Celebrating Solutions Award
Nomination Form

Legal name of organization:
Rose Brooks Center

Year established: 1978

Name of Program being nominated for award (if different):
Bridge Program

Year established: 1998

Address: P.O. Box 320599

City/State/ZIP code: 64132-0599  Kansas City, MO

Agency phone number:
(816) 523-5550

Contact person:
Tracy L. Kelso

Title: Director of Development - Grants

Phone number:
(816) 523-5550  ext. 425

Fax number:
(816) 523-8177

E-mail address:
tracyk@rosebrooks.org

Website address:
www.rosebrooks.org

How did you learn about the Celebrating Solutions Awards?

Email Announcement:
Brief description of organization: Rose Brooks Center envisions a violence-free Kansas City and believes that violence can only be eliminated when a community joins together and commits to change. Serving Kansas City for over 35 years, Rose Brooks Center works every day throughout the community to rebuild, reclaim and save lives threatened by violence.

Geographical area served: Kansas City Metropolitan Area.

Is the organization tax-exempt under IRS 501 (c) (3) guidelines or a public agency/unit of government? Yes

Please check up to five descriptors that best apply to the program you are nominating:

- Batterer treatment
- Coalition/collaboration
- Counseling
- Dating violence
- Elder abuse
- Employment/training program
- Faith-based
- Health care setting
- Hotline service
- Legal aid/assistance
- Prison-based
- Prevention
- Public awareness/education
- School/youth violence
- Shelter-based
- Stalking
- Technology/Internet service
- Transitional housing
- Underserved population
- University setting
- Victim relocation
- Other hospital based advocacy and training for medical staff.
Release of Information

As one of the goals of the Mary Byron Project is to disseminate information about cutting-edge programs and best practices, we wish to post exemplary Celebrating Solutions Award nominations on our website (www.marybyronproject.org).

Those posted will include the organization's website address, telephone number, and e-mail address. If you have concerns about this request, please address them to information@marybyronproject.org, prior to submitting a nomination.

By my signature on this letter, I grant the Mary Byron Project permission to use the contents of my nomination for the Celebrating Solutions Award in the manner and for the purposes set above. I further affirm that I am fully authorized to grant such permission to the Mary Byron Project.

Signature

Susan K. Miller

Date 11/22/13
Rose Brooks Center: Bridge Program

1. The Bridge Program systematically connects medical services with domestic violence services in order to offer victims of intimate partner violence a life without abuse. Originating in 1998, the Bridge Program at Rose Brooks Center coordinates with local healthcare facilities to provide resources and support to victims of domestic violence as well as training for the medical professionals who treat them. Bridge advocates and volunteers are located at six local hospitals and thirteen clinics, and our staff trains over 3,000 health care workers per year. Bridge changes the lives of women through these three levels of intervention:

a. **Health Care Professional Training.** Bridge provides specialized training to health care providers so that they integrate routine domestic violence screenings into health services, so that victims who need advocacy services are immediately identified and supported. Universal screening ensures that every patient seen by a health care professional is appropriately asked about current or former violence in their relationships. Health care settings provides a unique opportunity for victims in crisis to speak to someone outside the home, and outside the influence of their abusers. When abuse is disclosed, referrals are made directly to a Bridge Advocate, increasing the likelihood she will receive the support needed to heal from the trauma.

b. **Direct Service to Victims of Intimate Partner Violence.** Once screening occurs and the health care provider finds that the woman is experiencing domestic violence, she is connected with a Bridge Advocate. Bridge Advocates are available 24-hours a day, six days a week, and meet the woman at the hospital within half an hour of the phone call. Some are staff at Rose Brooks Center, and others are volunteers who have received specialized trained. On average, an advocate spends three to six hours with each patient, listening to her story, documenting events, making referrals, conducting a discharge plan, working with law enforcement, completing orders of protection, safety planning, and all the required resources to achieve safety and healing. Because women experiencing domestic violence trauma are overwhelmed and in shock, it is critical to have a compassionate, knowledgeable woman at her side, who can offer support and guidance.

c. **Protocol/Protocol Development** at each of the participating hospitals. Rose Brooks Center staff meets with each hospital, and assesses their policies and procedures in regard to intimate partner violence. The participating hospitals review and update their protocols and procedures with the help and expertise of the Bridge staff members. Also, Bridge staff provides specialized intimate partner violence training which is needed at each hospital, aimed with different components for direct service and administrative staff.

The mission of Rose Brooks Center is to break the cycle of domestic violence so that individuals and families can live free of abuse. Rose Brooks Center’s philosophy comes from a strengths-based perspective that is client focused supporting self-determination and empowerment, making safety a priority while providing respite and support for transition and healing. Rose Brooks Center began when a group of volunteers, concerned about the abuse of women in the Kansas City area, opened a 24-hour crisis hotline in 1978. Today, Rose Brooks Center is not only a 100-bed shelter, but is also widely recognized providing model programs in providing comprehensive prevention, crisis intervention and supportive services to victims of domestic violence and their children. We accomplish our mission through a full range of the following services: a 24-hour crisis line; emergency shelter and temporary housing for women
and children; health clinic; children’s programming; court advocacy; therapy and case management; employment advocacy; housing; a school-based violence prevention program; a hospital-based advocacy and intervention program; economic empowerment programming; and the only on-site pet shelter in our region for residents with pets. One of the largest shelters in the metropolitan area, RBC has an annual budget of $5.4 million and 78 employees. About 3,000 volunteers contribute almost 20,000 hours of service in various programs annually.

Bridge is recognized as the leading intervention model linking hospital systems with domestic violence advocacy and shelter. A Celebrating Solutions Award would be a wonderful achievement to honor not only the work of advocates, doctors, nurses, and administrative staff, who are working together to reform the healthcare system, but especially to honor the hundreds of women and children who receive support and transformation from these integrated services every year.

2. Rose Brooks Center is recognized both nationally and locally for our work in innovative health services for women suffering from domestic violence. In March 2012, our agency was honored by Futures Without Violence, at the National Conference on Health and Domestic Violence, for Outstanding Leadership in Violence Prevention. Also, Lisa Fleming, Chief Operation Officer, and Susan Miller, CEO, were keynote speakers at the Office of Women’s Health commemoration event that marked the 15th anniversary of the Violence Against Women’s Act.

The Bridge program is the only system-wide intimate partner violence hospital intervention model in the Midwest. Bridge works on behalf of domestic violence victims to create system change in hospitals so that women in most need of help are identified and connected with the services which can save their lives. Because of our experience of providing Bridge services over the past 14 years, Rose Brooks Center is regarded as an expert in the field, presenting at the International Women’s Conference, and the World Conference of Women’s Shelters on health care response and reproductive coercion. As a result of our programming, Rose Brooks Center has provided comprehensive training to thousands of health care professionals, and responded to thousands of domestic violence victims. In 2012, the Bridge Program responded to 1,185 patients throughout the hospital system due to effective screening in each department.

Also, the three-tiered structure of the Bridge program is innovative in that it does not solely concentrate on hospital providers, or victims/survivors, but both in order to create the systemic change that impacts the everyday lives of women. If the program only focused on hospital training without the closely coordinated network of Bridge advocates to support victims, fewer doctors would screen, because they would not have the confidence that they could provide meaningful support to women who are suffering from domestic violence. On the other hand, if Rose Brooks Center only focused on serving victims, then doctors and hospitals would lack the knowledge and resources to identify and support the women suffering from intimate partner violence every year they treat for severe physical illnesses and trauma. The Bridge Program is an innovative partnership between health care and victim advocacy. It is simultaneously prevention and intervention.

Finally, the Bridge program is innovative in offering trauma-informed care. This means that we not only put ourselves in their shoes, but we understand that every victim will respond to trauma differently. The question then became, “how do we teach the systems we work with about the right resources, in order to ultimately provide education, support and resources to the communities they serve?” For women, long-term healing and self-sufficiency requires safety,
remediation of symptoms of trauma, resolution of feelings of anger, guilt and loss, and the building of a foundation to regain a strong sense of self that has been lost through the experience of long-term abuse and trauma. The Bridge program provides these.

