concern may have to be addressed. At the moment, the conclusion is that the outreach is not reaching the greatest number of potential participants, but the capacity to meet the need is also limited.

3.2.2. The Center Knows the Quantity of Actual Services Accessed by Participants and the Number of Referrals to Other Agencies (Gross Number of Participants, Restraining Order Applications, etc.)

Overall Finding: Exceeds Expectations

The quantities of services utilized as well as the number of referrals are reported on the check-out form and actions completed report. This goal could be expanded to include qualitative measures to assess services and referrals for future evaluations.

The Gateway Center collects information regarding the services that participants actually accessed on the check-out form. A total of 4,568 participants responded to this question between August 2010 and October 2011. The most common service received was advocacy (2,926 responses). Table 5, below, captures the number and proportion of participants who actually received each service while at the Gateway Center.

Table 5: The Number and Percentage of Participants Accessing a Specific Service at the Gateway Center, August 2010 and October 2011

Services Received	Number of Visits During Which Service was Provided	Percentage of Visits During Which Service was Provided
Advocacy Services	2,926	64.1%
Counseling	910	19.9%
Department of Human Services	908	19.9%
Restraining Order	875	19.2%
Civil Legal Assistance	624	13.7%
Children's Services	282	6.2%
District Attorney's	189	4.1%

Office		
Employment Assistance	124	2.7%
Teen Advocacy	66	1.4%
Police	57	1.2%

When working with a participant, it is the job of the navigator to report what referrals are made to participants on the actions completed report. Additionally, the applications that are filled out and appointments made that day are recorded. Data was available from March 2011 to October 2011 and included 1,107 responses. The most common service was the filling out of a restraining order application (497 participants). Table 6, documents the number of referrals, applications, and appointments for each service. While the Center does succeed at collecting the data regarding referrals and services accessed, this particular outcome measure could be expanded to include qualitative measures to assess services and referrals for future evaluations.

Table 6: The Number and Percentage of Participants' Referrals, Applications, and Appointments, March 2011 – October 2011

Service	Number of Participants	Percentage of Participants
Restraining Order Application Completed	497	44.9%
LASO Appointment	333	30.1%
Check-in form for LASO	325	29.4%
DHS Appointment	274	24.8%
DHS Application Completed	247	22.3%
LifeWorks NW Appoint	221	20.0%
Check-in form for LifeWorks NW	220	19.9%
Referral Form VOA (CYA)	102	9.2%
Adult Support Group Referral	95	8.6%
District Attorney Appointment	91	8.2%
Child Support Group Referral	48	4.3%
Esperanza Referral	38	3.4%
Employment Assistance Form	15	1.4%
Police Contact Made	15	1.4%
Address Confidentiality Form	13	1.2%
Police Report Filed	12	1.1%
Crime Victim Assistance Form	11	1.0%
DVERT Referral	9	0.8%
ARMS Referral	2	0.2%

3.2.3. The Center Strives to Continually Improve Services through the Collection and Examination of Data

Overall Finding: Meets Expectations

Periodic review of data and statistics provides opportunity for feedback and tailoring of services to trends in service needs of participants. There is room for additional effort to actively engage partners in utilizing data for service improvement.

The Gateway Center does a great job of collecting data, maintaining its database, and communicating the trends to onsite partners. As discussed, the primary mechanisms for the Center's data collection are the check-in form, check-out form, and the navigators' actions completed report. The Gateway Center holds an operation meeting once a month in which they discuss the data and statistics collected each month. Additionally, a nine month update was prepared by the Center to provide feedback regarding the initial months of operation. The data provides insight into number of visitors, referral sources, participant demographics, number and success rates of restraining order applications, language and childcare needs of participants, services provided, and feedback provided by participants on the evaluation portion of the check-out form. Discussion of these items during the operations meeting allows partners to keep abreast of the Gateway Center operations and to bring up any concerns regarding statistical trends. This information has been central in bringing about several changes, including streamlining the navigation process and securing additional funding for mental health resources.

Following the data and statistics portion of the operations meeting, time is allotted for stories, challenges, and questions for each other. It is during this period that modes of service delivery can be discussed and improved upon. One focus group member described this practice as, "creating space for disagreement and conflict" and making it "okay to have disagreements... collaboration comes because you have differences and we work toward building as much consensus as we can or saying you're different and we're different and that's okay." However, bringing up challenges in the large group can be intimidating for some. One contributor revealed that "I feel supported as a

partner in a lot of ways, but I don't necessarily always feel like...I would hesitate to bring up anything to the larger group that's negative or I feel like might involve some conflict."

