Roth Award Nomination Form

Legal name of organization: YWCA of Greater Cincinnati

Year established: 1868

Program being nominated for award (if different): Family Violence Prevention Project's CARE Program

Year established: 2001

Address: 898 Walnut Street

City/State/ZIP code: Cincinnati, Ohio 45202

Agency phone number: (513) 241-7090

Contact person: Kristin Shrimplin

Title: Director, Family Violence Prevention Project

Phone number: (513) 361-2144

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Website address: www.embracehope.org

How did you learn about the Roth Award?

The Family Violence Prevention Project (FVPP) learned about the Roth Award from Kathy Paulin. In 2012, the FVPP submitted an application to nominate its Project CARE (Community, Accessibility, Responsiveness, Education) Program for the Mary Byron Project's Celebrating Solutions Award. However, since Project CARE addresses abuse of women with disabilities through a community coordinated response of an underserved population, Ms. Paulin invited the FVPP to submit an application for the Roth Award.

Brief description of organization:

The YWCA, the largest women's organization in the world, is an international movement with associations in 85 countries and over 400 American communities. The YWCA of Greater Cincinnati, the fifth association in the United States, was founded in 1868. In its early years, the YWCA established an employment bureau to find jobs for young women. It worked for minimum wages for women, championed protective labor laws for women and children, advocated for women's suffrage, was an early leader in job training for women of all races, and was at the forefront of racial justice advocacy. The mission of the YWCA of Greater Cincinnati is to empower women and to eliminate racism. By means of education, advocacy, and programming, the YWCA works to advance racial justice and to empower women of all races, ages, status, experience, and beliefs to take control over their lives, to be abuse-free, and to positively influence their community. The YWCA is guided by a commitment to peace, justice, equality, human dignity, freedom, and the elimination of racism and has long been recognized for its outstanding and pioneering programs which focus on critical issues facing women through protection from abuse, training and education,
health and wellness, and advocacy and recognition. The YWCA of Greater Cincinnati is the lead agency and fiscal agent for the collaborative, the Family Violence Prevention Project, who is showcasing one of its underserved populations programs, Project CARE (Collaboration, Accessibility, Responsive, Education), to be considered for the Roth Award.

Geographical area served: Hamilton County, Ohio (Greater Cincinnati)

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

Yes, the YWCA of Greater Cincinnati meets all guidelines for being an IRS 501 (c) (3) tax-exempt organization.

In addition to your program being responsive to the underserved, please check up to four descriptors that best apply to the program you are nominating:

- Batterer treatment
- Coalition/collaboration
- Communication
- Counseling
- Dating violence
- Elder abuse
- Employment/training program
- Faith-based
- Health care setting
- Hotline service
- Legal aid/assistance
- Prevention
- Prison-based
- Public awareness/education
- School/youth violence
- Shelter-based
- Stalking
- Technology/Internet service
- Transitional housing
- University setting
- Victim relocation
- Workplace intervention
- Other

Model safety planning tool development, prevention education, and trauma-informed services for women with disabilities who experience violence.
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
Charlene Ventura
President & CEO, YWCA of Greater Cincinnati

Date 10/19/13
1. **Describe the work of the nominated program & explain how the mission is accomplished.**

Domestic violence against women with disabilities is far too complex, common, and consequential for one agency or singular approach to address. The Family Violence Prevention Project (FVPP), a collaborative of 40+ agencies in Hamilton County, Ohio (Greater Cincinnati) came together in 2001 to prevent all forms of family violence (child abuse, children exposed to domestic violence, bullying, teen dating violence, domestic violence, and abuse of people with disabilities). FVPP is led by its fiscal partner, the YWCA of Greater Cincinnati. In 2007, the FVPP received a US Department of Justice: Office on Violence Against Women grant to form a powerful program titled Project CARE (Community, Accessibility, Responsiveness, Education) that is being nominated for the Roth Award. Project CARE unites disability and domestic violence victim service providers to develop and implement a community coordinated response model to address domestic violence, dating violence, sexual assault and stalking against women with disabilities. CARE is driven by the vision that people with disabilities who are victims of violence are empowered to access services that are welcoming, comprehensive, and pose no barriers. CARE's mission is to transform services into a seamless system that fully meets the needs of people with disabilities who are victims of sexual assault, domestic violence, dating violence and stalking. It is critical to note that Project CARE accomplishes its mission strictly through the framework of collaboration. The framework of collaboration empowers CARE to "scale up" its impact and outcomes for victims with disabilities while decreasing overhead and programmatic inefficiencies for partners. Collaboration also empowers partners to increase systems-based cooperation and decrease organizational competition with each other as they engage in the economy of scale of effective services for such underserved populations like women with disabilities. And because domestic violence against women with disabilities is such a pervasive issue, Project CARE needed to form as a unique collaborative whose model has successfully driven multi-layered outcomes through over 22,000+ hours of planning and implementation since 2007.

2. **Describe the most innovative aspects of the program you are nominating.**

CARE is an innovative and unique collaborative whose team members are experts in the field and several of us are survivors of violence as well as consumers of disability services. Our expertise and experience drive our passion to reduce barriers and improves services to victims with disabilities. We do this because, quite simply, we are the mission and vision that we want to create in our region. Through this intersection of expertise, experience, and passion, Project CARE has successfully designed and implemented the following multiple levels of innovation that impact all levels of an organization (entry to exit, and from frontline staff to executive leadership):

a. **Reviews:** Audit process and published reports that identified how agencies can be more welcoming, accessible and responsive so that they can remove barriers to provide services to victims with disabilities.

b. **Policies & Practices:** Created and implemented policies to recognize violence against women with disabilities through organizational commitment and formalized best practices by being responsive and accessible to women with disabilities who are victims.

c. **Training:** Developed trainings to create comprehensive staff and agency understanding of the intersection between disability and domestic violence, dating violence, sexual assault, and stalking against women, and to understand best practices. These trainings ensured that these new policies and practices were understood and that staff is prepared to carry out its critical role in removing barriers.

d. **Accommodations:** Adopted budget line items exclusively for accommodations.

e. **Screening Intake Process:** Created screening assessments to enable disability service providers to use best practice in screening individuals for domestic violence, dating violence, sexual assault, and stalking. Screening Protocol Question Assessment tool is a set of 11 questions to assist disability professionals and victim agencies to comfortably and professionally screen for signs of domestic violence, stalking, sexual/physical assault, and financial/emotional abuse. Within the Screening Protocol Question Assessment, it addresses how to explain to the individual, in simplified language, what confidentiality means and mandatory reporting requirements, in addition to allowing the individual to direct the dialogue.
and for the interviewer to NOT use the screening tool as a "rote" exercise but to conduct it like a conversation as much as possible rather than a series of questions. This is ground-breaking work because disability service providers have never formally screened for these types of interpersonal violence.

f. **Warm Referral Algorithm:** Created flowchart and training to assist a service provider to make a referral to a cross-sector partner agency. The flowchart is a comfortable, affirming, non-judgmental provision of information to an agency that is known to the staff member making the referral.

g. **Accessible Safety Plans:** Created accessible Safety Planning tools specifically for victims with intellectual, physical and sensory disabilities. Safety planning tools consist of:
   - Advocate Guide on Safety Planning for Persons with Disabilities;
   - Symbols-based and simplified language Safety Plan for People with Cognitive and Sensory Disabilities
   - Checklist on "What To Take When Leaving My Home To Get Away From Someone Hurting Me" (symbols-based)
   - Safety Plan for People with Physical Disabilities (written in a fifth-grade language level);
   - Checklist on "What To Take When Leaving An Abusive Relationship" for persons with physical disabilities (text-based)

h. **STARR Curriculum:** The goal of the curriculum is to adhere to the alignments of the violence against women's intervention and prevention frameworks as well as the pedagogy of effective teaching modalities and modules for individuals with intellectual and developmental disabilities. The final product is a pioneering curriculum that integrates prevention and intervention frameworks and vignettes to empower individuals with intellectual and developmental disabilities to identify types of abuse, report and gain support for victimization, and most importantly understand it is their right to engage in and enjoy healthy, safe relationships.

