



To: Dr. Zink, Chief Medical Officer, State of Alaska
Mollie Rosier, MPH, Division of Public Health

CDVSA Council Members

Teresa Lowe, Rural Public Member and Chair
Lydia Heyward, Public Member and Vice-Chair
Angela Garay, Public Member
Amanda Price, Commissioner, Dept. of Public Safety
John Skidmore, Deputy Attorney General, Dept. of Law
Jillian Gellings, Project Analyst, Dept. of Health and Social Services
Niki Tshibaka, Assistant Commissioner, Dept. of Education and Early Development
Laura Brooks, Division Operations Manager, Dept. of Corrections.

From: Carmen Lowry, PhD
Executive Director, Alaska Network on Domestic Violence and Sexual Assault

Re: ANDVSA Contextual Analysis: COVID-19 Response

Date: 20 April 2020

Cc: Diane Casto, MPA, Executive Director, CDVSA
ANDVSA Membership
Rachel Gernat

Introduction

Thank you, Dr. Zink, for your daily briefings, your professionalism, and for reassuring many of us across the state. We are grateful.

Thank you, Mollie Rosier with the Division of Public Health, for inviting us to present our contextual analysis of DVSA responses within the COVID-19 emergency. We also welcome the opportunity to share our insights with the Council on Domestic Violence and Sexual Assault (CDVSA). As the primary funder for state-supported domestic violence and sexual assault agencies, it is critical for state departmental leadership and CDVSA to be as informed as possible about the myriad challenges confronting victim service providers within this unknown context.

Coordination is critical. A coordinated response, from a victim/survivor-centered perspective, is required now more than ever at the state and local levels. Administration for domestic violence and sexual assault shelter program funding and regulation is housed within DPS, not within DHSS, making calls for increased coordination even more compelling. Determining recommended actions for agencies providing services to victims and community members as part

of their local community-based emergency response to COVID-19, requires concerted and collaborative interactions between DPS and DHSS and coordination with other state departments as well. This is a systems issue that is most effectively addressed at the highest level of government and one that can be and has been addressed within the CDVSA.

CDVSA, housed within the Department of Public Safety, is a nine-member governing council comprised of four public members and five state department commissioners or their designees: Department of Education, Department of Health and Social Services, Department of Corrections, Department of Law, and Department of Public Safety. This multi-stakeholder Council, when informed by partners who are responding at the community level, is strategically poised to continue mobilizing resources to address issues of safety and well-being for victims, survivors, and their families during this COVID-19 crisis.

ANDVSA is the federally recognized domestic and sexual violence coalition for the state of Alaska and, by federal statute through the Family Violence Services and Prevention Act (FVPSA) the state is expected, under 42 U.S. Code § 10407 (a) (2) (D), to consult with and provide for the participation of the State Domestic Violence Coalition in the planning and monitoring of the distribution of grants to eligible entities as described in section 10408(a) of this title and the administration of the grant programs and projects.

What informed this report?

The recommendations and situations presented in this report are informed through:

- Weekly consultations (general program, legal, and prevention specific) with CDVSA funded and federally funded community-based domestic and sexual violence agencies;
- Four weekly statewide coordination meetings amongst executive leadership staff from CDVSA, ANDVSA, and Alaska Native Women's Resource Groups (AKNWRC);
- Consultative meeting with Senator Murkowski;
- Coalition consultation with Kansas Coalition against Sexual and Domestic Violence.

Included in this report:

- ANDVSA recommendations are listed on pages 3 and 4.
- Department specific challenges are listed on pages 5 – 8.

ANDVSA Recommendations

Audit and assessment of shelter staff health procedures – including decisions regarding testing shelter staff. Shelter staff need to know that they are implementing recommended strategies, have proper PPE when working directly with victims/survivors in shelter, and have support from the public health systems in their communities. Other segments of the population have access to tests. Shelter staff are considered essential workers and are often a first point of contact for a victim seeking services. Testing and safety precautions are especially critical because many victim services staff and those who access services often present with complex medical conditions and disabilities that increase infection risk. Several programs have indicated that they are making their own hand sanitizer and masks for shelter staff and residents.