3. The Rose Brooks Center Bridge Program began following the pioneering work of Robert L. Muelleman, MD, from the Emergency Medicine Department, Truman Medical Center in Kansas City, Missouri. In his study, Muelleman found that high numbers of women suffering from domestic violence entered the Emergency Room, and yet there was no meaningful way of connecting them with community resources. Rose Brooks Center was approached to develop the Bridge Program in 1998 in response to this critical need, and has since expanded the Bridge Program to six hospitals and a thirteen clinics. By 2003, Rose Brooks Center began training all other local shelters to form a Bridge network of services through the Robert Woods Foundation, and expanded domestic violence services to the entire Kansas City metropolitan area. Today, Rose Brooks Center’s Bridge Program is the leader of hospital-based services. With on-site domestic violence advocacy services, hundreds of women each year have been able make informed and educated decisions about their domestic violence situations, which has also resulted in fewer repeat visits to the emergency department for violence related injuries.

Barriers experienced in the beginning of the program were largely related to gaining consistent hospital support. Executive and management staff from Rose Brooks Center met with executive and management staff from the hospitals to work collaboratively to determine the goals and benefits of the program. The three-component approach that we have in place today—of providing training, direct services and protocol development—is actually the result of this joint effort. All those involved in this effort realized that staff at hospitals must be trained to be aware of the complex signs of domestic violence, and also how to compassionately ask the right questions which help women feel safe to ask for services. These conversations also pointed to the necessity of providing culturally competent staff and resources to meet diverse language and cultural needs within the program.

Each time the Bridge Program is implemented into a new hospital, the Bridge Program staff works directly with medical staff to develop resource materials, offer trainings on screening and identification, and program staff and highly trained volunteers offer 24-hour/7 days per week coverage for client referrals. As an example of the specialized training which has been developed, several overview sessions include “nature and Dynamics of IPV: Why We Need a Medical Response,” “Labor-Delivery/IPV during Pregnancy and Reproductive Coercion,” “Compassion Fatigue within the Healthcare Environment,” “Immigrant Survivors of IPV.” And many others. This integrated approach helps to overcome service barriers and provides for uniform support for the program throughout the various levels of the health care service delivery system within the hospital setting.

As indicated above by one training, compassion fatigue is another potential barrier within this program. Coupled with that, in conversations in the development of Bridge, doctors and nurses expressed that in honesty, they were at times reluctant to screen for domestic violence, because they felt they could not adequately help women beyond that point. Challenges included the added stress of confidentiality, fear for the safety of the victims and their children, and feelings of powerlessness. In response, the Bridge Program developed the victim advocacy component to assist in managing those concerns, working directly with the patient, thus providing relief for the medical personnel.

Marshaling resources for program implementation came initially from in-kind support from the participating hospitals, private grants, and an existing unrestricted funding base secured by
Rose Brooks Center. Over the years the Bridge Program gained on-going federal funding from the Victims of Crime Act (VOCA) in Missouri, in addition to private grant funding from the United Way, Prime Health Foundation, St. Luke’s Health Care Foundation and the Jewish Heritage Foundation.

4. The Bridge program effectively decreases Intimate Partner Violence; the more women are screened and connected to supportive services, the less likely they are to return to an abusive relationship. Even when women are not yet ready to leave, the Bridge program gives them the tools and affirmation needed to make that decision when she is ready.

The success of Bridge is demonstrated by strong hospital support. St. Luke’s Health System so values Bridge, that basic trainings are now a routine component of new staff orientation. Also, they are now paying directly for Bridge, rather than participating in it as an in-kind service, and hospitals and clinics throughout the area have offices (typically near the Emergency Room area) dedicated to the Bridge Advocates. At Children’s Mercy Hospital, Denise M. Dowd, MD, MPH, Pediatric Emergency Medicine, states, “The Bridge program is the foundation of our violence prevention work at the hospital. Without it, providers would be reluctant to screen for intimate partner violence because they’d feel powerless to respond in a concrete way to a positive answer. Bridge is the critical and necessary action step in our approach to family violence here at Children’s Mercy.” At St. Luke’s Hospital, Angela Locke, MSN, MBA, Senior Director of Patient Care, states, “It can be a matter of life and death for these victims, and the Bridge Coordinator is right there every step of the way to provide support and resources to keep them safe.”

Two examples from real women also demonstrate the difference the Bridge Program makes.

Anita struggled for years with abdominal pain. The pain was severe and it came often. Yet it defied diagnosis and conventional medical treatment. She saw many doctors, underwent tests, and tried medications. Nothing helped.

Desperate, Anita made an appointment to see yet one more doctor. This time, things were different. When Anita arrived for her appointment, she found posters lining the hallway of the clinic. Some advertised flu shots. Some gave tips on how to manage blood pressure. Then something really different happened. She found a large Rose Brooks Center poster asking if she were a victim of domestic violence.

Anita then met her new doctor who began by asking a number of questions she had never before been asked, about her stomach pain. The doctor asked Anita if anyone she knew was hurting her in anyway. “No,” she answered. “Did she feel safe at home?” the doctor continued. She answered, “Yes, very safe.” Her second marriage was a strong one.

Then her new doctor asked her if she had ever been abused in the past. This question triggered Anita’s memory of her first abusive marriage. “Why are you asking me these questions?” she asked her new doctor. The doctor replied, “Well, in my experience, I find that sometimes abdominal pain that comes and goes and doesn’t lend itself to a definite diagnosis can be linked to a history of abuse. That’s why I’m asking if anyone is hurting you now. And if not now, have you been hurt in the past?”

“Yes.” She answered.

The doctor began to lay out a treatment plan, and gave Anita information about domestic violence and its impact on her health. The doctor then contacted a Bridge advocate, who was at her side within half an hour. Anita described the painful story of her first marriage, a marriage that started in love and ended with shouts and slaps from her
quick-to anger husband. After test results, the doctor gave Anita a diagnosis of “spastic colon” and prescribed medication to help. Meanwhile, Anita worked with the Bridge Advocate and a therapist at the Rose Brooks Center to begin to understand how her past abuse was related to her physical pain. Her progress—emotional and physical—was steady. Eventually she emerged essentially pain-free and no longer needed medication. She also began sleeping better and found she had more energy. Without the Bridge program, Anita’s abusive past would never have been linked to her ongoing physical conditions, and her emotional and physical trauma would likely have continued, with no diagnosable cause. With the Bridge program, the hospital and Rose Brooks Center worked side-by-side to give a woman tools of recognition, transformation, and new healthy beginnings.

Another story indicates an example of how the Bridge program offers culturally specific resources as well. Amanda was a 42-year-old woman, originally from Belize, who was being treated at Research Medical Center for severe stomach pains and headaches. She didn’t have physical marks or bruises, but Amanda was a victim of mental and psychological abuse. Her stomach problems and headaches were caused by the stress of being married to a man for 20 years who was extremely controlling and verbally abusive. Amanda, who was not yet a U.S. citizen, was told by her husband that she had no rights in this country, and without him, she would be living on the streets. With no friends or family to tell her otherwise, she had believed him and continued to live her life on the verge of suicide.

Her doctors and nurses recognized that depression was a possible symptom of domestic violence and began to ask Amanda questions about her home life. Slowly, she began to disclose that she desperately wanted out of her relationship but was afraid because her husband had threatened that if she ever left him, she would never see her children again. The Bridge Advocate spoke with her and was able to help Amanda plan a way to get out of her abusive marriage. First, the advocate gave Amanda a number to an immigration attorney who helped her understand what she was entitled to as a U.S. resident. About a week later, after Amanda had been discharged from the hospital and spoken to the immigration attorney, the advocate linked her with a divorce attorney who works with victims of domestic violence. After four months of follow-up, Amanda called the Bridge Advocate and said that she was well on her way to getting the divorce and starting a new life that she had wanted for 20 years.