3. How do you determine that the population you serve qualifies as “underserved”?  
Project CARE determined that victims with disabilities are an underserved population because, before we formed our collaborative, zero systems were addressing the intersection of domestic violence, dating violence, sexual assault, stalking and disabilities. There was zero funding in our community to address these issues. There were zero screening tools; zero cross-sector trainings; zero accessible reviews; zero accessible safety plans, and zero prevention programming for women with disabilities. There was nothing and it was a painful reality for our community. Consider the emptiness of services for victims with disabilities (before CARE formed) and our local and national statistics:

   - Hamilton County is an urban county in Southwestern, Ohio (pop. 851,494) and according to the census report, 21% of women over the age of 16 in Hamilton County have one or more disabilities.

   - National studies report that rates of violence against women with disabilities are higher and more frequent than rates for women without disabilities. According to a report on the 2012 National Survey on Abuse of People with Disabilities, conducted by Dr. Nora Baladerian of the Disability and Abuse Project of Spectrum Institute, over 70% of people with disabilities reported being abused. People with disabilities who were victims reported having experienced various types of abuse (87.2% reported verbal-emotional abuse, 50.6% physical abuse, 41.6% sexual abuse, 37.3% neglect, and 31.5% financial abuse). As for the frequency of abuse, 90% of individuals with disabilities said they had experienced abuse on more than one occasion; 57% reported being victims of abuse at least 20 times; 46% stated it happened so many times that they were unable to remember all the occasions. And abuse against women with disabilities is not short term; it is long lasting. In addition, women with disabilities experience abuse for a longer time than women without disabilities—3.9 years compared to 2.5 years.

In addition, Project CARE conducted a thorough needs assessment that yielded a sixty-two page report outlining all of the assessed the current state of services being provided to survivors with disabilities. Key
findings from the needs assessment (gathered from 13 focus groups, over 100 individuals, and interviews with 12 agency leaders) revealed four major themes of critical needs that were not being met in the region for survivors with disabilities:

- Inaccessibility of services among domestic violence agencies (Inaccessibility in terms of attitudes of service providers, communication barriers, and physical barriers).
- Gaps in disability and domestic violence staff knowledge, skill and competency specific to serving survivors with disabilities.
- Lack of policies and procedures that address the intersection of domestic violence and disabilities.
- Insufficient awareness of services that are available (agencies did not know how to refer to each other for help with accommodation issues or domestic violence situations).

In essence, our region had to acknowledge and come to terms with the fact that members of our community, who were at greatest risk for violence, were not being served, and in some cases, not even acknowledge or seen. It is Project CARE’s commitment and passion for its mission that survivors with disabilities no longer remain “invisible” by our systems.

4. Why do your clients need resources that are structured specifically for them?

In addition to high rates of victimization against women with disabilities, survivors need resources structured specifically for them because the tactics of abuse and impact can be different than survivors without disabilities. For example, resources such as screening, safety planning, cross-field training, and prevention strategies need tailored to the target population and those that serve survivors with disabilities. Both disability and domestic violence service providers need to be aware that abusers uniquely target women with disabilities. Abusers utilize a wide array of power and control tactics that exploit a woman’s disability. For example, abusers: control/manipulate/withhold/sabotage critical medications, isolate survivor from service providers/families/friends by cutting-off accessible transportation, stalk through technology or damage assistive technology, steal financial benefits, damage mobility devices, inform police who respond to calls for help that the survivor is mentally incompetent and unbelievable, etc. The lengths that abusers will go to in order to control their victim is incomprehensible. What is even more incomprehensible is that once, and if, the survivor is able to get to or communicate with a domestic violence advocate, many domestic violence advocates may not be equipped with knowledge of diverse disabilities, accessible tools, or employ an accommodating attitude when working with a survivor. Lack of resources structured specifically for survivors with disabilities results in compromised safety and services through safety planning, shelter, case management, protection orders, etc. Also, consider if that same survivor went to her disability provider and the disability provider did not screen for domestic violence and was not equipped with trauma-informed knowledge or trauma-informed tools to serve the survivor properly. This lack of resources structured specifically for survivors with disabilities results in exposing the survivor to longer durations of violence and compromised her safety and access to services. This is exactly why we created Project CARE as a highly structured, formal program that empowered partners to generate appropriate coordinated responses and tools that specifically met the needs of women with disabilities. Now if a woman is receiving services by any of Project CARE’s partner agencies, the result is that she is getting the same trauma-informed and accessible message from both fields, and both fields are working together to comprehensively serve her needs as a survivor with a disability.

CARE created the educational opportunity to provide a prevention program because so many of individuals with intellectual disabilities grew up without anyone taking the time to talk with them about healthy relationships and what to look out for in unhealthy relationships. As it is everyone’s right to be educated and empowered to have healthy relationships that meet our needs, CARE has customized opportunities for individuals with intellectual disabilities so that they can have access to life changing information, resources and skills to engage in healthy relationships. Knowledge of abuse concepts is a prerequisite for making informed decisions to reduce the risk of and prevent domestic violence from happening. The following topics of the education
sessions include, but are not limited to: identifying the three types of domestic violence, distinguishing between healthy and abusive relationships, becoming aware of independence and personal safety as goals, acquiring assertiveness and communication skills, and developing trauma-informed coping skills. The STARR Curriculum sessions are highly interactive and provide a safe space for dialogue and learning.

Furthermore, CARE innovatively designed two different Safety Planning templates that are structured specifically for individuals with intellectual and sensory disabilities, and for individuals with physical disabilities. Safety planning for women with disabilities can be even more challenging than for women in the general community and requires careful thought. To be usable, a safety plan needs to be available in a preferred format that is accessible to the person it is being developed for. CARE painstakingly researched and selected images that appropriately correspond with the representation of the content for a particular section of the Safety Plan for People with Cognitive and Sensory Disabilities. CARE carefully used simplified and people-first language so that survivor victim with an intellectual disability could easily identify with the content of the safety plan. This Safety Plan was also typeset in large print for individuals with visual disabilities to easily read. Although women with disabilities are affected by similar forms of violence as women in the wider community, they often experience different dimensions of physical, psychological and sexual violence. For example, physical restraint, medical exploitation, institutional abuse, forced psychiatric interventions, forced isolation, seclusion and confinement are examples of the different dimensions of violence experienced by women with disabilities. The violence may be perpetrated by a partner, relative, paid or unpaid support worker, co-patient, co-resident or staff member in a residential or institutional setting, or a medical practitioner or a service provider. Women with disabilities who rely on personal care assistance may be subject to frequent violence and abuse, ranging from neglect, poor care and rough treatment to economic, verbal, physical, and sexual violence and abuse. This type of violence may take the form of withholding food, water, mobility devices or medication. If the perpetrator is a care-giver (who is paid or unpaid) they may also withhold assistance with daily living tasks such as toileting, showering, dressing, traveling, shopping or eating. They might be rough with intimate body parts or engage in inappropriate handling, or they might demand or expect sexual activity in return for helping, or otherwise take advantage of the woman’s physical weakness or inaccessible environments. Therefore, CARE was cognizant in incorporating the following foci within its developed Safety Planning templates: assessing for danger, assessing needs for accommodation and accessibility; promoting access to accessible community resources; and a checklist on “What to Take When Leaving an Abusive Relationship” for persons with disabilities.