3.3. Outcomes Related to On Site Partners and the Larger Community

3.3.1. The individuals who work at the Center work well together, consider themselves part of the same team and demonstrate an understanding of the roles of other partners in the building

Overall Finding: Exceeds Expectations

Individuals who work at the Gateway Center work well together with support from the administration. Additionally, individuals who work at the Center feel that they actively engage in collective problem solving to the benefit of the participants.

The individuals that work at the Gateway Center, especially the navigators, reported that they work well together and are happy with the work environment. The navigators also reported feeling "unwavering support and trust of the administration."

One navigator focus group participant remarked:

I've had nothing but good experiences in working with the people under this roof and finding options for participants that I may not have come up with on my own. Everyone is really geared toward having the best outcome for the participant. There's not a lot of butting heads, people are very free to share their opinions of what may work better for someone and that really gives me a lot of great tools to go back and discuss with the participant so that they can make an informed decision about what they want and see what's available to them.

The individuals who work at the Center, reported a strong willingness to come together to problem solve on behalf of the participants. As one survivor observed during their experience at the Gateway Center, "if you ask one person a question and they don't know the answer they find the person who can give you the answer." The individuals who work at the Gateway Center collaborate well together to help participants, regardless of different agencies they represent, in order to ensure that the participant receives the necessary services.

One of the strengths of working with people from other agencies is the ability to know the services of those partner agencies more intimately. One navigator expressed that "when I first came in here I personally thought that I was well versed in DV and what they needed and what, you know, the resources available to them. But working here, I've learned so much from all the other agencies." As a result, the services providers at the Gateway Center are more aware of the options provided by other service providers in the community.

The close connection to the other services makes the introduction to those systems more accessible. One focus group participant articulated this point well:

I think, it's great for participants to be able to come in and access those people immediately but I think it's great for the community building that's happened as a result of that because I think...it makes all those things more accessible to participants and to...us as a domestic violence community. To be building those relationships and understanding how those systems work, gets people immediately plugged into those systems in a way that...is just a little more clunky otherwise.

A final strength regarding the benefits of individuals having a strong understanding of the role of partner organizations is the ability to get things done for participants that may be difficult elsewhere. Since all the individuals at the Gateway Center are trained in the rules of their agency as they relate to domestic violence, they are better able to assist the participants in getting the services they need. As a result, "they're not going to give somebody bad information" and will know how to deal with non-routine situations. Also, because individuals from organizations that are not traditionally domestic violence focused, such as DHS and LifeWorks NW, are trained to interact with

survivors, there is a greater possibility “that they're going to be as respectful of that experience as [traditional DV service providers] are.”

Overall, focus group participants who worked onsite reported a general feeling of working as a team toward the common goal of helping participants. They have also experienced increased understanding of the role of partner organizations as a result of working more closely with those organizations. However, some focus group participants expressed concern that although the understanding of the roles of partner organizations in the building is enhanced overall, the understanding is not perfect. It can also be a challenge for individuals from partner agencies to understand their own role given the dual authorities they work under. The roles of each partner in the Gateway Center “has taken some time to clarify, to make sure that we’re presenting that information correctly.” One service provider worried that new employees or employees who were unable to attend trainings covering the role of the partners “may not be accurately representing all of [the service providers] so I just think it would be nice to be able to sit down with people face to face and answer questions and...I'd be happy to do that regularly because I feel like it would help the survivors.”

3.3.2. Partners¹ are given clear documentation and orientation of Center expectations, policies and procedures

Overall Finding: Room for Improvement

People who work primarily at the Gateway Center feel that they have a high level of understanding of Gateway Center policies and procedures. However, people who work less frequently or not at all at the Gateway Center are less comfortable with their knowledge of the policies and procedures.

Tools used to communicate the policies, procedures, and expectations of the Gateway Center include contracts, orientations, bi-monthly training sessions, documentation of procedures, word of mouth information spread, weekly announcements, monthly operations meeting, and bi-weekly navigator meetings.

At the highest level, the “advisory council actually decides at an agency level who gets to be in the building and who doesn't get to be in the building.” The relationships are managed by “contracts with a lot of the agencies that say...this is how you will work with us,...you will follow guidelines that we develop together,...we will have these sort of feedback loops.” The contracts can also be used to manage conflict where one party's expectations are not met, such as a case of poor agency integration.