We request that Public Health work directly with shelter-based agencies to create a decision-making process to determine if testing procedures are warranted, and if so, the best methods for screening and increased protection. We further request an audit of protective materials that are available to each shelter program and ensure that shelter programs needing critical supplies receive those supplies.

Assess the efficacy and feasibility of integrating DV/SA resources into contact tracing interviews. We are aware that Public Health has a large and growing number of trained professionals who engage in contact tracing to better understand who might be at risk of exposure. As Public Health professionals question and interview individuals associated with contact training, it is possible to have a script that ends with information about resources that they can access if they are frightened at home or concerned about violence. By doing so, individuals can be aware of resources before they start the isolation period if required. Clear messages on what resources are available in their communities might minimize the sense of isolation many victims feel, especially during the COVID-19 emergency.

We request that, at some point in that interaction of contact tracing, a statement or two that lets individuals know there are resources available if they are fearful of violence in their homes. We are happy to work with you to think about what that type of message could be.

Identify transportation options for victims in rural areas. Victims who have windows of opportunities to leave their home communities out of fear and/or following a violent incident that requires medical attention must have access to safe transportation. What are the options for victims who need to seek medical services or need to be transported out of a community? The state of Alaska has National Guard resources, including planes; contracting with private individuals or companies may be possible, and there are priorities established by the Alaska State Troopers on how to best use their transportation resources.

We request a critical assessment into how transportation resources are prioritized and ensure that victims' needs are forefront in that assessment. We request prioritization of safe transportation for victims, including seniors, Elders, and victims/survivors with disabilities, through both rural transportation between villages and hubs, and access to public transportation in urban areas.

Consult with victim services agencies on what types of activities emergency funding can support and the process on how to access these funds. The state will receive COVID-19 emergency funding from the federal government. One source of this funding (FVPSA) is specifically for domestic violence shelters and support. To be most impactful, these funds need to be released as quickly as possible and be available for community-specific identified needs. Agencies providing emergency shelter services to victims and survivors seek greater clarity as to which entity (agency, state, local municipality, etc.) will be required to pay for costs associated with implementing Health Mandate 14 (issued April 13), specifically point #2: *Homeless families, with at least one member who test positive for COVID-19, who live in congregate shelters and will require isolation.*

We request an opportunity to be part of identifying priorities for those additional federal FVPSA funds, and to inform how these funds will be allocated.

Convene a CDVSA public meeting. ANDVSA requests increased coordination and engagement among state departments through CDVSA to comprehensively address the wide range of impacts survivors and their families are experiencing during this crisis. CDVSA has postponed its third quarter meeting due to the onset of COVID-19 response. They have used that timeframe to review and revise their grant and financial reporting systems to lessen the administrative and management burdens for implementing partners. We are grateful for the flexibility extended by the CDVSA. It is critical – at this juncture - for CDVSA to hold a public consultative and planning meeting with agencies as we now have specific asks and examples about challenges and constraints on the ground. Gathering sound data is the first step; sharing it, analyzing, and developing actions from those data comes next.

We request a consultative meeting where ANDVSA can work in full partnership with CDVSA staff and council members, victim service agencies have ample time to clearly articulate the challenges that they experience, and we can collectively identify solutions that are responsive, feasible, and survivor centered.

Department of Health and Social Services

Health screening and safety in shelter. To protect victims/survivors and the advocates who work with them, shelter program staff have adopted various screening methods to address the issue of COVID-19 transmission in shelters. We would benefit from having specific medical guidance on appropriate screening methods, and we would benefit from having more medically trained personnel working with staff to ensure use of screening methods with the best chance of mitigating risks.

Testing for shelter staff and availability of testing in general. Many shelter programs have staggered in-shelter staff in order to minimize the risks of the entire staff becoming infected simultaneously. This type of staffing structure is complicated from a management perspective, and the challenges for direct service providers (advocates) are exacerbated by the fears associated with COVID-19. Other groups of essential workers have found that testing can be an effective tool to learn who has been exposed and therefore who needs to be self-isolated. Considering the number of people served through domestic and sexual violence agencies and considering that these shelters are often the only shelter in a community, it seems that this type of procedure could be effective in mitigating transmission and managing shelter practices.