5. Describe your program’s implementation. What barriers did your organization have to overcome? How did you marshal the necessary resources for implementation?

Project CARE is a collaborative partnership whose implementation process is driven by core values of self-determination and empowerment. Project CARE is facilitated by a program manager who coordinates all partners. CARE C conducts a critical amount of collaborative work together through an intense amount of meetings and coordination on a monthly basis. CARE coordinates its efforts on developing and presenting a training curriculum for staff of each respective agency to implement the Screening Protocol Question Assessment, Violence Disclosure: Action Step Response tool, and Safety Plans. Through this effort, one to two representatives from all partner-agencies meet as a work-group on the third Fridays of the month for 90-minutes per meeting. The CARE Collaborative also coordinated its efforts in developing a Prevention Services curriculum. A designated committee for this initiative meets on the second and fourth Tuesdays of the month for 90-minutes. Each initiative has a specific Strategic Plan and Workplans outlining short-term, intermediate, and long-term structured timelines, budgets, and deliverables. The Vera Institute of Justice and Office of Violence Against Women approves all reports and deliverables. Furthermore, through the lens of its core values of self-determination and empowerment, Project CARE implements all of its strategies through engagement of multiple layers of decision-makers from each partnering agency. For example, all program
partners have support for CARE initiatives from Board Members, top-level Executives (Executive Director/President & CEO), Program Directors, Direct Service Staff, and Survivors with Disabilities.

In addition, it should be noted that the key strengths of successful implementation by Project CARE are:

- Partners working closely together and all decisions are performed through a consensus decision-making process.
- Project CARE’s constant monitoring of program process and progress through Strategic Initiative Subcommittees meeting once or twice a month and Executive Committee meeting quarterly
- Project CARE’s emphasis on pausing, reflecting, and refining its strategies as it goes through its collaborative implementation process. This continuous learning and improvement process is key in examining what doesn’t work, how to improve it, and quickly get to solutions that result in meaningful outcomes for survivors with disabilities.
- Project CARE partners are so passionate about the program that they (during a recession) contributed over $30,000 in cash to supplement program needs.

The main barrier CARE had to overcome in developing its four initiatives to promote victim safety and prevention services was that there were no blueprints to work from and few models to follow due to the customization of these products to meet the needs of our local community for women with disabilities. As a way to marshal the necessary resources for implementation, CARE spent a significant amount of time on researching and reviewing other prevention services curricula across the nation to determine what material we could use as it best reflected our core values and mission. For example, two primary curricula sources serve as the core foundation for the STARR curriculum: 1.) Effective Strategy-Based Curriculum for Abuse Prevention and Empowerment for Adults with Developmental Disabilities (ESCAPE-DD) Curriculum, and 2.) Illinois Imagines’ Women with Disabilities and Sexual Violence Education Guide.

The content, language, format and design of CARE’s two Safety Planning tool products are completely a work of its own and can be easily replicated and used as a foundational platform for any adapted version to meet the needs of another community.

6. How do you know your program works? Please site two examples. Although anecdotal examples are helpful, at least one example must include quantitative data.

CARE demonstrates programmatic success and sustainability through a model that promotes victim safety and accessible victim autonomy. CARE knows that it is successful because in 2010 it was chosen by the US Department of Justice to receive continuation funding for its programming. There were over 100 national applicants and we were chosen among the top 5 to receive continuation funding. Also, Project CARE has served as a national model as it was recruited to serve on Vera Institute of Justice’s Advisory Board of a new project, entitled “Evaluating Organizational Capacity to Serve Victims with Disabilities: Moving Toward Accessible and Responsive Services.” CARE was also recruited to come present at the 2012 National Conference on Sexual Assault and Domestic Violence Against People with Disabilities – Bridging the Gap: Creating a Community of Support for Victims with Disabilities (Louisville, KY); 2013 Florida Coalition Against Domestic Violence Biannual Training Institute – Empowerment-based Advocacy: Embracing Accessibility (Orlando, Florida); and 2013 Columbia University’s Teachers College Annual Conference: Opportunities and Outcomes for People with Disabilities: Bridges to Empowerment (NY, NY). Quantitatively speaking, CARE is successful in that it is now ensuring that victims with disabilities are being served by disability and victim service providers. As a result of CARE partners’ staff being trained to implement the Safety Planning Tool products in February and March 2013 and creating an Outcome Measurement Tracking System tool for each site of change to formally use to better track victims, since July 2013 CARE has served 240 victims. The
following are the outcome measurements - the Center for Independent Living Options provided crisis intervention, victim/survivor advocacy and case management to 4 victims with disabilities; Hamilton County Developmental Disabilities Services assisted 7 victims with disabilities in providing crisis intervention, counseling/support group, hospital/clinic/other medical response, long-term care, personal planning, case management, transportation and victim/survivor advocacy; UCMC SANE Unit assisted 38 victims with disabilities by providing forensic exams, crisis intervention, hospital/clinic/other medical response, and victim/survivor advocacy; Women Helping Women assisted 95 victims with disabilities with case management, civil legal advocacy/court accompaniment, criminal justice advocacy/court accompaniment, counseling services/support group, crisis intervention, hospital/clinic/other medical response, language services, peer support services, personal planning and victim/survivor advocacy; and the YWCA Domestic Violence Shelter provided case management, crisis intervention and victim/survivor advocacy to 95 survivor with a disability. Of the 240 victims, 227 were documented as female, and 13 as male; 119 was documented as black, 112 white, 1 Asian, 2 Hispanic/Latino, and 6 unknown for race/ethnicity; and 44 were documented between the ages of 18 – 24, 174 were between the ages of 25 - 59, 11 were aged 60+ and 11 unknown for their age. This joint collaboration clearly demonstrates the cohesion and strong Collaborative commitment and coordinated response to address and impact the needs that have been identified by victims.

7. Who are your key community partners? What are their roles? Are there any other domestic violence resources available for clients in your community? If so, are they your partners?
Project CARE consists of the following six partners (including are all of the domestic violence providers in the county): Center for Independent Living Options; Family Violence Prevention Project; Hamilton County Board of Developmental Disabilities Services; University Hospital Sexual Assault Forensic Examiner Unit; Women Helping Women; and the YWCA of Greater Cincinnati. Partners' roles are to provide effective services in advocacy, education, court accompaniment, hospital accompaniment, case management, crisis intervention, and community support for victims with disabilities. Every partner designates representatives to serve on the Executive Committee, Subcommittees, and each provides co-chairs for Subcommittee. All partners participate in planning/implementation of all initiatives; and serve as the leaders within their organizations that implement the systems-based change initiatives. Partners are as follows:

a. **Center for Independent Living Option (CILO)**: Founded in 1977, CILO helps individuals with any disability maintain active, productive lives of their choosing. CILO operates three programs for homeless individuals with disabilities.

b. **Hamilton County Developmental Disabilities Services (HCDDS)**: Formed in 1967, HCDDS supports people who have developmental disabilities and their families achieve what is important to them.

c. **Women Helping Women (WHW)**: Founded in 1973, WHW provides crisis intervention and support services for direct and indirect survivors of domestic violence, dating violence, stalking, and sexual assault.

d. **University Hospital Sexual Assault Forensic Examiner Unit (SAFE)**: Since 1978 University Hospital SAFE provides care for survivors of sexual assault, support for law enforcement and prosecutors, and forensic nursing.

e. **YWCA of Greater Cincinnati Domestic Violence Shelter**: The Domestic Violence Shelter was founded in 1978 and was Cincinnati's first domestic violence shelter (7th in the nation). The Domestic Violence Shelter provides emergency housing to 72 women and children who seek refuge and safety from an abusive situation.

f. **Family Violence Prevention Project (FVPP)**: Formed in 2001, FVPP is a collaboration of 40+ non-profit agencies that addresses family violence (abuse of people with disabilities, child abuse, intimate partner violence, elder abuse). FVPP is the only collaborative of its type in Southwestern Ohio.