Most people who work frequently at the Gateway Center feel that they have a relatively high understanding of the policies and procedures of the Gateway Center. This is in part due to the Monday and Thursday morning navigator meetings in which those that are able to attend can discuss changes that have taken place. Navigators also feel involved in the policy formation process resulting in a relatively high level of understanding and buy-in to the policy

¹ For this evaluation, “Partners” was interpreted broadly to include both onsite and offsite partners.

changes. One respondent from the navigator group explained that the policy is “constantly being updated depending on what we go through week by week...We're going as we're learning and that's fine because we're becoming better by learning...I personally like to be involved in all the policy changing.” So, the changes to policy are viewed as part of the learning process of the Center and ultimately a positive for participants.

The people who spend less time at the Gateway Center are generally less aware of the policies and feel that they are not always communicated effectively. Some of the mechanisms of communication include Wednesday morning updates, bi-monthly training sessions, and monthly operations meetings. However, not all the partners are consistently able to make these meetings. As a result, it is challenging to ensure that they are receiving complete information regarding policy changes. Information sharing regarding new policies and procedures in the office is reported as often occurring by word of mouth and some focus group participants feared missing a critical piece of information. For example, one non-navigator onsite partner reported, “I do sometimes feel like I don't always know what the policies and procedures are. I feel like maybe they've been decided or changed and then somehow I don't get that information.” Confusion regarding policies specific to the role of outside partners working with participants inside the Center was expressed. The pilot program in which outside partners become certified to navigate through the Gateway Center with their own participants could help alleviate this confusion by standardizing the procedure.

Another communication issue between the more periphery service providers and the Gateway Center was the difficulty in knowing when the Center is closed. The Center is closed for two primary reasons. First, if the Center has reached capacity for the day and second, for planned closures. When capacity is reached an email is sent out to partners, alerting them of the closure. When the Center has a planned closure, the attempt is made to communicate this information to partners in advance. However, the external community does not seem to recognize the differentiation made by Gateway and expressed confusion regarding the closure policy. One advisory board member expressed that the Gateway Center is “a drop in center and people expect it to be open during certain hours and so having some capacity to address that would be helpful.” Another focus group participant stated that “they've recently started this email list where you can be notified of early closures or closures which I think is really good but, it's still usually the day of that we find out its closing early or that it

will be closed for that day.” Having more advanced notice when possible could better aid the safety planning process of partner agencies. Again, the Center is taking efforts to notify partners in advance when planned closures occur, but the communication of the different closure policies to partners would help alleviate this confusion. Related to the closure notification matter is confusion regarding “what’s closed [at the Gateway Center]? ...who’s not there? Are programs closed? Are navigators?” Due to the wide range of services offered at the Gateway Center it is possible to have a closure of some services while others continue to operate. Finally, the language used on the closure notices (mostly in English) is a consideration that was noted in the focus groups.

3.3.3. The Center staff makes appropriate referrals to outside agencies. (The larger service community has a positive perception of the quality of work being done at the Center)

Overall Finding: Meets Expectations

Survivors expressed being impressed by referral services provided. Also, people who work in the Gateway Center value connections to advocates in outside programs. The referral relationships could be further developed through increased networking.

The survivors appreciated the Center staff making appropriate referrals to outside agencies or introducing services provided by other agencies. Some programs mentioned by the survivors include: housing services, “an organization who helped [the survivor] pay for rent,” taking college classes with financial aid, a psychologist, “a group for parents who are parenting children who have experienced trauma,” the address confidentiality program, the community warehouse program to furnish a house, YWCA, and a program that aided in “rebuilding a career.” Participants were impressed by the range of services the Gateway Center helped them access. Additionally, through referrals to other agencies the Gateway Center identifies ways to help the survivors for a longer term if necessary. On-site navigators at Gateway have many connections with other agencies and have helped by referring survivors those agencies. The onsite partners consider this a benefit for participants, saying, for example, “I came into my job here with a relationship with many outside agencies and am able to connect with advocates at other agencies personally on behalf of my participants.”

Without an active targeted campaign and outreach, many participants are still coming to Gateway Center. It is mostly through referrals from other agencies and word of mouth. This suggests that the larger service community considers positively the quality of work being done by the Center. One focus group member considered the current level of operation as the starting point for

connecting with other agencies, saying, "It's fitting in a system that has so many different aspects to it and so, I think connecting with and communicating with the other arms of the system is really, really important." This is congruent with the sentiment of system partner who said, "I think people also see the value in this project and the good things that it brings and this great resource we have now."