5. The Bridge Program currently operates out of six hospitals in the Kansas City metropolitan area: (1) Truman Medical Center Hospital Hill, (2) Children’s Mercy Hospital and clinics, (3) University of Kansas Hospital, (4) Research Medical Center, (5) Saint Joseph Medical Center and (6) Saint Luke’s Hospital. Much cooperation and collaboration is required in order to effectively provide Bridge Program services to the participating hospitals. Specifically, the participating hospitals not only provide office space for the full-time Bridge Advocate, but they also provide training rooms and in some cases training equipment. Furthermore, the Bridge Advocate and key hospital personnel work closely to organize training times so all hospital departments can be trained on effective domestic violence screening techniques. Also, health care providers commit time to the Bridge Program by participating on the domestic violence task force at the individual health care facilities, which assists hospital staff in introducing new domestic violence protocols that include universal screening for ALL female patients over 14 years of age, as well as male patients with indicators, who access hospital services. Moreover, the health care agencies promote the program through their individual policies and procedures, which mandate staff members to attend the Bridge trainings
as well as use the universal screening tools. Ultimately, both the health care providers and patients benefit from this unique partnership.

In addition to working closely with hospital staff members, Bridge Advocates secure and train qualified volunteers through Rose Brooks Center, and work closely with other social service agencies in order to provide the most accurate and helpful information to the client. Rose Brooks Center has a strong partnership with MOCSA (Missouri Organization to Counter Sexual Assault). The two organizations work closely with victims that have suffered both sexual assault and domestic violence. In addition, Bridge Advocates work closely with the local police departments and the court system when assisting a client with obtaining an emergency order of protection. The Bridge Program has also built a strong relationship with Project Eagle at KU Medical Center where an outreach group is conducted entirely in Spanish.

6. Yes, this program could be replicated in other areas of the country. The Bridge program itself has been replicated within the local area. Initially Rose Brooks Center’s Bridge Program was the only hospital advocacy program in the Kansas City Metropolitan Area. Rose Brooks Center was asked by the other shelters to allow the Bridge Program to be studied and ultimately for Bridge staff to act in a consulting capacity to train the other shelters on how to create a hospital advocacy program. Bridge staff trained the other shelters on how to establish protocols and procedures for serving victims of domestic violence in participating area hospitals. This expansion of the partnerships between victim service agencies and hospital and clinic facilities has enabled the Bridge program to now reach 31 area hospitals and train over 4,000 professionals and reach over 2,000 victims each year. Therefore, is recognized as a model, replicable program, as it has been used as a blueprint by the five other Kansas City area shelters that belong to the Metropolitan Family Violence Coalition.

Furthermore, the assessment tools of the program are replicable. In August of 2005, an evaluation of Bridge was conducted by Jeffery H. Cohen, MD and a team of professionals to assess the success of Bridge in incorporating the Delphi Instrument for hospital-based domestic violence programs (DI). At that time, the Bridge program was only the second coalition to utilize this cutting edge tool. To determine the effectiveness of the program, DI was used to conduct pre- and post- tests on hospitals that operate Bridge, and five control hospitals. DI surveys evaluate hospital systems change in nine different areas of domestic violence program activities. While the control hospitals showed no change, the 14 BridgeSPAN hospitals showed marked improvement. Therefore, not only the Bridge program, but the Delphi Instrument as well, are replicable. If cities across the country implemented Bridge programs, uniting hospitals and victim services, we would decrease intimate partner violence across the nation. Overall, Rose Brooks Center’s Bridge Program offers a seamless safety net within the healthcare system for domestic violence victims and is poised to offer its expertise and experience to be a model program for nationwide replication.

7. Please see attached policy.

8. Yes, Rose Brooks Center receives VAWA funding.
Searches for Illegal Drugs and Alcohol

1. RBC may search its property, such as desks, file cabinets and lockers at any time with or without cause.

2. Where reasonable cause exists, RBC will order the search of an employee's personal property. Employees refusing to cooperate will be subject to disciplinary action, up to and including termination.

3. These searches will be conducted by the CEO or her designee.

Voluntary requests for assistance with drug and alcohol problems are encouraged. If you feel you may have a problem, you should contact your supervisor or the Employee Assistance Program. By doing so, you will not jeopardize your continued employment, provided you stop all involvement with drugs or alcohol and comply with the terms established in your particular case. The fact of having sought assistance will not insulate you from otherwise appropriate disciplinary action for rule violations or subsequent failure to comply with the drug and alcohol policy.

Smoking Policy

It is the policy of RBC to comply with all applicable laws and regulations regarding smoking in the workplace and to provide a work environment that promotes the productivity and well-being of its employees. Accordingly, smoking is prohibited at all times inside RBC’s facilities, offices and buildings. All of the buildings utilized by RBC are smoke free. Smoking will be allowed in designated areas outside only. Questions regarding the smoking policy should be directed to your supervisor.

Sexual and Other Forms of Harassment

It is RBC’s policy to maintain a working environment free from harassment based upon sex, race, color, religion, national origin, disability, sexual orientation, age or any other characteristic protected by law. The harassment of any person, regardless of whether he or she is a RBC employee, a client or customer, or a vendor representative is prohibited by this policy. In other words, Rose Brooks maintains a “zero-tolerance” policy with respect to harassment. No supervisor or manager has the authority to request or demand compliance with unwelcome or offensive conduct, sexual or otherwise, in return for any job assignment, continued employment, compensation, promotion or other term or condition of employment, and supervisors and managers have no authority to retaliate against any individual for failure or refusal to comply with such demand or requests. Any such demand or request, and any such retaliation or attempted retaliation, constitutes a very serious violation of this policy.

This policy describes prohibited harassment, its forms, and the procedure for reporting and investigation of alleged harassment.
* Sexual Harassment

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment (either initiated by or directed toward a male or a female) when (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment, (b) submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (c) such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment on the basis of the employee’s sex.

Sexual harassment may include subtle pressure for sexual activity; statements about sexual orientation; demands for sexual favors accompanied by promises or threats related to an individual’s employment status. In addition, sexually suggestive objects, pictures or written words, sexual jokes, slurs or innuendoes, graphic commentaries or descriptions of sexual conduct, suggestive or insulting sounds, touching, leering, whistling, and obscene gestures may constitute forms of harassment prohibited by this policy.

*Other Forms of Harassment

Harassment based on other attributes, such as race, color, religion, national origin, age, disability, sexual orientation or other protected characteristics may include, without limitation, unwelcome jokes, slurs, graphic commentaries, insulting sounds, obscene gestures, demeaning remarks and other conduct that has the purpose or effect of interfering with an individual’s work performance or creates an intimidating, hostile, or offensive working environment on the basis of an employee’s protected characteristics.

Reporting Sexual or Other Harassment

All RBC personnel are responsible for maintaining acceptable standards of personal behavior in the business environment and for helping to ensure that assigned duties can be carried out in an atmosphere free of harassment. All personnel also have the responsibility to take appropriate steps to prevent incidents from occurring and to take immediate action in the event of an observed or reported incident. The following step-by-step reporting, investigation, and corrective procedure for handling incidences of harassment will be used:

1. Employees must report any incident involving any form of harassment. Employees should report directly to a RBC supervisor or the CEO.

2. An investigation will then be conducted.

3. Upon completion of the investigation, and where it is necessary, RBC will take corrective measures.
4. Corrective measures will be considered on a case-by-case basis, will depend on the severity of the behavior, and may include, but are not limited to, verbal warning, suspension without pay, or termination.

5. Retaliation against an individual for making a complaint or report of harassment, or providing information regarding harassment, will not be tolerated. Retaliation will result in discipline, up to and including termination.

Measures will be taken to provide as much confidentiality as possible for all parties involved. The accused party or parties will be given the opportunity to respond to the charges. False accusations may result in disciplinary actions up to and including termination.

**Discrimination**

It is RBC’s policy to maintain a working environment free from discrimination. Discrimination based on gender, race, color, religion, national origin, disability, sexual orientation, age, veteran status, or other characteristic protected by law is prohibited. This applies to all areas of employment including hiring, training, salary administration, promotion, benefits, discipline, and termination.

As with harassment, RBC employees must report incidents of discrimination to their supervisor or a member of RBC management, using the process described above for reporting harassment. RBC will follow the guidelines set forth for investigating and remedying harassment when addressing allegations of discrimination.

**Workplace Violence**

RBC strives to keep its workplace free from violence or the threat of violence. Therefore, RBC has a policy of “zero tolerance” for workplace violence.

Workplace violence includes not only a physical attack, but also threats of violence, stalking, or other verbal or physical conduct of a violent nature, which has the purpose or effect of creating a dangerous, unsafe or intimidating working environment. All RBC employees are prohibited from engaging in workplace violence at work, while on RBC business, or directing violent behavior, threats or other forms of express or implicit violence against any RBC employee or member of the public including customers, clients, or vendor representatives at any time.