8. Could/should your program be replicated in other areas of the country? Why?
Project CARE should be replicated in other areas of the country for three key reasons: 1. Domestic violence, dating violence, stalking, and intimate partner sexual assault occur at very high rates for women with disabilities across the nation; 2. Project CARE deliverables have all been vetted by Vera Institute for Justice and Office on Violence Against Women and the US Department of Justice: Office on Violence Against Women; and, 3. Project CARE is an excellent model of collaboration that demonstrates transforming a large unmet need into multi-layered, focused, system-based change solutions. Project CARE also intimately knows what it is like to have the passion to serve survivors with disabilities but not the funding or the resources to begin (2001-2007 we met monthly as a group without funding). Project CARE would gladly share and provide technical assistance on its resources such as:

1. Model policies
2. Model guidelines
3. Agency review processes that examine trauma-informed care and accessibility
4. Ten module curriculum on the intersection of violence against women with disabilities
5. Screening and intake protocols
6. Accessible Safety Plans and Guidelines (CARE has already distributed hard-copies of its developed Safety Planning Tool products to 14 disability and DV/SA organizations across the nation as a model). Project CARE is happy to share this groundbreaking work to provide safety planning that is accessible, safe and useful to women with various disabilities throughout the country.
7. Lessons learned from design and implementation of initiatives as well as relationship and trust building among disability and domestic violence service providers.

9. Does your agency have a workplace policy that addresses domestic violence? If so, please include a copy. YWCA of Greater Cincinnati has a workplace policy that addresses domestic violence. The policy is included as a copy in this application. YWCA also operates a Domestic Violence in the Workplace training program that trains large local corporations and utilizes a curriculum co-created with Macy’s, Inc.

10. Has the agency and/or nominated program received VAWA funding? Yes, the YWCA of Greater Cincinnati and the FVPP have received VAWA funding. YWCA has received STOP funding through the Ohio Office of Criminal Justice Services since 1997. YWCA receives VAWA funding via Ohio Dept. of Health & OVW funding for its Rural Protection from Abuse Project 2008-now. The FVPP has received VAWA OWV funding for Project CARE since 2007-2013.
POLICY TITLE: Partner Violence and the Workplace

POLICY ADMINISTRATION: Vice-President, Human Resources

APPROVED BY: Human Resources Committee

DISTRIBUTION: YWCA Supervisors

The YWCA recognizes the impact of partner violence on the workplace. Partner violence is defined by the YWCA as abusive behavior occurring between two people in an intimate relationship. It may include physical violence, sexual, emotional, and psychological intimidation, verbal abuse, stalking, and economic control.

The YWCA is committed to heightening awareness of partner violence and providing guidance for employees and management to address the occurrence of partner violence and its effects on the workplace.

The YWCA intends to make assistance available to employees involved in partner violence. This assistance may include: confidential means for coming forward for help, resource and referral information, special considerations at the workplace for employee safety, work schedule adjustments, or leave necessary to obtain medical, counseling, or legal assistance, as well as workplace relocation if possible. In responding to partner violence, the YWCA will maintain appropriate confidentiality and respect for the rights of the employee involved.

The YWCA will publish, maintain, and post in locations of high visibility, a list of resources for survivors and perpetrators of partner violence.

The YWCA will not deny job benefits or other programs to employees based solely on partner violence related problems. When employees confide that a job performance or conduct problem is related to partner violence, in addition to appropriate corrective or disciplinary action consistent with YWCA policy and procedure, a referral for appropriate assistance will be given to the employee.

Leave Options for Employees Experiencing Threats of Violence
The YWCA will make every effort to assist an employee experiencing threats of violence. If an employee needs to be absent from work due to threats of violence, the length of the absence will be determined by the individual's situation through collaboration with the employee, her or his supervisor, the Vice President of Human resources and/or the Executive Vice-President.
Employees, supervisors and directors are encouraged to first explore paid leave options that can be arranged to help the employee cope with the situation without having to take a formal unpaid leave of absence. Depending on circumstances, this may include:

- Arranging flexible work hours so the employee can seek protection, go to court, look for new housing, enter counseling, arrange child care, etc.
- Considering use of paid leave or informal unpaid leave if requests are for relatively short periods.

**Other steps to take for the Safety and Protection of Employees Experiencing Threats of Violence**

**Employee**

- Encourage the employee to save any threatening e-mail or voice-mail messages. These can potentially be used for future legal action, or can serve as evidence that an existing restraining order was violated.
- The employee should obtain a restraining order that includes the workplace, and keep a copy on hand at all times. The employee may consider providing a copy to the police, his/her supervisor, front desk, or human resources.
- The employee should provide a picture of the perpetrator to reception areas and/or security.
- The employee should identify an emergency contact person should the employer be unable to contact the victim.
- If an absence is deemed appropriate, the employee should be clear about the plan to return to work. While absent, the employee should maintain contact with her or his supervisor and/or Human Resources.

**Employer**

- Arrange for the employee to have priority parking near the building if possible.
- Have calls screened, transferring harassing calls to human resources and/or have the employee's name removed from automated phone directories.
- Limit information about employees disclosed by phone. Information that would help locate a victim or indicates a time of return should not be provided.
- Relocate the employee's workspace to a more secure area or another site.
- Work with local law enforcement personnel, and encourage employees to do so regarding situations outside the workplace.
YWCA OF GREATER CINCINNATI

Project CARE

Semi-finalist Information
December 16, 2014

Marcia Roth
Executive Director
Mary Byron Project
10401 Linn Station Road
Louisville KY, 40223

Dear Ms. Roth:

On behalf of the Family Violence Prevention Project collaborative and its lead agency, the YWCA of Greater Cincinnati, I am submitting the following enclosed documents for further consideration for the Mary Byron Project’s Celebrating Solutions Roth Award on behalf of Project CARE (Community, Accessibility, Responsiveness, Education):

- Three letters of support: Women Helping Women (domestic violence and sexual assault victim’s organization); Hamilton County Developmental Disabilities Services (disability service partner agency); HealthPath Foundation of Ohio (funding source)
- 2013 Project CARE program budget
- Proof of tax-exempt status (of FVPP’s lead agency, YWCA of Greater Cincinnati)
- Responses to both the General and Additional Questions
- Screening Protocol Question Assessment
- Safety Plan for Survivors with Physical Disabilities
- Safety Plan for Survivors with Cognitive and/or Sensory Disabilities
- Warm Referral Algorithm Flowchart
- STARR Curriculum

The Family Violence Prevention Project is incredibly honored to be a semi-finalist of the Roth Award. Our Project CARE program works incredibly hard to meet the needs of underserved survivors with disabilities. For far too long domestic violence against individuals with disabilities has been unaddressed and underserved by funders, policymakers, and service providers. We are pleased to be part of a movement that strives to remove barriers so that comprehensive services are provided to all survivors—especially those who are victimized at some of the highest and most frequent rates. We commend the Mary Byron Project for fostering innovations and strategies to end domestic violence—especially for survivors with disabilities. Again, thank you for your consideration and should you have any questions, please feel free to contact me.