However, some focus group participants expressed the need to have better communication between Gateway Center and the larger service community, especially the need to be open to their partners' feedback and input. They noted that it would be helpful if Gateway Center was more involved in the larger domestic violence community and more actively engaged with other service providers in order to openly discuss ways to improve service in the region overall. One focus group participant reported that the community of service providers is "constantly pushing all the partners to kind of push on each other for what is best for the survivors, what's best for the system. So we are always constantly kind of pushing on each other to improve." The Gateway Center could become more involved in this process as the network matures.

Some people noted that the Gateway Center impacted the larger service community by raising their awareness and facilitating a collaborative approach to domestic violence. One focus group member said, "I think it's helped other agencies that are not domestic violence focused to be more aware of the issues of domestic violence and how that sort of intersects with their work." By having a knowledge of the external service system and the needs of the survivors, the Center staff is better able to make referrals that reflect the needs of the survivors.

However, not all the services appear to be met with an equal level of expertise. Specific issues addressed in the focus group discussions included police services, participants with mental health issues, and participants with substance abuse issues. Referrals to outside partners in cases where there is not a great capacity within the Gateway Center to deal with a specific problem may address some of these concerns.

4. Recommendations

This section outlines the recommendations related to the Gateway Center operations and future evaluation based on the findings from the current evaluation.

1. Improve communication with partners

The results of the focus group discussions indicate that there is a need for the Center to improve communication with the partners, especially with those who are not onsite regularly. These external partners, i.e., system partners and victim service providers requested improvements in communication on the following three areas: (1) Center closure notifications, (2) understanding Center services and policies, and (3) opportunity for joint problem solving.

Clarify Center closure notifications. Many partners expressed frustration on not receiving the Center closure information in a timely manner. They noted that the email notification system that the Center recently adopted to inform the partners about the closure is helpful. However, the notification typically is provided at the last minute of the day when the Center is being closed and it is sometimes too late for their planning. This last minute notification occurs when the Center reaches capacity, and so is unpredictable. Clearly communicating to partners the different types of closure notifications that the Gateway utilizes could help clarify some of the confusion. Partners also noted that they are not clear what services are available and what services are not available when the Center is closed. One possible solution to this issue is to try including the Center operation information on the Center website. For example, the Center can put a “calendar of events” link on the website and inform external partners and other Center visitors the days and times the Center is closed. Other social media, for example, Facebook may also be a good medium to inform a larger community with the Center closure and other information without taking up much of the staff administrative time.

Communicating specific Center services and policies to partners. Some partners indicated that they would like to have a better understanding on what specific services Gateway Center provides best to the survivors, so they can make a better referral. Not understanding the Gateway Center services can

result in setting up their clients with false expectations and negative experience on the part of the survivors. There was some confusion among service providers as to how “co-advocacy” works with the Gateway Center. They noted that it would be helpful to have a clear guidance on whether the Gateway Center will allow someone to accompany the participant as an advocate and continue serving them as co-advocate. A regular policy change email in addition to the onsite meetings may help facilitate this communication.

Opportunities for joint problem solving with external partners. Some partners commented that they would appreciate having more opportunities to jointly discuss approaches to improve services. They noted that it would be useful to have Gateway Center staff participate and contribute in the problem solving sessions of the greater domestic violence community in and around Portland, which will also provide them with the opportunity to give direct feedback to the Center from their perspective. By having more opportunities for collaboration and coordination for joint problem solving, Gateway Center can contribute more as an important part of the “service continuum.”

2. Possible area for expanding capacity and services.

Focus group participants indicated several areas where they would like to see the Gateway Center expand its capacity and services they provide to the participants. Acknowledging that these expansions are contingent upon the funding, the focus group participants identified the following two main areas as their “wish list” for capacity and service expansion.

Additional full-time administrative staff. With the increase in the number of survivors who access Gateway Center’s services, focus group participants suggested that the Center requires more personnel to meet the increased demands. Both the advisory group members and the current Gateway Center administrative staff noted that it would be ideal if the Center could have another full-time administrative staff. For example, if they could hire another person to staff the reception desk and answer phone calls, it would reduce the workload of the current administrative staff that helps with receiving the survivor at the entry and guide them through the process, while taking care of many other on-going administration tasks.