Employees are prohibited from possessing or bringing weapons of any kind onto RBC property, or while on RBC business. Any employee who engages in the conduct prohibited by this policy will be subject to discipline, up to and including termination.

Employees who have questions or concerns about workplace violence or who have been subjected to violence or a threat of violence should immediately contact a RBC supervisor or the
CEO. Any questions or complaints in this regard will be handled promptly and in confidence, to the extent possible. RBC will cooperate with law enforcement agencies concerning the investigation and any prosecution of such matters.

**Problem Resolution Procedure**

If an employee feels that he/she has been treated unfairly with respect to the interpretation or application of policies, procedures, rules or regulations and has not been able to resolve the problem in discussions with his/her supervisor, he/she may file a problem resolution request as outlined in this policy.

An employee who uses this problem resolution procedure should do so within seven (7) calendar days after the occurrence of the cause of the issue.

The employee must identify the problem in writing to his or her immediate supervisor. The problem resolution request must state the objective or desired outcome of the resolution process. The supervisor will review the problem resolution request and meet with the employee to try to resolve the issue. If no resolution is reached, the employee may request to move to the next step in the procedure.

If a resolution cannot be reached with the immediate supervisor, the problem resolution request and the supervisor's response will be sent to the next level supervisor for review. The next level supervisor will meet with the employee to try to resolve the issue. If no resolution is reached, the employee may request to move to the next step in the procedure.

If a resolution has not been reached following response from the next level supervisor, the problem resolution request and the responses from the supervisors will be sent to the CEO. The CEO will meet with the employee to resolve the issue. The CEO's decision is final.

There will be no retaliation for using or pursuing the problem resolution procedure or for any other report of an issue, harassment or discrimination. However, RBC reserves the right to utilize appropriate disciplinary action, up to and including termination of employment, if such action is warranted after investigation into any issue brought to management's attention.

All complaints will be treated as confidential. Only those persons directly concerned with the complaint or its resolution will have information concerning the complaint. Records or copies of the complaint will not be placed in the employee’s personnel file, but will be maintained on record by Administration.
Rose Brooks Center

Bridge Program

Semi-finalist Information
October 23, 2014

Ms. Kathy Paulin  
Program Coordinator  
Mary Byron Project, Inc.  
Fostering Innovations and Strategies to End Domestic Violence  
10401 Linn Station Road, Suite 116  
Louisville, KY 40223

Dear Ms. Paulin,

It is an honor and a privilege to learn that Rose Brooks Center’s Bridge Program™ has been nominated as a semi-finalist for the Mary Byron Celebrating Solutions Award. The Bridge Program™ is so very important to us, as it is a systematic way that we can help stop the cycle of violence at hospitals themselves—where women in trauma so often go for help. Without Bridge, so many would never even be identified. With Bridge, we are making a difference in breaking the cycle of domestic violence.

I am pleased to submit the enclosed supplemental application materials. On behalf of our staff and the women and children we serve with the Rose Brooks Center Bridge Program, we thank you for this opportunity.

We are grateful for your consideration and look forward to working with you. Should you have any questions or need further information, please do not hesitate to contact me directly at susan@rosebrooks.org, or 816-523-5550 x 410.

Sincerely,

Susan K. Miller, MSW  
CEO
October 22, 2014

Ms. Kathy Paulin
Program Coordinator
Mary Byron Project, Inc.
Fostering Innovations and Strategies to End Domestic Violence
10401 Linn Station Road, Suite 116
Louisville, KY 40223

Dear Ms. Paulin,

On behalf of Children’s Mercy Hospitals and Clinics, I am pleased to provide this letter of support for Rose Brooks Center’s Bridge hospital advocacy program, which provides expertise and direct client assistance for victims of intimate partner violence (IPV). Children’s Mercy Hospitals and Clinics was one of the first partners in the Bridge Program, and we have a positive long-standing successful relationship with Rose Brooks Center. We look forward to continuing our work together to prevent and intervene in family violence in the Kansas City metropolitan area.

The Bridge program is a key, necessary piece of our institutional IPV program. Without Bridge, which provides direct IPV advocacy services it would be much more difficult, if not impossible, to provide our families affected by IPV with necessary resources such as shelter placement, counseling, court advocacy and legal assistance. Interestingly, our hospital has gained a local and national reputation for children’s hospital based IPV advocacy.

Because of the collaboration with Rose Brooks Center and the Bridge Program, we have been able to develop a universal screening program in our emergency departments and urgent care clinics. Expansion of that universal screening program is taking place and now includes inpatient units and several other outpatient clinics. Children’s Mercy Hospital is unique among children’s hospitals nation-wide in our approach to IPV -- largely because of the wonderful relationship we have with Rose Brooks. Ten years ago we were awarded a large HRSA grant to develop pediatric centered IPV education and protocols. I am convinced this award was granted, in large part, due to our partnership with Rose Brooks and the Bridge program. Having access to the services provided by Bridge allowed us to proceed confidently, knowing that when we ask and get a positive answer we can proceed quickly to shelter placement, orders of protection or counseling services, depending on the victim’s needs.

The Bridge program and at the protocols we have developed around it formed the basis of our institutional approach to violence prevention, which became formalized three years ago with our Council on Violence Prevention. The Council on Violence Prevention has taken off and is one of the most active interprofessional endeavors we have at Children’s Mercy.
Having access to the Bridge program has allowed us to screen for IPV and develop integrated clinical protocols with the assurance that a positive screen will be met by immediate, concrete advocacy services for adult victims of IPV and their children through Bridge.

We at Children’s Mercy, similar to the American Academy of Pediatrics, recognize IPV as a pediatric problem of great magnitude. IPV has been called the single largest precursor of child abuse and IPV occurs disproportionately in families with children. We know that IPV is a major course of “toxic stress” for children - one of the leading categories of early adversities linked to health across the life span. The Bridge program is a wonderful example of “knocking down silos” that so often exist in advocacy services for women and children. Our collaboration proves that it can be done and we can deliver critical help to families in a way which is effective and efficient.

I strongly recommend Rose Brooks Center’s Bridge Program for the Mary Byron Project Celebrating Solutions Award. Thank you for your time and consideration of this life-saving program. If you have any questions or wish to discuss my comments further, please do not hesitate to contact me, either by email at (ddowd@cmh.edu) or by phone at 816 651-5701.

Sincerely,

M. Denise Dowd, MD, MPH
Professor, Pediatrics
Medical Director, Community Programs, Department of Social Work
October 23, 2014

Ms. Kathy Paulin, Program Coordinator
Mary Byron Project, Inc.
Fostering Innovations and Strategies to End Domestic Violence
10401 Linn Station Road, Suite 116
Louisville, KY 40223

Dear Ms. Paulin,

As the President and CEO of the Metropolitan Organization to Counter Sexual Assault (MOCSA), I offer my strong support for Rose Brooks Center’s nomination to the Mary Byron Project’s Celebration Solutions Award. MOCSA serves as the Kansas City metropolitan area’s only rape crisis center and comprehensive anti-sexual violence organization. Our mission is to improve the lives of those impacted by sexual abuse and sexual assault and prevent sexual violence in our community.

For nearly 40 years, MOCSA has been the only agency in the greater Kansas City area serving victims of rape and child sexual abuse across the lifespan. MOCSA collaborates with Rose Brooks Center, area hospitals, law enforcement agencies, child advocacy centers, and other public and social service agencies to ensure comprehensive victim services and non-duplicated efforts. MOCSA plays a central role in several coordinated community-based response systems consisting of Sexual Assault Nurse Examiner (SANE) programs at 20 local hospitals, three Sexual Assault Response Teams (SARTs), 40 law enforcement agencies, seven District Attorney’s offices, two child advocacy centers, state child protective services, and numerous community partnerships who work together to address the needs of sexual abuse and assault victims.