Sincerely,

Kristin Smith Shrimplin
Director of Family Violence Prevention Project
kshrimplin@ywcain.org
Office: (513) 361.2144
Ms. Kathy Paulin
Mary Byron Project, Inc.
10401 Linn Station Road, Suite 116
Louisville, KY 40223

December 16, 2014

Ms. Paulin,

I am eagerly writing to recommend that the Family Violence Prevention Project’s Project CARE program be the recipient of the Mary Byron Project’s Celebrating Solutions Roth Award. The award pays homage to a program that aims to end the cycle of domestic violence in a vulnerable population. Project CARE takes a multi-faceted approach to address the needs of people with disabilities who are survivors of violence or are still experiencing it today. Individuals with disabilities are twice as likely to experience abuse as is the general population. One of the main purposes of Project CARE is to identify individuals with disabilities who have been abused and then facilitate referrals to enable the individuals to receive appropriate care.

The most noteworthy accomplishment of Project CARE is the partnering of disabilities services agencies with violence against women agencies. Prior to Project CARE, a partnership like this did not exist in the Cincinnati area, even though the individuals served by both types of agencies often overlapped. Over the years of Project CARE’s work, Hamilton County Developmental Disabilities Services (HCDDS) has developed solid, lasting relationships with key people in partner organizations. I, personally, am so proud to be a part of Project CARE and to sit at a table with representatives from Women Helping Women, the Battered Women’s Shelter, the SAFE Unit of University Hospital, and the YWCA. Each agency tracks the incidents of violence experienced by its consumers on a monthly basis and makes warm referrals to partner agencies. The partner agencies meet monthly to discuss the incidents of violence from the prior month and process how to continue to effectively support survivors with disabilities.

One of most widely recognized developments of Project CARE is the creation and implementation of a risk reduction curriculum that aims to teach adults with disabilities how to identify dangerous situations in their interpersonal relations. The curriculum is called the S.T.A.R.R. (“Safety Training and Risk Reduction”) class. Project CARE partners have offered four S.T.A.R.R. classes so far, with the fifth class starting in January 2015. Hamilton County Children’s Services took note of the work of Project CARE and asked that the S.T.A.R.R. curriculum be offered to their clients who have experienced domestic violence and, as a result, are at risk of losing custody of their children. This particular class is educating the

Our Mission: Supporting people with disabilities and their families to achieve what is important to them.
women on personal safety and empowering them to set appropriate boundaries to keep themselves and their children healthy and safe.

In closing, HCDDS is so thankful to the Family Violence Prevention Project for recruiting our agency to be a part of Project CARE. The program has developed tools that are unique and are readily being applied by all of our partnering organizations. Project CARE continues to work with HCDDS to offer training and consultation to our staff, as well offering support to our individuals who have experienced violence. As the initiatives of the program continue to be implemented, individuals with disabilities who have experienced violence are finally receiving the personalized support they need and deserve. Please honor Project CARE with the Roth Award to enable funding for these innovative and crucial programs. If I can further advocate on behalf of Project CARE, please contact me per the information below.

Sincerely,

[Signature]

Regina Vogt, LISW
Quality Improvement Specialist/Consultant
Hamilton County Developmental Disabilities Services
(513) 484-7135
regina.vogt@hamiltondds.org

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Our Mission: Supporting people with disabilities and their families to achieve what is important to them.
December 9, 2014

Celebrating Solutions – Roth Award
Mary Byron Project, Inc.
10401 Linn Station Road, Suite 116
Louisville, KY 40223

To Whom It May Concern:

Women Helping Women would like to indicate strong support of the proposal being submitted to the Mary Byron Project by the Family Violence Prevention Project’s CARE Program.

This program is critical to address the needs of individuals with disabilities who are survivors of domestic violence, sexual assault and stalking. When Project Care was conceived nearly 6 years ago, it was a first in our community to bring together family violence agencies and disability service providers to work collaboratively to provide seamless and comprehensive intervention services to a completely underserved population. Given the high rates of victimization of women with disabilities it is imperative that service providers are able to provide screening, safety planning, cross-training and prevention approaches tailored to meet the needs of these clients. In 2013, WHW provided services to 397 individuals with disabilities. Our training and association with project CARE not only made this possible, but made our services more relevant and productive for survivors.

In conclusion, I fully support the efforts of the Family Violence Prevention Project’s Care Program as they seek this award to support an innovative program aiming to make systems-based change in order to reduce and prevent violence towards individuals with disabilities.

If I can answer any questions or provide additional information, please do not hesitate to contact me.

Sincerely,

Kendall Fisher  
Executive Director
December 9, 2014

Marcia Roth
Executive Director
Mary Byron Project
10401 Linn Station Road
Louisville KY 40223

Dear Ms. Roth;

I am pleased to submit this letter of support for the YWCA of Greater Cincinnati/Family Violence Prevention Project (FVPP) CARE Program. The HealthPath Foundation of Ohio provided funding support for the FVPP coalition’s activities from 2001 - 2011. In addition, the Foundation has provided program-related grant funding to the FVPP over the past three years.

The CARE Program and the coalition that supports it are built on sound, lasting relationships between organizations in the community. These trusting relationships helped to lay the groundwork for establishing a cross-systems strategy to meet the needs of those most vulnerable – women with disabilities who are survivors of domestic violence, dating violence, stalking, and intimate partner sexual assault. The FVPP has demonstrated the following characteristics of a successful coalition:

- Implements activities from its strategic plan and has results at different levels of potential impact (individual, organizational, & system) within one or more community sectors;
- Maintains an active coalition that has substantive roles for member organizations and shared leadership with staff; and
- Leverages resources from a diverse funder base so that it can sustain activities.

In addition, the FVPP has been able to advance this complex work during the most difficult of economic times. On a personal note, I have seen this coalition demonstrate the highest level of commitment to work together across sectors in an effort to develop an innovative strategy to meet the needs of women with disabilities that have been impacted by family violence. I hold the coalition director and partner organizations in the highest esteem for their dedication and can-do attitude to develop and launch this important work. One of the coalition partners, Kathy King, ProKids, received HealthPath’s Community Connector Award this year to recognize her outstanding efforts on behalf of children and the coalition.

I highly recommend the Family Violence Prevention Project for the Mary Byron Foundation Award for innovative projects to end domestic violence. Thank you in advance for your consideration.

Sincerely,

Theresa Wukusick
Executive Director

200 West Fourth Street
Cincinnati, Ohio 45202-2602
Phone (513) 241-2880
Fax (513) 852-6886
Internal Revenue Service

Date: June 16, 2004

Young Women's Christian Association of Cincinnati
898 Walnut Street
Cincinnati, OH 45202-2000

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Stephanie Broach-Camp 31-04022
Customer Service Specialist

Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
31-0537518

Dear Sir or Madam:

This is in response to your request of June 16, 2004, regarding your organization's tax-exempt status.

In January 1936 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.
Young Women's Christian Association of Cincinnati
31-0537518

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 the 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 6104 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.