Many others also suggested hiring another full-time therapist. Participants indicated the usefulness of the current therapy sessions offered by the existing therapist, such as “Seeking Safety” and “Art Therapy” sessions. They noted that

adding “Cognitive Trauma Therapy” may help survivors recover from PTSD. Noting the lack of expertise in counseling survivors with mental illness, some suggested adding a therapist or a counselor with expertise in mental health. Also, noticing the increase in Spanish-speaking participants seeking services from the Gateway Center, some participants indicated that it would be advantageous to have a full-time Spanish-speaking therapist.

Other types of personnel with special expertise that may be beneficial to have at Gateway Center include, improved civil legal assistance as well as onsite medical treatment.

Extend hours of service. The normal operating hours at the Gateway Center are 9:00 a.m. to 4 p.m. Some focus group participants recommended extending these hours several times a week to allow survivors to access support groups or empowering workshops. They noted that often times when an individual is in an abusive relationship there is a considerable control exerted by the abuser on that individual’s time and activities. Having extended hours at Gateway will make it easier for participants to access Gateway Center for needed resources, support, service or counseling. This will especially be beneficial for participants who are still living with their abuser to access Gateway Center without having to leave the abuser, or be noticed by the abuser that the participant is seeking help.

3. Adopt targeted outreach strategies to share information with the potential participants.

Currently, most of the participants learn about Gateway Center either through referrals from word of mouth or referrals from other service providers. Not much has been done as an active outreach by the Gateway Center to help potential participants obtain information about the Center. Even without an active outreach, Gateway Center participants are increasing and the Center is reaching its maximum capacity for service. Some people are, therefore, noting that there is no need for the Gateway Center to expand its outreach effort.

However, participants who benefitted from the services they receive from the Gateway Center strongly expressed that they would like to have more survivors know about the Center. The following are the targeted outreach strategies recommended by the participants.

(1) Outreach to human resources departments. Some participants suggested a targeted outreach to human resources departments of Portland-based organizations. They point out that the need to address domestic abuse issues consumes our community's human and financial resources at an alarming rate but it is still underreported, minimized and often misunderstood especially in the workplace. Partnering with human resources departments and representatives is an effective way to reach out to domestic violence survivors and address the issue at an earlier stage.

(2) Place Gateway Center information to where women go. Placing the Gateway Center information at places where women who are in abusive situation will go in their daily life, without necessarily been seen by their abuser, will be an effective way of reaching out to the community. For example, Gateway Center information can be placed at the feminine product aisle in the grocery store, women's public restrooms, women's bible group, churches, Planned Parenthood offices.

(3) Collaborate with other culture-specific support group organization for outreach. By working with culture centers and other culturally specific organizations, information on Gateway Center can be shared with survivors who may not typically receive information through other mediums. It may also be useful to work with Q-Center to reach out to the survivors in the LGBTQ community.

4. Areas of revisions and additions in data collection for future evaluations of the Center.

(1) The following are recommendations for addition in the "Check-in Form"

(a) Under question 1 "If this is your first visit, how did you learn about the Gateway Center for Domestic Violence Services?" it would be useful to add "Website/Internet" as one of the response categories. Many people wrote in "Website/Internet" under "Other".

(b) In order to obtain information about the accessibility of the Center, it might be useful to ask the participants "How did you get to the Center today?" and "How long did it take you to get to the Center?"

(2) The following is the recommendation for addition in the “Check-out Form”

It may be useful to add a question regarding if the participant was able to access language specific services. Example “Were you able to obtain services in the language of your preference?”

It may be useful, particularly from a budgetary standpoint, to ask participants what services they would like to have accessed if they were available.

(3) Create mechanisms to obtain feedback and suggestions from participants, on-site navigators, non-navigators, victim service providers and system partners in an anonymous manner.

Currently, feedback is solicited from participants using “check-in” and “check-out” forms, however, some people in the focus group expressed concerns that those forms are not anonymous. Participants may have some difficulties providing honest feedback because they can be identified when they hand out these forms. It may be useful to create a mechanism where the participants can submit their feedback in an anonymous manner, in addition to the existing “check-in” and “check-out” forms.

Also, currently there are no official mechanisms for navigators, non-navigators, victim service providers and system partners to submit anonymous feedback on the Gateway Center operations. Soliciting honest and candid feedback from these stakeholders may be informative in identifying ways to improve Gateway Center operations.