One of MOCSA’s critical services to victims of sexual violence is face-to-face advocacy during sexual assault forensic evidence collection exams. During advocacy services to victims at area hospitals, MOCSA advocates have the opportunity to interface with advocates from Rose Brooks Center’s Bridge Program. Per established Sexual Assault Response Team protocols in the area, a MOCSA advocate is automatically requested to respond when a victim of sexual assault arrives at an area hospital for a sexual assault forensic evidence collection exam. During the exam, the MOCSA advocate works with the victim to assess her/his safety. If a victim identifies as experiencing intimate partner violence, the MOCSA advocate and Sexual Assault Nurse Examiner contact a Rose Brooks Center’s Bridge
Program advocate to respond to the hospital for face-to-face advocacy services after the exam has concluded. Working together, MOCSA and Rose Brooks Center advocates offer safety planning and options for victims experiencing sexual assault within the context of intimate partner violence.

MOCSA and Rose Brooks Center advocates form a strong partnership in providing on-site supports to women traumatized by both domestic violence and sexual assault. This is a critical partnership, as over 80% of sexual violence is committed by someone the victim knows, not by a stranger, and intimate partner violence frequently includes sexual violence. Many women need the connected services of both agencies in order to find the supports that will help them heal from the trauma.

MOCSA and Rose Brooks Center also partner on training and education, which is critical in order to help women in crisis in hospitals receive the most compassionate and effective services possible. MOCSA has trained Rose Brooks Center staff specifically on the sexual assault forensic evidence examination at emergency rooms, so that Bridge staff can also educate domestic violence victims on what the procedure is like, and that it is no-cost. Many women are fearful to get an exam, which can feel very evasive and often take hours, and include not only vaginal examinations, but hair samples and photographs. With MOCSA’s training, Bridge staff help women understand what the procedure consists of, and that it is okay to ask for a pause or to stop the examination, if this is what they need. Staff can also answer questions, and help provide encouragement and reassurance if needed, in case the victim feels ashamed or scared. In some cases, if the victim chooses not to go through an exam, she will gain information and education from the Bridge staff so that they understand that this was not her fault, and that she is supported in doing what she needs to do for herself and her health. We have found that the more informed a victim of intimate partner sexual assault is, the more likely she is to be less fearful, make different decisions, and at some point gain closure.

In turn, for the many women who MOCSA hospital advocacy staff support who are also suffering from domestic violence trauma, MOCSA staff are able to support them, if they choose, in accessing Rose Brooks Center’s extensive services for survivors of domestic violence, including not only a safe high-security shelter, but also court and police advocacy, therapy and case management, economic advocacy, and a pet shelter for family pets.

The Mary Byron Project’s Celebrating Solutions Award is an honor, and I strongly recommend the Rose Brooks Center Bridge Program for this wonderful opportunity.
If you have any questions, please do not hesitate to contact me, at my email address (jdonelon@MOCSA.org), or at 816-285-1325. Together, MOCSA and Rose Brooks Center are working to provide a comprehensive service model in hospital advocacy that is unique and innovative, providing solutions to women suffering from intimate partner violence.

Sincerely,

Julie Donelon, MSW  
President & CEO
October 23, 2014

Kathy Paulin  
Program Coordinator  
Mary Byron Project, Inc.  
Fostering Innovations and Strategies to End Domestic Violence  
10401 Linn Station Road, Suite 116  
Louisville, KY 40223

Dear Ms. Paulin,

On behalf of Research Medical Center, please accept this letter of support for Rose Brooks Center’s Bridge hospital advocacy program, as a semi-finalist for the Mary Byron Project Celebrating Solutions Award. Research Medical Center is both a health care provider partner and a contributing funder to this program. Rose Brooks Center’s Bridge Program has made a crucial difference at Research Medical Center. Thanks to this partnership, staff in our emergency services and throughout the entire hospital are fully trained in universal screening and have the resources to identify patients who suffer from domestic violence. These patients are then connected with Bridge services promptly. Research Medical Center is committed to the Bridge program to ensure there is a proactive intervention available at an early stage to prevent future health issues.

As a leading health care provider in the Kansas City area, Research Medical Center recognizes and appreciates the value of Rose Brooks Center’s Bridge program. This hospital-based domestic violence advocacy program acts as a bridge between the hospital and the community resources that are necessary to break the domestic violence cycle.

Supporting interventions that enhance the health of the patients we serve, including ending the cycle of domestic violence, is very important to our mission. We have fully integrated the Bridge practices, protocols, and procedures to ensure that all of our nurses and medical professionals are trained. I recognize the value the Bridge Program brings to our hospital, the lives that have been saved, and other lives that have certainly have been positively impacted.
Bridge has been co-located at Research Medical Center since 2006. The number of annual Bridge referrals that our medical staff makes to Rose Brooks Center has substantially increased: 118 referrals in 2008, contrasted with 298 referrals in 2012. In fact, Bridge advocates have assisted 280 patients at Research Medical Center so far this year, and 373 are projected by the end of the year—representing the greatest number of domestic violence victims screened and supported at Research Medical Center in the history of our partnership.

Moreover, a recent survey of staff at Research Medical Center (which included 12 departments, such as the ER, ICU, and Women and Infant Care) demonstrates the strong partnership and how Bridge training has increased awareness. When staff in these departments were asked to rank the statement, “I think domestic violence is an important health care issue,” the results indicated an average ranking of 3.8 “Strongly Agree” on a scale in which 4 is the highest possible ranking.

In terms of health care services and costs, Bridge interventions can result in better health and life expectancy for women. Women who experience domestic violence are 70% more likely to have heart disease than women who have not experienced abuse; 80% more likely to experience a stroke; 60% more likely to develop asthma; and more likely to have high risk factors for HIV and STDs, smoke tobacco, and engage in heavy or binge drinking.

Please consider the Bridge Program as a leading applicant for the Mary Byron award. If you would like further information or if you have any questions, I can be reached at 816-276-4101.

Sincerely,

Jackie DeSouza
President and Chief Executive Officer
Jacqueline.DeSouza@hcamidwest.com
Internal Revenue Service

Date: October 14, 2003

Department of the Treasury
P. O. Box 3868
Cincinnati, OH 45201

Person to Contact:
Jodie Johnson 31-07463
Customer Service Specialist
Toll Free Telephone Number: 866-254-0176
877-839-6800
Fax Number: 513-263-3768
Federal Identification Number: 51-0231673

Rose Brooks Center, Inc.
51-0231673

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Section 5104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999-17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Rice
Director, TEGE
Customer Account Services
<table>
<thead>
<tr>
<th>Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way</td>
<td>$16,600</td>
</tr>
<tr>
<td>VOCA- Bridge Program</td>
<td>$22,302</td>
</tr>
<tr>
<td>Program Fees:</td>
<td></td>
</tr>
<tr>
<td>University of Kansas Hospital</td>
<td>$70,000</td>
</tr>
<tr>
<td>Research Medical Center</td>
<td>$70,000</td>
</tr>
<tr>
<td>Foundation Support</td>
<td></td>
</tr>
<tr>
<td>St. Lukes Foundation</td>
<td>$50,000</td>
</tr>
<tr>
<td>Fee Revenue</td>
<td>$135</td>
</tr>
<tr>
<td>General Operating Support</td>
<td>$184,467</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$413,504</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Fringe Benefits</td>
<td>$381,583</td>
</tr>
<tr>
<td>Staff Travel</td>
<td>$6,739</td>
</tr>
<tr>
<td>Food</td>
<td>$235</td>
</tr>
<tr>
<td>Program Supplies</td>
<td>$1,662</td>
</tr>
<tr>
<td>Client Assistance</td>
<td>$5,700</td>
</tr>
<tr>
<td>Volunteer Recognition</td>
<td>$20</td>
</tr>
<tr>
<td>Staff Recognition</td>
<td>$234</td>
</tr>
<tr>
<td>Recruitment</td>
<td>$250</td>
</tr>
<tr>
<td>Printing and Design</td>
<td>$3,365</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$797</td>
</tr>
<tr>
<td>Postage</td>
<td>$56</td>
</tr>
<tr>
<td>Insurance</td>
<td>$5,171</td>
</tr>
<tr>
<td>Communications</td>
<td>$5,894</td>
</tr>
<tr>
<td>Computer Expense</td>
<td>$759</td>
</tr>
<tr>
<td>Storage</td>
<td>$43</td>
</tr>
<tr>
<td>Leased Equipment</td>
<td>$995</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>$413,504</td>
</tr>
</tbody>
</table>
General Official Letter Questions and Requirements

4) Respond to the following questions:

a) What is the approximate number of individuals served annually by the applicant or nominee? Rose Brooks Center serves 15,000 individuals in the community every year. In 2013, the Bridge Program alone reached 1,182 domestic violence victims throughout our affiliated hospital system due to effective screening in each department, and trained approximately 2500 health care workers and medical residents.

b) How many paid staff and volunteers are used to administer the nominated program? The Bridge Program is managed and administered by the Director of Community Programming. The Bridge Program has a total of 48 direct service advocates: 5 are full-time Bridge Advocates (as we serve a total of 6 hospitals and their clinics, one full-time advocate is located at two hospitals; the remaining 4 hospitals each have individual advocates), 36 volunteer advocates, and 7 part-time advocates. The full-time staff provide advocacy from 8am-5pm, and the part-time and volunteer advocates work after hours evenings and weekends. However, full-time advocates are also on-call during afterhours to field complex questions and provide support. Bridge volunteer training is extensive, and many volunteers are women who had experienced domestic violence trauma and now are in a position to give back and help others who are now in need.

c) Are there past awards, accolades, and grants furnished upon the applicant or nominee that would further exemplify its success in combating intimate partner violence?