Sincerely,

[Signature]
Janna K. Skufca, Director, TE/GE
Customer Account Services
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YWCA of Greater Cincinnati  
Family Violence Prevention Project’s Nominated Program:  
*Project CARE (Community, Accessibility, Response, and Education)*  
898 Walnut Street  
Cincinnati, Ohio 45202

*Respond to the following questions:*

a) *What is the approximate number of individuals served annually by the applicant or nominated program?*

Project CARE annually serves over 700 survivors with disabilities. In addition, Project CARE also builds partner agencies’ capacities to serve survivors with accessible and trauma-informed services through training and technical assistance. Typically, Project CARE cross-trains approximately 200-300 staff per year. Collaborative partners and volunteers of Project CARE have successfully driven multi-layered outcomes through over 23,000 hours of planning and implementation since 2007.

b) *How many paid staff and volunteers are used to administer the nominated program?*

Since Project CARE is a collaborative project, its structure consists of hired staff, collaborative partners, and self-advocates who are survivors with disabilities. The staff team consists of: 1 FTE Family Violence Prevention Project (FVPP) Director, 1 FTE Project CARE Manager, 1 PTE Project CARE Assistant, and 1 PTE University of Cincinnati PhD Student Intern. Staff members represent Project CARE’s underserved population. The FVPP Director influences the success of Project CARE through a strong academic background (Masters in Nonprofit Organizations from Case Western Reserve University, Cleveland, Ohio); over 18 years professional experience in the domestic violence field; 20+ years of advocacy for mental health parity; lives with a disability; and operates from a strong passion capital that is born from surviving high-risk factor intimate partner violence and stalking. The Project CARE Manager directs the success of Project CARE through a similar framework of a strong academic background (Executive Masters in Management and Disability Services from the University of San Francisco, California); 20+ years’ experience in disability services; lives with a disability; and operates from and a strong passion capital as a survivor of stalking.

Project CARE’s five partners consist of: Hamilton County Developmental Disabilities Services (disability service provider), Center for Independent Living Options (disability service provider), Women Helping Women (domestic violence, stalking, and sexual assault service provider), YWCA of Greater Cincinnati Domestic Violence Shelter (domestic violence, stalking, and sexual assault service provider), and University Hospital’s Cincinnati’s Sexual Assault Nurse Examiner Unit (sexual assault service provider). Each of these partners designate lead staff to serve on Project CARE committees and to champion change within their own organizations. In addition to collaborative partners, Project CARE utilizes key expert team members who are self-advocates. It cannot be underscored enough how valuable self-advocates knowledge and skills are in forming Project CARE’s practices. In addition, the resiliency and strength that self-advocates demonstrate serves as an inspiration to all collaborative partners. For example, one of the self-advocates with a cognitive disability is a published author and is an international speaker. Another self-advocate epitomizes the irrepressible strength of survivors. Her abuser is
serving over 17 years in prison for the violence he committed against her, which left her with a chronic physical disability. Project CARE specifically incorporates self-advocates as an actualization of Project CARE’s mission, vision, and core values that the project operates through the self-determination and empowerment lens of “nothing about us without us”.

c) Is the composition of your Board of Directors and staff reflective of your underserved population?

Project CARE is a program of the Family Violence Prevention Project, a collaborative of 40+ agencies. The Family Violence Prevention Project is a collaborative led by the fiscal agent, the YWCA of Greater Cincinnati. The Steering Committee of the Family Violence Prevention Project is diverse as it represents the multiple interests of advocates, domestic violence/dating violence/sexual violence/stalking service providers, disability service providers, funders, as well as the unique perspectives of the academic, legal, and medical communities. The core values that the FVPP Steering Committee adheres to are empowering of and supportive of individuals with disabilities and any marginalized population that is “underserved” and engaged by the Family Violence Prevention Project. A core value of the Family Violence Prevention Project is that programs that serve “underserved populations” must include members from the target population in the planning, implementation, and evaluation of the program. In addition, as the lead and fiscal agent of the Family Violence Prevention Project, the YWCA of Greater Cincinnati adheres to a social justice model that promotes dignity, equality, and inclusion for all. The YWCA Board uses a social justice framework that is inclusive from the bottom-up. The YWCA of Greater Cincinnati’s Board of Directors is comprised of 100% women with 49% representing racial/ethnic minorities. Members vary in age, occupation, educational and economic levels. Currently the YWCA board has 39 members, made up of 16 African American members, 20 Caucasian members and 3 Hispanic members, with an age range of 30 to over 70. While the YWCA of Greater Cincinnati’s board may not have individuals on it with known or visible disabilities, Project CARE’s core values, staff and partner composition is highly reflective of survivors with diverse disabilities.

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

Project CARE was the recipient of the US Department of Justice, Office on Violence Against Women’s Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program in 2007 and 2011. The total amount of funding for these grants was $1.25 million. It was a tremendous success to achieve funding both in 2007 and 2011 because Project CARE became part of a select group of grantees funded throughout the nation. Although there were over a hundred applicants each time, only 11 grantees (including Project CARE) were funded in 2007 and only 12 grantees (including Project CARE) were funded in 2011. The application process and site visits were rigorous and the final outcome of receiving both awards speaks to the strength of Project CARE’s collaborative process, mission, and vision to serve survivors with disabilities. Because of this national funding, Project CARE was able to be part of a national framework of pioneers in generating innovative programming to break the cycle of abuse in the lives of individuals with disabilities and empowers Project CARE to encourage replication in other parts of the country. In addition, Project CARE recently was awarded funding by SC Ministry Foundation and the Mayerson Foundation.
Also, Project CARE has been selected for the Roth Awards semi-finals twice (2012 and current application) and the Family Violence Prevention Project was selected for the Mary Byron Celebrating Solutions Awards semi-finals in 2009. Although we have yet to win these awards, we always feel energized that our best practice programming is being recognized and we feel gratified that our program is replicable and serves as a useful model to other organizations across the country.

e) If funding were not an issue, what (if any) changes or additions would you make to the nominated 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.

Before our collaborative begins any program or strategy, we start with posing to each other our big “dream without borders” question. This helps us to remove our limiting “financial restriction” lens and ignite our creative energy to “ideastorm” solutions to improve services for survivors. The immediate changes that Project CARE would make to its program would be to replicate its work in the surrounding rural counties of Southern Ohio (Clermont, Brown and Adams Counties). Project CARE’s structure and systems-based focus makes it an ideal candidate for replication and the surrounding rural, Appalachian areas is greatly lacking in coordinated responses and prevention of domestic violence, dating violence, sexual violence, and stalking against individuals with disabilities. Many rural disability organizations and victim service provider agencies lack trauma-informed responsiveness policies as well as accessibility policies, screening tools, and knowledge of the intersection of violence against individuals with disabilities. Replication would allow for creative solutions to root causes and barriers to comprehensive services for the overlap of two populations (rural Appalachian and individuals with disabilities) that experience extreme isolation, distrust of “outsiders” due to oppression (classism, racism, and historical forced institutionalization), lack of transportation, and poverty. The desired long-term outcome of Project CARE’s rural replication would be that in addition to urban, Greater Cincinnati, Ohio, three additional, rural counties would operate community-coordinated responses that promoted a seamless system among providers to fully meet the needs of survivors with disabilities.

Project CARE’s lofty dream would be to provide direct funding to survivors with disabilities to receive 360-degree wrap-around services to maximize their safety and improve their quality of life. Since many survivors rely on the person who abuses them for personal care and financial assistance, CARE believes survivor advocacy, long-term care, respite care, and employment services will need to be in place to effectively assist an individual with a disability in order to fulfill and succeed their Safety Plan developed between an advocate and themselves. Due to years-long waiting lists and lack of funding availability for personal care assistance and vocational rehabilitation programs, CARE’s trauma-informed team of disability and victim service providers currently ensure safety and accessible victim autonomy by providing such intervention/management services until further resources are available to the survivors. Without some emergency funds to provide to survivors with disabilities in urgent need, CARE will not be able to comprehensively assist survivors with disabilities in an immediate manner to obtain the support and services they require to ensure their safety and improve their quality of life.
YWCA of Greater Cincinnati
Family Violence Prevention Project’s CARE Program
898 Walnut Street
Cincinnati, OH 45202

In addition to the questions and requirements listed in your letter, your responses to the questions below will help the final review committee to better understand the value of your program and services. Your answers to these questions should be as brief and focused as you think is needed. Any requested supplemental resources should be attached.