The anonymous feedback can be solicited by setting up a physical suggestion box on-site where people can access and drop their comments without being seen by others. It is also possible to set up a “virtual” suggestion box on the website, where people can post their comments using alias.

(4) Develop mechanism to collect feedback from community partners in an on-going basis.

Currently, there is no mechanism set up to collect data from community partners, soliciting information for improving Gateway Center operations. It might be useful to implement periodical survey with the community partners and solicit feedback from them.

(5) Develop mechanism to track what service improvement were implemented as a result of the collection and examination of the data.

Under outcome #8 "The Center strives to continually improve services through the collection and examination of data collection" the Center does a good job in collecting and examining the data. There is, however, no mechanism set up in tracking and following through what improvements were made as a result of the examination of the data. In order to show the long-term service improvement of the Center, it would be useful to have the Center record and track the improvements it made as a result of the data examination.

5. Identify secured permanent funding sources

Feedback from the participants and the number of people who access the Gateway Center indicate there is a demand for the services the Center provides. In order for the Gateway Center to meet the needs of domestic violence survivors, it is essential that the Center has a secured permanent funding stream.

Currently the Gateway Center is funded by the City of Portland for the personnel and operation, Multnomah County provides the facility, supplemented by some federal grants. The members of the advisory board noted that a portion of the Center's funding was committed for only three years, and the Center is just over the half-way point. The current funding of the Center is partially based on a one-time allocation of funds from the City of Portland, which does not provide a secure permanent financial basis for its operation. This represents approximately 20% of the current funding resources. In order to assure that the Center continues to provide services to the survivors at the current levels it is important that the Center identifies a secured permanent funding source.

Also, the current arrangement with the funding coming from multiple jurisdictions makes the Center administration work more complex. For example, just to purchase a piece of equipment, Center administration needed to wade

through complicated technical inter-governmental agreements, which takes up Center administration staff time from providing services to the survivors. Ideally, in the future, the Center will have more autonomy in managing the Center.

Appendices

Appendix A: Check-in/Check-out Forms and Actions Completed Report Form

Check-In Form:



We would like you to answer the following questions to help us do our work better. You do not have to answer any of the questions if you do not want to.

Date _____ First Name _____ Last Name _____

1. Are you here for an appointment? Please circle: **Y / N** With Who _____ Appt Time: _____

2. Are there particular services you would like to access today?

- Not sure. I would like to explore my options.
- Restraining orders
- Department of Human Services (food stamps, cash grants, Domestic Violence Grant)
- District Attorney's Office (discuss prosecuting a crime)
- Police (file a police report or ask a question)
- Civil Legal Assistance (divorce; custody; child support; landlord/tenant; employment; discrimination, contested restraining orders)
- Children's Services (support groups, safety planning, parenting support)
- Advocacy Services
- Counseling (alcohol and/or drug or mental health support)
- Teen Advocacy (support groups, safety planning, teen activities)
- Other _____

3. Do you have children under 18? YES ___ NO ___ How old are they? _____

4. Zip Code Today _____ 5. County, Circle One: **Multnomah Clackamas Washington OTHER**

6. Your Abuser's Gender _____

7. Is Your Abuser in Jail? YES ___ NO ___ Don't Know _____ the Date of Arrest _____

8. Is there anything you would like us to know, fill below:

If this your **FIRST VISIT** to the Gateway Center, please answer the questions below:

1. How did you learn about the Gateway Center for Domestic Violence Services?

- Police 211 or Other Information Line
- Social Worker or other Service Provider Friend or Family
- Which service provider _____ Probation Officer
- Brochure or other printed material Advertisement
- District Attorney's Office (DA) Other _____

2. Your Gender _____ 3. Your Date of Birth _____

4. **Ethnicity:** You may mark more than one box

- African American/Black American Latina/Hispanic Caucasian/White American
- African Immigrant Multi-Racial Western/Eastern European
- Asian/Pacific Islander Native American/Alaskan Native Other please specify _____

Time In: _____
Time Out: _____

October 2011

Check-Out Form Date _____ First Name _____



*** We would like you to answer the following questions to help us do our work better. You do not have to answer any of the questions if you do not want to.**

** If you are here for services for your child, please answer for both of you and your child and skip question #5.*

- 1) Did you feel safe while you were at the Gateway Center? Yes No*
- 2) In general, are you satisfied with your experience at the Gateway Center? Yes No*
- 3) Were you treated with respect by the staff and partners at the Gateway Center? Yes No*
- 4) Do you think the Gateway Center is a welcoming place for yourself and others from your cultural/ethnic community?
Yes No*

- 5) Are any of the following statements true for you? Please circle how you feel:

(please skip if you are here only for children's services)

"After my visit today, I am better able to make informed decisions about my situation."