Limited alternative housing resources. Whereas larger agencies in urban areas have greater access to alternative safer housing in lieu of housing in the domestic violence shelter, agencies in rural areas often do not have those options. Many agencies in rural, off road areas talk about challenges with finding hotels willing to release rooms for victims and articulate concerns about lack of shelter for the growing population of people who experience homelessness. In addition, some coastal communities who are anticipating ways to manage a possible influx of fishing industry workers are equally concerned that a quarantine of incoming workers could create tremendous strain on the limited housing options currently available to care for community members. The lack of affordable and safe housing in communities has been a concern for quite a while; the impact of this concern is highlighted by the COVID-19 response.

This COVID-19 highlighted lack in housing is especially profound as it cuts across populations such as survivors who are children, seniors and Elders, as well as people with disabilities, including mental, physical, and substance use disabilities. Both vulnerable and less vulnerable populations alike are affected by our state's lack of affordable and safe housing during this crisis.

Increased need to support community members who struggle with substance use issues. Agencies are reporting an increase in calls for general counseling. Callers include individuals in recovery and who no longer have access to services and activities that have been supportive in their sobriety. Many survivors cope with violence through substance use, and violent experiences such as strangulation, head injury, and emotional abuse often results in more substance use and mental disabilities.

The impacts of COVID-19 could be an especially serious threat to those who use substances. People with opioid use disorder (OUD) and methamphetamine use disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health. Additionally,

individuals with a substance use disorder are more likely to experience homelessness, incarceration, domestic violence and sexual assault at higher rates than those in the general population, and these circumstances pose unique challenges regarding transmission of the coronavirus.

Increased access to public assistance systems. DHSS has taken a wide range of important steps to temporarily reduce barriers so that Alaskans can connect to important lifelines such as SNAP, ATAP, and Medicaid benefits. Recognizing that diminished economic opportunities, high unemployment rates, and general economic stress all contribute to increased risks of experiencing domestic and/or sexual violence, it is vital to identify additional actions that can quickly address gaps in economic supports – particularly for victims and survivors of DV/SA.

Compilation and authority of emergency response teams at the local level. There are different types of response teams activated in different communities. Due to the emergent challenges and the various contextual factors, varying responses are being implemented within communities. Which entity, then, holds the ultimate authority to initiate the referral and response pathways? At this time, it is difficult to know what informs a community's response or plan, and who has the authority to decide – and furthermore enforce - what will be done for the greater good of the community.

Department of Public Safety

Lack of transportation in rural areas. A consistently voiced concern is that victims will not be able to leave their homes or have access to critical medical interventions in communities because of lack of transportation. We understand that there is a reduction in airline capabilities; especially with the closure of Ravn Air. This does not negate, however, our collective responsibility to identify and prioritize transportation options for a victim who may need medical and follow-up care following a domestic and sexual assault incident. The state of Alaska has certain assurances for victims of crime, and the right to seek medical attention is one of those rights. For many smaller communities, this means that victims need to leave their home community and seek medical care in larger hub communities.

Challenges with reporting. As shelter in place mandates continue to be extended, we do not yet know the full impacts for victims who are sequestered with their abuser and have limited options to access help from law enforcement. Some states have instituted an on-line reporting system so that victims can use technology to make reports so that a victim does not have to report in person. Whereas this solution could be feasible for some, it is dependent upon having technological resources and raises concerns about equity and response in smaller rural communities. Reporting a crime – and seeking support following that crime – is highly dependent upon our abilities to have access to and an understanding of the use of remote technologies. ANDVSA staff is researching best practices for using technology to do remote advocacy work and have already begun holding office hours to talk about these issues. Any discussions about remote work, online or different platforms for reporting, texting as options

need to be attentive to VAWA confidentiality requirements and the accessibility of technologies and internet connectivity in communities.

Department of Corrections

Safety for incarcerated individual, especially survivors. Many female inmates have experienced sexual and/or domestic violence and we are especially cognizant of their need to access services while incarcerated. With the emerging number of Lemon Creek staff who have tested positive, and tighter measures being implemented to ensure greater safety from transmission, it is critical that inmates in correctional facilities have full access to information, cleaning supplies, mental health services, and for women, menstrual supplies. It is equally as critical for survivors with mental and substance use disabilities to have access to medical/behavioral health treatments while incarcerated.