1. Please share a story of an individual who personally benefitted from the outreach and services of one of Project CARE’s domestic violence service providers.

“Kaylee” is a 20-year-old female with an intellectual disability. As a child, Kaylee was physically abused by her mother who has a mental health disorder and abuses drugs. When Kaylee was eleven, her mother allowed a friend to sexually abuse Kaylee in exchange for street drugs. In order to escape her home life, Kaylee developed a friendship with a boy named “David” during her teenage years. While they would often “hang-out” with one another playing videos games and watching television, over time David became controlling of Kaylee and exerted his power and control once she started receiving Supplemental Security Income (SSI) and began living independently in her own apartment. Within a few weeks, David insisted that he move in with her and soon they developed a sexual relationship, in which Kaylee became pregnant. Due to their budget being tight because they solely lived on Kaylee’s SSI, David forced Kaylee to prostitute herself so that they would have the financial means to purchase gifts for their daughter’s first birthday. Once he saw how he thought he could successfully sexually exploit and abuse Kaylee, Dave prostituted her again for more money. This sexual exploitation and abuse triggered memories for Kaylee from when she was eleven. Kaylee refused to be prostituted again and David responded by physically assaulting her. The next morning, Kaylee called her Service Facilitator at Hamilton County Developmental Disabilities Services (HCDDS) and informed the staff what has been happening at home. The Service Facilitator assisted Kaylee with filing a police report and contacted the Clinical Nurse at the University of Cincinnati Medical Center – SANE Unit to discuss Kaylee’s victimization. The Service Facilitator took Kaylee to the hospital to receive a voluntary sexual assault exam. Once the exam was completed, Kaylee decided that it would be safest for her and her daughter to stay at the YWCA of Greater Cincinnati Domestic Violence Shelter. The SANE Unit Nurse assisted Kaylee in calling the YWCA Hotline and made the referral for Kaylee to go shelter where she received case management, crisis intervention, safety planning, and survivor advocacy. Since Kaylee wanted to secure safe housing away from David, she also received a housing referral through the Domestic Violence Shelter staff. Kaylee’s Service Facilitator from Hamilton County Developmental Disability Services assisted her with applying for housing that met her needs. Also, Kaylee wanted to file for a Protection Order from David and the YWCA Domestic Violence Shelter staff referred Kaylee to Women Helping Women to provide court accompaniment and support during her protection order hearing. As a result of all of this coordinated and comprehensive “warm” referral process among Project CARE partner agencies, Kaylee ended up safe and free from her abuser. This joint collaboration clearly demonstrates the cohesion and strong Collaborative commitment and coordinated response to address and impact the needs that have been identified by survivors.
In addition, because Kaylee grew up in a home without anyone taking the time to talk with her about healthy relationships and what to look out for in unhealthy relationships, Kaylee voluntarily joined Project CARE’s Safety Training and Risk Reduction (STARR) education program. Because it is everyone’s right to be educated and empowered to have healthy relationships, Project CARE designed and implements a customized curriculum and education program for individuals with intellectual disabilities so that they can have access to life changing information, resources and skills to engage in healthy relationships. At the end of the 10-session STARR education program, Kaylee’s comments underscored why we operate our programs. She said, “I didn’t know what the word “rape” meant until I took this training. I just knew at that time that things did not feel right when I was being attacked. I now understand I have the right to have and enjoy healthy, safe relationships.” Through the training Kaylee learned how to: identify three forms of domestic violence (emotional, physical and sexual); distinguish between healthy and unhealthy relationships; identify independence and personal safety as critical personal goals; acquire assertiveness and communication skills; and develop trauma-informed coping skills.

2. Please share additional information on the education sessions including length, frequency, content and curriculum.

The STARR curriculum integrates risk reduction, prevention, and intervention frameworks to empower individuals with intellectual and developmental disabilities to identify types of abuse, report and gain support for victimization, and most importantly understand it is their right to engage in and enjoy healthy, safe relationships. Each group session is co-facilitated by a victim service provider and a disability service provider to ensure that any training participant disclosing violence has immediate access to experts on accessibility and trauma-informed practices. STARR consists of ten, voluntary sessions and each session is 90 minutes. Each training group is gender specific in order to provide a safe space for women and men separately. The size of each training group is limited to 4-6 individuals in order to maximize learning for each individual with a cognitive or intellectual disability.

STARR’s first session is dedicated to being an introductory session for the participants to get to know one another and complete the pretest and confidentiality form. The remaining 9 sessions are broken into three units: Unit I – Knowledge of Abuse and Empowerment; Unit II – Decision-Making Strategy Training; and Unit III – Designing Safety Sessions. Unit I is designed to teach the basic vocabulary, concepts, and skills needed for an understanding of abuse, including identifying the three types of domestic abuse, distinguishing between healthy and unhealthy relationships, becoming aware of independence and personal safety as goals, acquiring assertiveness and communication skills, and developing personal stress-management and coping skills. The three lessons in Unit II, Decision-Making Strategy Training, are based on the self-directed decision-making training model to teach independent decision-making skills in the context of abuse scenarios. Participants are presented with vignettes and visuals portraying healthy and unhealthy scenarios and are taught how to apply a 4-step decision-making strategy to the vignettes. The steps include problem identification and definition, alternative choice generation, consequence evaluation, and selection of a course of action. Unit III is designed for the training participants to identify safe people and define goals of a healthy relationship.

The following is a menu of the content of the STARR curriculum:

- Unit I: Knowledge of Abuse and Empowerment
  a. Lesson 1: Definitions of Abuse
  b. Lesson 2: Understanding Safe and Unsafe Relationships
  c. Lesson 3: Empowerment: Speaking Up For Our Rights and Building Feelings of Personal Competency
d. Lesson 4: Stopping Abuse and Coping with Stress

e. Lesson 5: Internet and Cell Phone Safety

• Unit II: Decision-Making Strategy Training
  a. Lesson 6: Introduction to Decision-Making
  b. Lesson 7: Application of Decision-Making Strategy
  c. Lesson 8: Independent Practice of Decision-Making Strategy with Feedback

• Unit III: Designing Safety
  a. Lesson 9: Designing Safety

Of the three pilot training cohorts that completed the training, 95% demonstrated a cumulative understanding of: dating violence, domestic violence, sexual assault and stalking dynamics; resources to report to in order to receive help and support; and effective prevention strategies. As a result of this effective curriculum and training, there is a wait list of individuals with intellectual disabilities who want to participate in the STARR training series. For this wait list, individuals are coming from two major systems in Hamilton County: Hamilton County Developmental Disability Services and Hamilton County Jobs and Family Services.

3. What disability groups are served? Do you maintain any statistics on the types of disabilities that are represented in your client caseload? For example, is there data on the percentage of individuals with physical disabilities compared to those with intellectual or developmental disabilities?