National Recognition:

- Rose Brooks Center, as a leading domestic violence program, received a personal invitation from Vice President Joe Biden to be a part of an exclusive group invited to the 20th Anniversary of the Violence Against Women Act.

- Rose Brooks Center was recognized in May 2013 as a model program by the Office on Violence Against Women for our partnership in the Safety First Initiative to develop a training integrating principles of universal design for accessibility and trauma informed care.

- Rose Brooks Center was honored by Futures Without Violence, at the National Conference on Health and Domestic Violence in March of 2012 for Outstanding Leadership in Violence Prevention.

- Five members of the Rose Brooks Center staff were selected to present at the 2012 World Conference of Women’s Shelters in Washington DC. This included the Bridge Program Director, Tanya Draper-Douthit, who presented on Reproductive Coercion.

- Bridge Program Director, Tanya Draper-Douthit, who presented on Reproductive Coercion, was selected to present at the National Conference on Health and Domestic Violence in 2012, on reproductive coercion.
• Susan Miller, CEO, and Lisa Fleming, COO, were chosen as keynote speakers in 2009, for the 15th anniversary of the Violence Against Women Act by the Office on Violence Against Women.

• Rose Brooks Center's Transitional Housing Program received the Best Practices Award and Best Among Peers Award from the U.S. Department of Housing and Urban Development in June 2009, increasing our chances of continued federal funding for this program.

• Rose Brooks Center was selected in 2010 by the National Network to End Domestic Violence and the Allstate Foundation to be a national test site for the Economic Empowerment Moving Ahead through Financial Management curriculum as evaluated by Rutgers University.

Local Recognition:
• Rose Brooks Center received the 2013 Community Service Award from the Saint Luke's Health System Forensic Care Program.
• CEO Susan Miller was selected as one of KC Business Magazine's 2011 Most Influential Women.
• Rose Brooks Center's signature event, Cabaret, was recognized by The Independent magazine as the third most profitable event in Kansas City in 2010.
• Rose Brooks Center was awarded the 2010 Excellence in Nonprofit Leadership Award by Support KC.
• Rose Brooks Center was one of eight recipients in September 2008 of the Kauffman Legacy Fund awards, which went to "some of Kansas City's most treasured institutions."

d) If funding were not an issue, what (if any) changes or additions would you make to your program in the future? What are the long term goals for your program? We are interested in hearing both your practical goals in addition to any lofty dreams you might have for the future.

The long term dream we hold for the Bridge program is that all medical staff in every hospital will be trained to appropriately screen for domestic violence. Because domestic violence victims often present with seemingly unrelated health or emotional symptoms, untrained medical staff will not be knowledgeable in identifying possible signs, and would also be unaware of how to bring up the subject with a patient, or what to do if the suspected abuser is present. The Bridge program raises critical awareness for medical professionals, who, besides the police, are often the first line of those in a position to provide safety and relief in a domestic violence situation.

A more short-term practical goal will be to implement the use of technology and telemedicine to train medical professionals and to respond to survivors. In order to reach as many medical professionals as possible, despite geographic locations, it would be helpful to provide online trainings to teach universal screening and more specialized trainings. In working with victims, it is by far beneficial to be in person to help women who are suffering from trauma; however, for more remote or rural locations, it would be helpful to offer an interactive possibility 24/7, between an advocate and the victim.
1. The application states, “Bridge advocates are located at six local hospitals and 13 clinics...” Does Bridge maintain offices in all the hospitals and clinics, or are the advocates on call to respond when contacted by the hospitals and clinics?

Bridge advocates are located with physical offices at all six hospital locations, and the advocates additionally serve and respond to satellite campuses and outpatient clinics. These six hospitals are the largest ones in the Kansas City metropolitan area, so the Bridge program has an extensive reach. Bridge Advocates are not just housed at the hospitals, but are integrated into the hospital culture, and treated more as contractual staff. All Bridge Advocates undergo the specific hospital’s orientation, and have a hospital email address and badge. Moreover, the Bridge Advocate’s offices are located in locations within each hospital which reflect their critical nature. For instance, at Truman Medical Center, the Bridge Advocate’s office is directly by the Emergency Room. Saint Luke’s Hospital’s Advocate is located by Women’s Health, and at the University of Kansas Hospital, she is located among the Nurse Case Managers. At the same time that they have physical office spaces, the Advocates actually most often meet with domestic violence victims in the actual patient or exam room. If the suspected abuser is present, the Bridge staff work with hospital nursing staff and security (who have been trained by Bridge on this issue) to temporarily relocate him so that the Advocate can meet with the patient alone. Overall, Rose Brooks Center and Bridge Advocates have built highly effective network systems, so that the victims in crisis in health care settings can be immediately reached and supported.

2. According to the application, “Bridge advocates are available 24-hours a day, six days a week.” Is the domestic violence screening done every day, or only the days the advocates are available?

The “6 days” was a clerical error; it should have read “24 hours a day, 7 days a week.” We apologize for the oversight and the understandable follow-up questions. It is critical that Bridge is offered at all times, so that an advocate can support a victim in crisis at any time, day or night.

3. How often are the trainings conducted at each hospital? Please share additional information regarding the trainings, i.e., length, content and curriculum, frequency, etc.

(Please see the DVD included, which shows 3 short videos demonstrating how medical staff can handle potential domestic violence victims. Rose Brooks Center produced this in 2014, and it is used in training throughout the city.)

Training is different at every hospital, as Rose Brooks Center adapts our education and administrative responses to best fit with each hospital’s culture and needs. Trainings primarily consist of hospital orientations, and then more specialized trainings are directed at specific departments. New nurse orientation trainings (see enclosed Powerpoint demonstration) occur approximately every other week or once a month, depending on the hospital, and some are in person and others are web-based. For the hospital partners who have transitioned to online or web-based orientation modules, we have designed online training with our content specifically for them, and they integrate it as part of their required orientation.

Subsequent trainings are offered routinely and take different forms and forums, in order to reach as many different hospital departments as possible. Some are offered as Lunch and Learns, and other times the Bridge staff is a speaker at a hospital symposium. In addition, we provide specialized trainings with nurse managers at their unit meetings, or for example with Labor and Delivery, the Intensive Care Unit, or Rehabilitation unit. In addition, with hospital
partners who are teaching hospitals or affiliated with one of our area medical schools, Rose Brooks Center’s Bridge program provides various resident training on a monthly basis, which includes Emergency Room, Family Medicine, and pediatric residents. In September 2014 alone, pediatric residents from Children’s Mercy Hospital and the University of Kansas Hospital came to Rose Brooks Center for half-day trainings on Domestic Violence Screening, Disclosure, and Response. Nurses obtaining Continuing Nursing Education credits also often participate in our training for necessary contact hours.

More specialized trainings, often offered in the Lunch and Learn format, include topics such as Reproductive Coercion (see enclosed Powerpoint demonstration), the Long-term Impact of Domestic Violence, and Domestic Violence in the Workplace. These Lunch and Learns are often simulcast so that the presenting Bridge Advocate will be stationed at a main hospital campus, and yet staff members at all locations can log on to participate.