Not at all Unsure Somewhat Yes/More than before *Not Applicable

"After my visit today, I have some new ideas about how to stay safe."

Not at all Unsure Somewhat Yes/More than before *Not Applicable

"After my visit today, I know more about resources that may be available and how to access them."

Not at all Unsure Somewhat Yes/More than before *Not Applicable

- 6) *If you answered "no" or gave a "Not at all" or "Unsure", how could we have helped you better?

- 7) What did you do here today? * Did you make **future appointments** for other services today?

(Check all that apply)

- I met with a navigator (domestic violence advocate)
- I completed a restraining order
- I made a restraining order court appearance
- I met with a DHS self-sufficiency worker
- I met with the District Attorney's Office victim advocate
- I met with children's services staff
- I met with youth (teen) services staff
- I filed a police report and/or met with a police officer
Police report # _____
- I met with a civil lawyer or paralegal
- I met with an employment specialist
- I met with a spiritual support person
- I met with a counselor
- Other _____

(Check all that apply)

- Navigator
- DHS
- District Attorney's Office
- Volunteers of America Children's Staff
- Volunteers of America Teen Staff
- Civil Lawyer/Paralegal
- Counselor
- Spiritual Support
- DVERT advocate

- Police
- Employment Specialist
- Other _____

Is there anything else you would like us to know about your time here today?

Staff Name that you met with today _____

ACTIONS COMPLETED REPORT

<p>Advocacy/Safety</p> <ul style="list-style-type: none"> • <u>I Provided Criminal Justice Advocacy:</u> Police Report Filed, Report # _____ Police Contact Complaint about Police Sheriff Dep. Community Justice DVERT DVRU DA • <u>I Provided Housing Advocacy:</u> DV Shelter Homeless Shelter DV Transitional Housing Transitional Housing Permanent Housing • <u>I Provided Other Advocacy & Support:</u> MH Project Respond Civil Legal Assistance Employment Emotional Support Immigration Assistance Advocacy • <u>Safety:</u> R/O Hearing Contested R/O Hearing Safety Plan Safety Card V.I. N.E. OJIN Sheriff's Department FSO DV Victim Notification Danger Assessment Score _____ 	<p>Information/Education:</p> <ul style="list-style-type: none"> • <u>I Provided Information About:</u> R/O S/O EPDAPA DV Resources Information Housing Access Information Employment Access Information Education Access Information • <u>I Educated Participants About:</u> DV Awareness Education Economic Empowerment Education Goal-setting _____ _____ _____ _____
<p>Applications and Referral Forms Completed</p> <ul style="list-style-type: none"> • <u>Applications:</u> R/O S/O EPDAPA DHS R/O Modification R/O Turbocourt R/O Renewal Crime Victim Assistance form Address Confidentiality Program Other applications _____ Other applications _____ • <u>Referral Forms:</u> LASO LWNW VOA Home Free (CYA) DVERT Impact NW Child-Parent Specialist Other referral forms Police _____ 	<p>Referrals/Scheduled Appointment</p> <ul style="list-style-type: none"> • <u>Referrals (No Referral Forms Needed)</u> Adult DV Support Group ARMS Housing _____ Employment _____ • <u>Appointments:</u> LASO Date/Time _____ LWNW Date/Time _____ DHS Date/Time _____ DA _____ Other appointments _____
<p>Client Assistance</p> <p>Hope phone Food box Clothing Shower Laundry assistance Hygiene items Children Toys Holiday assistance Client Assistance Funds Accessed: _____ \$ _____ _____ \$ _____ _____ \$ _____ Transportation _____</p>	<p>Other Actions Completed</p> <p>Consulted with: _____ Letters Written to: _____ Other: _____ My Perspective on Participant: _____ _____ _____</p>

Comments _____

Navigator's Name: _____ Date: _____

Appendix B: Focus Group Discussion Questions

Navigators/Non-navigators/Victim Service Providers/System Partners

0:00 ~ 0:15

- *Facilitators introduce themselves.*
- *Explain the purpose of the focus group.*
- *Ask for informed consent and permission to audio record.*
- *Ask participants to briefly introduce themselves.*
- *Describe how you have interacted with the Gateway Center*

0:15~0:30

Could you please describe how you see the contributions of the Gateway Center? What are the specific things that you see the Center did to help the survivors and the community at large that were not available before? Anything you see as ‘unique’ to the Gateway Center? What are the positive aspects of the center?