Department of Education and Early Education

Online in-home observations. Whether in-school or via online connection, we know that school connectedness and connection to a caring adult are important protective factors for children and adolescents that reduce the likelihood of violence and other issues. As families are adapting to in-home, online instruction, teachers and staff are introduced into homes daily. Whereas in-school instruction has provided teachers and staff a way to assess students' well-being, in-home instruction provides such an opportunity in a more intimate way: a view into the homes. The computer may be set up in the kitchen, perhaps the bedroom, but wherever it is, teachers have a direct entry point into families' home lives. How have teachers been prepared to respond to observations of violence or negligence in the home? What, if any, are the new responsibilities of teachers to notice those red flags of violence and then respond to these? How do mandated reporting requirements function in this new space? What type of support is needed for teachers to help them be better prepared to respond when they notice signs of child abuse or violence in the family? This is a rich environment for all of us to learn how to better support students' educational successes and to promote social and emotional learning habits.

Working with individual families who have additional needs and are considered at-risk. There could be ways for teachers to engage with individual students and their families outside of the online/in-home structure. There are many outside activities that can be done in safer ways and adhere to social distancing guidelines issued by the state. This type of intervention also could provide an opportunity for victims or individuals at risk of domestic violence to speak directly with a teacher about their experience and get access to immediate help. This type of intervention approximates the in-person time teachers could spend with students and hear directly what is going on in their lives that impact their abilities to learn and thrive.

Encourage school districts to partner with local prevention councils and work groups. The more that students and their teachers feel supported and connected, the more we can address risk factors for violence during these unprecedented times. Community partners, such as those focused on prevention of violence, suicide, and other issues, have the skills and ability to provide additional support and materials to students and schools. CDVSA currently funds 12

community-based prevention projects across the state. These programs can be mobilized to amplify community messaging identified through local school districts.

Department of Law

Upholding victims' rights. The State of Alaska has listed the rights of crime victims¹ and this includes the right to be notified when a person is released on bail, the right to medical attention, and the right to be informed on actions taken in their specific case. Ensuring that victims' rights are upheld is especially challenging now.

Changes in bail requirements and release. The Court of Appeals issued an order stating that the Covid-19 virus was "new information" permitting defendants awaiting trial to get a bail review hearing. This could lead to defendants incarcerated awaiting trial to be released, especially for crimes that are less likely to affect the public safety, however it will be up to the trial court to weigh the "health safety risk posed by the continued incarceration of pretrial defendant in crowded correctional facilities with any community safety risk posed by a defendant's release." *Karr et al. v. State of Alaska*, A13630/13639/13620, March 24, 2020. While bail review hearing criteria for those charged with domestic and/or sexual violence crimes have not changed, the ability for the Court System to alter existing procedures creates additional safety concerns for victims and survivors. If perpetrators are released in view of COVID-19 issues within holding facilities, what are the responsibilities to inform victims, what are the responsibilities to ensure that the released person does not return to their homes and further endanger victims and their families? These are all procedures that are labor-intensive, yet at the same time, can prove to be lifesaving.

Challenges with adapting social support systems to correspond with new procedures. The court system recently introduced changes in how criminal and civil proceedings will be handled. The automated systems that respond to these changes, however, have not been updated to reflect the new procedures. While understanding that this is a capacity issue seen in other online systems such as applying for unemployment or applying for other public assistance, the inability for a victim or a supportive advocate to fully understand how they can access supports offered to them by the state can create confusion, frustration, decreased safety for victims and their families, and could ultimately discourage victims from accessing the criminal justice system.

Concluding Remarks

This is in no way an exhaustive list of challenges encountered by victim services. ANDVSA appreciates that we can provide to state policy makers a snapshot of what is going on for programs, and we look forward to more conversations and for compiling a richer report that incorporates feedback from the CDVSA survey on service delivery, and DV/SA crime reports from DPS. For additional information, please contact Carmen Lowry, clowry@andvsa.org.

¹<http://www.touchngo.com/1glcntr/akstats/statutes/title12/chapter61/section010.htm>