4. Are there regularly scheduled meetings between hospital personnel and Bridge staff?
Yes, we have meetings at multiple levels with each of our partner hospitals. The following are overviews of these.

Bridge Advocate/Hospital Staff Meetings
The most immediate and constant form of interaction is that which Advocates consistently have with hospital staff, when they arrive to work with a domestic violence victim. Overall, the success of the Bridge Program is due to the cultivation of strong administrative support within each hospital system. At each hospital, Bridge Advocates meet with a hospital administrator on a monthly or quarterly basis to provide updates and obtain guidance. For instance, at Research Medical Center, the Bridge Advocate has quarterly meetings with the Chief Nursing Officer, going over referral and statistics updates, providing information on what the taskforce is working on, sharing updates on Bridge Program goals, and getting assistance or guidance with any challenges or barriers which might arise. At Saint Luke’s Hospital, the Bridge Advocate meets monthly with a program director. These meetings also ensure that each hospital is informed of Bridge’s work with patients and any issues which might arise. It also ensures that we have a critical hospital staff person to contact if we need further assistance or information.

Rose Brooks Center Leadership and Hospital Leadership
The hospitals we work with are highly supportive of the Bridge program, as they see that it helps them better serve the healthcare needs of women in crisis, in a safe way with standard protocols. In fact, while the program was initially started with in-kind donations and federal funds, presently three of the partner hospitals provide funding, because they have seen how crucial Bridge is to their services.

Susan Miller, Rose Brooks Center’s CEO, meets annually with the Chief Executive Officer, Chief Nursing Officer, or Chief Operating Officer at each hospital. The Director of Community Programs, who administers the Bridge program, meets with hospital leadership at least twice a year. In each meeting, the Rose Brooks Center staff present statistical overviews of the Bridge Program for previous years, updates on the current year, and also projections for the upcoming year. They also discuss goals for the Bridge Advocate within the hospital, and ensure that they align with the individual hospital’s needs from the nursing perspective. Rose Brooks Center’s leadership also provide quarterly updates via email with nurse administrators at each hospital.
Programmatic Meetings
In addition, programmatic meetings take place annually at all hospitals, and their purpose is for the Bridge staff to present and share impact, successes, and challenges with core hospital leaders, in order to ensure that the Bridge Program and domestic violence screening remain high priority issues with hospital staff. The core hospital leadership groups include nursing leadership groups, administrators, and practice councils. They provide an opportunity for a Question and Answer session at each hospital, and are separate from the taskforce.

Bridge Staff and Hospital Taskforce, Committee, or Council
At each partner hospital, Rose Brooks Center Bridge Advocates participate (as either coordinator or facilitator, co-chair with hospital staff, or committee/council members) with hospital personnel in a forum which addresses Intimate Partner Violence (IPV). These task forces concentrate on on-the-ground work, and serve as a forum in which to complete the Delphi, conduct case reviews, and coordinate awareness activities. Within this capacity, Rose Brooks Center informs hospital policies related to IPV, whether it is their policy on the screening and assessment of patients, various nursing and forensics policies, security procedures as it relates to patients with confidential status, or handling patients with orders of protection, as examples. For instance, Saint Luke’s Health Systems recently revised their process to systemize their Intimate Partner Violence policies, and Bridge staff were instrumental in consultation and implementation.

5. Is there any follow-up with the victims after they leave the hospitals or clinics?
When meeting with victims in hospital or clinic settings, Bridge staff ask if it is okay to reach out and re-contact them in a safe manner, and determine what the safest way will be. When the domestic violence victim consents to follow-up services, we contact her within 24-48 hours. However, if the case demonstrates the potential for high lethality, we follow up the next day. Staff make at least 3 attempts to follow up, and when possible connect them with other services at Rose Brooks Center or other needed agencies.

Sometimes it is unfortunately not possible to reach some of the victims, but it is critical that, while in the hospital, they receive safety planning, support and critical information from the Bridge Advocate, which can make a difference in her safety and ongoing decision-making.

The person placing the follow-up call is one of the full-time Bridge Advocates to ensure consistency and administrative oversight. As part-time and volunteer Bridge Program staff work after hours and weekends, they provide full intake information to the full-time staff, so that she will be fully knowledgeable of all the interventions which had taken place to that point. Follow-up calls are typically lengthy. Sometimes, these follow-up steps are in person, as when the woman is inpatient in a hospital. In these cases, the Advocate returns to her hospital room and spends whatever time the patient needs. In many cases, multiple follow ups are needed in order to help them get into shelter, and eventually housing.

6. In what ways are the safety needs of the victims addressed? Is a lethality risk assessment utilized in the screening process?
With every victim the Bridge Advocate supports, we assess and then plan for safety, either through a verbal or written personal safety plan. The safety plan is an opportunity to discuss with the client ways they can stay safe when they leave the hospital. The plan also includes ways a client can vary her routine, ways she can prepare to leave an abusive situation (i.e. by
gathering important documents, stashing money and finding housing) and information about resources available in the community.

Bridge Advocates also complete a Lethality Assessment for all the patients we meet with. This is a Maryland Coalition against Domestic Violence tool, and it is a critical part of our safety assessment process to determine if the patient is at high risk of being seriously injured or killed by her partner. The Advocates are highly skilled in doing thorough safety assessments and then planning for their respective safety needs. For instance, a recent team meeting centered around safety and technology, as a victim had been traced by her partner because they had had a shared phone plan, and he was tracing her GPS. Therefore, Advocates consider a variety of aspects when helping a victim leave an abusive relationship, if that is her plan. Or, if she plans to return home, we safety plan for her there as well, and also give her information on accessing shelter, and discuss implications for their children, work, pets, and other factors.

Bridge Advocates also discuss safety in relationship to legal resources and remedies. For instance, it may not always be safest for the victim to file an order of protection immediately at the hospital. It may not be safest either for her to go directly to shelter and immediately seek a divorce. Victims tend to know what will ‘set him off,’ and oftentimes, those who make the decision to leave need to safety plan in order to buy time, gather documents and other resources, before making the departure.

Furthermore, the Bridge Program is a critical resource to hospital employees as well; at any given time, a Bridge Advocate is working with a hospital employee, who is experiencing domestic violence. Rose Brooks Center provides education to Human Resource departments and managers about domestic violence and its impact upon the workplace, and how to create a safe supportive environment for employees experiencing domestic violence. In fact, the Bridge Program is promoted by many hospitals as an HR benefit. Research Medical Center's HR department provides Bridge brochures, and asks Bridge staff to speak to employee relations departments and at manager’s meetings periodically, so that Rose Brooks Center is a known resource to all hospital staff.
7. Please provide additional information on the domestic violence task forces at the individual health care facilities, specifically, the composition of the task forces, frequency of meetings, etc.