- *Every participant is treated with dignity and respect (exit form; focus groups)*
- *Services offered on site are convenient and accessible (exit form; focus groups)*
- *The Center environment is safe physically and psychologically for participants (exit form; focus groups)*
- *Each participant directs the development of his or her own service plan (exit form; focus groups)*
- *Participants find tools and services useful (exit form; focus groups)*

0:30~1:00

Could you please describe your interaction with the Gateway Center (staff and navigators)?

How would you describe your level of understanding of the Center’s policies and expectations?

1:00~1:30

What suggestions would you give to the Gateway Center for future improvements if any?

1:30~2:00

Anything else you would like to add?

Admin Staff

0:00 ~ 0:15

- *Facilitators introduce themselves.*
- *Explain the purpose of the focus group.*
- *Ask for informed consent and permission to audio record.*
- *Ask participants to briefly introduce themselves.*
- *Describe your role in Gateway Center*

0:15~0:30

Could you please describe how you see the contributions of the Gateway Center? What are the specific things that you see the Center did to help the survivors and the community at large that were not available before? Anything you see as 'unique' to the Gateway Center? What are the positive aspects of the center?

- *Every participant is treated with dignity and respect (exit form; focus groups)*
- *Services offered on site are convenient and accessible (exit form; focus groups)*
- *The Center environment is safe physically and psychologically for participants (exit form; focus groups)*
- *Each participant directs the development of his or her own service plan (exit form; focus groups)*
- *Participants find tools and services useful (exit form; focus groups)*

0:30~0:45

Would you mind walking us through how the survivors experience Gateway center as they come in?

0:45~1:15

Could you please describe your interaction with the Gateway Center Partners (System partners, service providers, and community in general)? What do you expect of the partners?

What are the ways in which you communicate with the Gateway Center Partners? (About policies and procedures, and about your expectations)

You are working with navigators / partners from variety of different agencies and also the volunteers. How do you assure that the service provided by these people are consistent and meet your expectations?

1:15~1:45

What suggestions would you give to the Gateway Center for future improvements if any?

1:40~2:00

Anything else you would like to add?

Survivors - English Speaking

0:00 ~ 0:15

- *Facilitators introduce themselves.*
- *Explain the purpose of the focus group.*
- *Ask for informed consent and permission to audio record.*
- *Ask participants to briefly introduce themselves.*

0:15~0:45

Could you please describe how you did first contact Gateway Center? How did you learn about the Center?

In general how has your experience been with the Gateway Center? How did the process assist you with your situation? How do you describe the sense of safety at the Center? And how was your interaction with the staff and the navigators at the Center? Have you notice anything that's unique to the Gateway Center?

0:45~1:15

Can you tell us how things changed after you received the service from the Gateway Center?

1:15~1:45

What suggestions would you give to the Gateway Center for future improvements if any?
Any feedback or any thoughts about the service Gateway Center offers?

1:45~2:00

Anything else you would like to add?

Survivors - Spanish Speaking

0:00 ~ 0:15

- *La conductora del grupo hace las presentaciones.*
- *Explicacion del objetivo de este grupo de conversacion.*
- *Distribucion del consentimiento de participacion y grabacion.*
- *Los participantes del grupo de conversacion se presentan a si mismos.*

0:15~0:45

¿Podría describir como entró en contacto con el Centro Gateway la primera vez? ¿Cómo se enteró del centro?

En general, ¿cómo has sido su experiencia en el Centro Gateway? ¿Cómo afecto el proceso de entrada en el centro con su situacion personal? ¿Cómo describiría su sentido de la seguridad en el centro? y, ¿cómo fue su interacción con los trabajadores y navegadores del centro? ¿ha notado usted algo que sea único del Centro Gateway?

0:45~1:15

¿Puede decirnos como cambiaron las cosas para usted después de haber recibido la asistencia del Centro Gateway?

1:15~1:45

¿Tiene alguna sugerencia para mejorar los servicios del Centro Gateway?

¿Tiene algún comentario acerca de los servicios que ofrece el Centro Gateway?

1:45~2:00

¿Hay algo mas que quiera añadir?