Starting in July 2013, CARE created an Outcome Measurement Tracking System tool for each partner agency to formally use to track survivors served through Project CARE’s coordinated response model. Since then, Project CARE partners have served 775 survivors with disabilities and have provided crisis intervention, survivor advocacy, criminal justice advocacy, court accompaniment, hospital/clinic/other medical response, personal planning, case management, counseling/support group, long-term care, transportation, forensic exams, language services, and peer support services. Of the 775 victims: 659 (85%) female; 116 (15%) male; 378 (49%) African-American; 368 (48%) Caucasian; 3 (.3%) Asian; 4 (.5%) Hispanic and/or Latino; 22 (3%) Unknown race/ethnicity. In terms of age demographics, 158 (20%) were ages 18–24; 548 (71%) were ages 25–59; 33 (4%) were 60+; 36 (5%) unknown age. In terms of diversity among types of disability, Project CARE served 101 survivors with physical disabilities; 150 with intellectual disabilities; 650 with mental health and/or co-occurring disabilities (can include cognitive and intellectual disabilities); 11 hearing disabilities; and 24 with visual disabilities. Project CARE also tracks trends in terms of type of violence committed against types of disabilities. Unfortunately what Project CARE has determined is that some of the highest lethality and multiple forms of domestic violence and sexual assault victimization are occurring against individuals with cognitive and intellectual disabilities. Many of these victims are already isolated, marginalized, and not supported by many of the systems outside of Project CARE partners.

Finally, as a result of Project CARE being one of the first Disability Program Grantees of the Office on Violence Against Women to create an outcome measurement system, Project CARE’s Project Manager was invited to serve on a national Advisory Board of the Vera Institute of Justice, entitled “Evaluating Organizational Capacity to Serve Survivors with Disabilities: Moving Toward Accessible and Responsive Services.” As an Advisory Committee member, the Project CARE Manager provides technical assistance on performance indicators that measure
core components that organizations across the nation must have in place to effectively serve survivors with disabilities. These indicators are key in creating a system for collecting data and creating measures that are user-friendly, practical, and reflective of the data collection capacities and day-to-day realities of organizations that address disability, domestic violence, and sexual assault.

4. **Throughout the application are references to “women” receiving services. Are services also provided to disabled male or LGBTQ victims? How are the needs of non-English speaking victims addressed?**

The Family Violence Prevention Project serves **all survivors** and it is a core value of all Family Violence Prevention Project programs (including Project CARE), to be culturally competent and to all survivors: men, LGBTQ individuals, as well as non-English speaking survivors. Project CARE’s mission verbiage does specifically highlight “women” as was originally mandated by a funder. However, since the formation of Project CARE in 2007, the Office on Violence Against Women recognizes that grantees serve all survivors and endorses inclusive service. Furthermore, Project CARE’s commitment to diversity and service to all survivors is modeled by the diverse advocacy of the champions that serve on the collaborative team. For example, Project CARE’s committees consist of a lesbian survivor, originally was led by a male Project Manager, and four committee members who also serve on the Steering Committee of Greater Cincinnati’s Alliance for Immigrant Women. The Alliance for Immigrant Women is a regional collaborative whose purpose is to develop prevention and intervention programming and coordinate services for immigrant/non-English speaking victims in the community so that they have access to necessary resources.

In addition, the Family Violence Prevention Director, who oversees Project CARE, also oversees the Family Violence Prevention Project’s other initiatives that embody empowerment of underserved populations in preventing violence, such as:

- LGBTQ Bullying, Harassment and Violence Prevention Program
- Engaging Boys & Men Initiative
- Southern Ohio Rural Domestic Violence and Sexual Assault Program

5. **Do you provide education and training for other agencies that work with individuals with disabilities, such as Occupations for Ohioans with Disabilities?**

The model of Project CARE has served as a national framework for how to best serve survivors with disabilities. In fact, over 28 organizations across the nation have used Project CARE’s tools to replicate and adapt to meet their own local needs. In 2013, Project CARE was recruited to present its model at Columbia University as well as at the Florida Coalition Against Domestic Violence Biennial Conference. In 2014, Project CARE was recruited to present three national webinars for the VERA Institute of Justice: “Build Knowledge At The Intersection: Showcasing Collaboration Curriculums; “Screening and Meeting Accessibility Needs of Survivors” and “Showcasing the Living Products of Curriculums.” In addition, CARE has received further national recognition by being hired to present a webinar for the National Network to End Domestic Violence on “Community Collaborations and Partnerships.”

6. **Please describe some of the direct services that a disabled victim of intimate partner violence would receive from Project CARE.**
As illustrated in the case of “Kaylee”, Project CARE comprehensively provides services to survivors with disabilities from point of disclosure at screening, to warm-referrals, safety planning, coordinated intervention services, and provision of prevention programming. This coordinated response stems first from a collaborative approach where each partner agency had to adopt and implement board policies to screen for domestic violence, dating violence, sexual violence, and stalking against individuals with disabilities and trauma-informed responses. From there, Project CARE partners began implementation of screening and response protocol at each partner agency.

The screening protocol question assessment is a tool with a set of 11 questions to assist disability professionals and violence prevention agencies to comfortably and professionally screen for signs of domestic violence, dating violence, sexual violence, and stalking, as well as financial and emotional abuse. The Screening Protocol Question Assessment addresses how to explain to the individual what confidentiality means and to discuss the mandatory reporting requirements. The tool also empowers the individual with the disability to direct the dialogue and for the interviewer not to use the screening tool as a “rote” exercise. Rather, disability staff are trained and prompted to conduct the assessment as much like a conversation as much as possible rather than a series of sterile questions. Through the screening assessment protocol, when individuals disclose abuse, they immediately receive “warm-referrals” to accessible and trauma-informed agencies as well as accessible and responsive safety planning. A warm referral is when a service provider makes a referral to a partner agency and it’s a comfortable, affirming, nonjudgmental provision of information to an agency that it known to the staff member making the referral. To help ensure that survivors receive the most appropriate referral based on the type of violence and services needed, Project CARE partners have their staff utilize the Violence Disclosure: Action Step Response Tool as a supplemental resource during the screening protocol.

In addition to the warm-referral that the survivor receives, staff at all of Project CARE’s partner agencies then assist a survivor with a disability to develop an accessible, customized safety plan. Project CARE’s safety planning tool consists of a template for safety planning with individuals with disabilities. Vocabulary, symbols and explanations are accessible to a broad range of people.

In addition to safety planning, Project CARE provides a survivor with a disability with coordinated direct services such as: case management, shelter, transitional housing, hospital accompaniment, sexual assault exams, protection orders, court accompaniment, etc. For example, when Project CARE victim service providers have a survivor with a disability at the shelter, hospital, or rape crisis center, the victim service provider partners contact and coordinate with the disability service providers so that appropriate accommodations are secured for the survivor. Accommodations range from securing personal care attendants (PCAs) to come to shelter with the survivor (and stay in the shelter with the survivor); provision of co-case management; and co-accompaniment and support at court. In fact, because of the close collaborative partners, our rape crisis center partner extended its services specifically for a survivor with a cognitive disability. Typically, the rape crisis center does not have staff perform home visits; however, due to the request of the disability agency and extreme need for specialized assistance on site, the crisis staff performed a co-facilitated home visit with the disability service provider. This “face to face” service in the survivor’s home made a critical difference in the recovery process from trauma.
Finally, Project CARE also provides an improved service delivery model to seamlessly serve survivors with disabilities through its Safety Planning and Technical Assistance Committee. The role of this committee is to provide a cross-disciplinary, culturally competent review of cases of survivors with disabilities in order to identify and reduce any barriers to services for survivors with disabilities. The case review process focuses on developing partner agencies’ skills, increasing partners’ knowledge, and improving partner agencies’ trauma-informed services/practices in assisting survivors with disabilities. When offering feedback, the collaborative partners do so from a strengths-based perspective and constructive manner.

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

Not applicable—we feel we provided the best overview and attached documents as possible.

8. **Please provide copies of the Screening Protocol Question Assessment, Safety Plans, Warm Referral Algorithm flowchart, and STARR Curriculum, and any other screening tools, assessments and evaluations used.**

Please see documents that are enclosed in the packet.