The following is an overview of the ongoing taskforce meetings at all six hospitals (Children’s Mercy, Research Medical Center, Saint Joseph Medical Center, Saint Luke’s Hospital, Truman Medical Center, University of Kansas Hospital) in which the Rose Brooks Center Bridge program is directly involved, through facilitation, co-facilitation, voting, etc.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Meeting Type</th>
<th>Meeting Frequency</th>
<th>Scheduled Dates/Time</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Mercy Hospital-Main</td>
<td>Council on Violence Prevention</td>
<td>every other month</td>
<td>1st Thursday @ 1:00 p.m.</td>
<td>Administration, Physicians, Social Workers, Nurses, Security, Researchers, Psychologists, Child Life Specialists, Strategic Planners, Admissions, Nurse Practitioners, Bioethicists</td>
</tr>
<tr>
<td>Children’s Mercy Hospital-Main</td>
<td>Intimate Partner Violence Workgroup</td>
<td>monthly</td>
<td>1st Thursday @ 10:00 a.m.</td>
<td>Physicians, Social Workers, Nurses, Researchers</td>
</tr>
<tr>
<td>Children’s Mercy Hospital-South</td>
<td>Intimate Partner Violence Workgroup</td>
<td>monthly</td>
<td>4th Wednesday @ 9:30 a.m.</td>
<td>Physicians, Social Workers, Nurses</td>
</tr>
<tr>
<td>Research Medical Center</td>
<td>Domestic Violence Task Force</td>
<td>monthly</td>
<td>3rd Thursday @ 1:00 p.m.</td>
<td>Nurses, Social Workers, Chaplains, Clinical Educator, Unit Clerks, Security</td>
</tr>
<tr>
<td>Saint Joseph Medical Center</td>
<td>Domestic Violence Task Force</td>
<td>monthly</td>
<td>3rd Monday @ 3:00 p.m.</td>
<td>Nurses, Social Workers, Chaplains, Nurse Practitioners, Human Resources, Case Managers, Kitchen Staff, Clinical Educator</td>
</tr>
<tr>
<td>Saint Luke’s Hospital</td>
<td>Forensic Care Program System Committee</td>
<td>quarterly</td>
<td>2nd Thursday @ 3:00 p.m.</td>
<td>Physicians, Nurses, Educators, Program Directors, Social Workers</td>
</tr>
<tr>
<td>Saint Luke’s Hospital</td>
<td>Intimate Partner Violence Sub- Committee</td>
<td>quarterly</td>
<td>2nd Thursday @ 2:00 p.m.</td>
<td>Physicians, Educators</td>
</tr>
<tr>
<td>Truman Medical Center-Hospital Hill</td>
<td>Intimate Partner Violence Council</td>
<td>every other month</td>
<td>3rd Monday @ 12:00 p.m.</td>
<td>Nurses, Social Workers, Chaplains</td>
</tr>
<tr>
<td>University of Kansas Hospital</td>
<td>Abuse Prevention Committee</td>
<td>monthly</td>
<td>3rd Wednesday @ 3:00 p.m.</td>
<td>Social Workers, Case Managers, Nurses, Attorneys</td>
</tr>
</tbody>
</table>

*Rose Brooks Center's respective Bridge Advocate and the Director of Community Programs maintain membership/attendance in all of the above meetings*
8. Are police contacted when a victim has physical injuries or has been sexually assaulted by an intimate partner? Describe some of the ways in which you partner with law enforcement and the courts system.

One of unique strengths of Rose Brooks Center is that, in addition to the Bridge Program, we provide comprehensive services in which Victim Advocates are co-located with the police department and with the court system. Therefore, when the victim chooses to access these services after the hospital stay, her Bridge Advocate connects her with the Rose Brooks Center staff member who already has access within that other system and has built the necessary relationships which help ensure compassionate and expert services.

Police Department
With every patient, we determine whether they would like to involve law enforcement. We discuss with her the option of police reports, and answer questions and provide assistance and support if they choose to do so. Sometimes the police have already been involved, as in the cases when they have responded to a domestic violence scene and the woman is then transferred to a hospital with injuries. In those instances, the Bridge Advocate obtains the case number and then connects the victim with our court and police advocates to have that support in the criminal justice system.

Order of Protection and Court Advocate
When a victim chooses to do so immediately while in the hospital, the Bridge Advocate assists her in obtaining temporary emergency ex-parte orders of protection, also known as restraining orders. By providing these orders of protection as the victim leaves the health care facility, the Advocate is helping her address the situation. In many cases, the advocate has been able to complete the order and have it served to the abuser in jail while he is waiting to make bond. If filing immediately is not possible, the Bridge Advocate connects the victim with the Rose Brooks Center Court Advocate who is co-located in the Adult Abuse division at the county courthouse.

The Advocate will then accompany the victim to Order of Protection court, or will obtain the order on her behalf. Patients who have suffered injuries requiring they stay in the hospital are unable to go to the courthouse to secure ex-parte orders of protection. In these cases, the court allows Advocates to complete the paperwork and fax it to the courthouse for execution by the judge. When awarded, copies of the order are sent back to the advocate to deliver to the patient.

Real Case: In one case handled by a Rose Brooks Center Bridge Advocate, a woman who was 30 weeks pregnant was admitted to the OB Department with a gunshot wound to the abdomen. Her ex-husband had tracked her down at work and shot her. She had injuries, and the baby she was carrying had shrapnel injuries from the blast. It was a very frightening situation and the OB Department feared that the ex-husband would come to the hospital to abuse or threaten her further.

Rose Brooks Center was immediately contacted, and the Bridge Advocate quickly met with the patient and provided her support and information about resources. The patient chose to request an order of protection, so the advocate completed the paperwork and presented it to the judge for execution. As the hospital staff had been trained by the Bridge Program, they were aware of what steps to take next regarding safety and security. The ex-husband did come to the hospital, and he was immediately met by security. His copy of the ex-parte order of protection
was served to him, and he got a police escort off of the property, and then was put into jail. The woman left the hospital and went directly to shelter where she remained until the baby was born and she was able to secure a safe living situation. Each state and county has its own guidelines and rules, and Rose Brooks Center has coordinated this work with the civil court system to carry out this system.

Legal Assistance
Often victims who are supported in the Bridge Program choose to pursue legal means to leave the relationship. The common issues victims of abuse face are contested divorces and child custody, obtaining documents such as birth certificates, obtaining credit, receiving legal immigration status, and many others. Since most of the women we serve can’t afford a private attorney, Rose Brooks Center has two community partners—Legal Aid of Western Missouri, and Hope House—who provide pro bono services to Rose Brooks Center clients. In these cases, the Bridge Advocate connects the victim with the Court Advocate, who manages the legal referrals. These partnerships are highly beneficial, as the attorneys are well-versed in the dynamics of domestic violence, and the often unusual and unsafe ways it can impact the victim’s attempts to access legal processes.

9. Please provide some of the statistical data obtained from the study utilizing the Delphi Instrument for hospital based domestic violence programs.

Please see two attachments:
- “Delphi Instrument for Hospital-based Domestic Violence Programs” sample sheet, which Bridge staff apply in working with hospitals and clinics.
- “Table 1. Delphi Scores by Domain and Evaluation in Phase-Kansas City Hospitals” which includes excerpts from the 2005 Institutional Review Board-approved evaluation of the Bridge Program, conducted by the University of Kansas. Please note that the responses in the Phase 2 column represent a 7-22 month time lapse after Bridge interventions, and so they indicate increased hospital scores during this time, and improvements in response to domestic violence in each domain.

10. Please feel free to briefly share any additional information about your program that may be helpful for our reviewers to know.

Trauma-Informed Care
Rose Brooks Center was recognized in 2013 as a model program by the Office on Violence Against Women for our partnership in the Safety First Initiative to develop a training which integrates the principles of universal design for accessibility with trauma-informed care. Rose Brooks Center is committed to being a trauma-informed organization. We contend that by being trauma-informed, our services will be more accessible to and effective for survivors. Each principle reflects a component of creating a service setting that is respectful, welcoming, safe, and helpful to survivors, taking into account their unique needs and the obstacles they face as they seek services and safety. A trauma-informed approach has three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into policies, procedures, practices, and settings. We believe relationships are a vehicle for healing and we strive to adhere to these principles of trauma informed care.
Client Satisfaction Surveys
Please see the attached sample Client Satisfaction surveys, which demonstrate the ways in which the Bridge program significantly impacts and supports victims of domestic violence in hospitals. Note: this survey assessed the entire BridgeSPAN Program, which includes additional hospitals and agencies; however, Rose Brooks Center is the lead agency and sole trainer of all other domestic violence agencies involved in BridgeSPAN, and in fact our advocates meet and are responsible for 80% of the patients within the BridgeSPAN system.

11. Please provide copies of any assessments, screening tools or evaluation utilized.
For this section, please see these two attachments:
- For patient screening and assessment, see the forms which begin with “Bridge Program Intake Form” and includes screenings and assessments. Please note that the Lethality Assessment section which is provided represents an adaptation of the original Maryland Coalition against Domestic Violence tool.
- For hospital screening and assessment, see “Delphi Instrument for Hospital-Based Domestic Violence Programs” which Rose Brooks Center utilizes, and which concentrates on hospital assessment.

Also, for client satisfaction feedback for Bridge program services, we ask directed questions during the follow-up calls. This is because it would be very difficult to ask for feedback during the hospital visit, when the patient is traumatized and in crisis, often fearing for her life. As well, it is often unsafe to mail or email a survey after the Bridge Intake. During the follow-up call, the Advocate asks questions such as, “Was in the information you received helpful? Do you feel safer?” Input is then recorded into Rose Brooks Center’s ALICE database.