

THE MARY BYRON FOUNDATION**Celebrating Solutions Award
Nomination Form****Section I – General Program Information**

Legal name of organization Coordinating Council for Children in Crisis

Year established 1977

Program nominated for award (if different) Family Violence Outreach Program

Year established 1987

Address 131 Dwight Street

City/State/ZIP code New Haven, CT 06511

Contact person Cheryl Burack, MS

Title Executive Director

Phone number (203) 624-2600 ext. 303

Fax number (203) 562-6232

E-mail address cburack@cccnh.org

Website www.cccnh.org

Brief description of the organization: Since its inception, CCCC has been providing an array of family strengthening, crisis intervention and support services for the area's most vulnerable children and families. The majority of CCCC's programs are free and home-based. Its families are poor and have histories of domestic violence, child abuse or neglect, substance abuse, mental illness and homelessness. Most consist of single parent households led by women. They lack adequate or often any type of extended familial support system and are at-risk of continued dangerous behavior and lifestyles. Most families do not own a car or telephone. Securing basic needs such as food and clothing is a constant struggle. CCCC helps each family to assess their needs and strengths and works in partnership with families to help them set and reach goals, learn and practice skills and feel better prepared to meet future challenges.

Geographical area served Greater New Haven, CT

Is organization tax-exempt under IRS 501 (c)(3) guidelines? Yes

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

- | | |
|--|---|
| <input type="checkbox"/> Shelter-based | <input type="checkbox"/> Prison-based |
| <input checked="" type="checkbox"/> Counseling | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Health care setting | <input type="checkbox"/> Coalition/collaboration |
| <input type="checkbox"/> Dating violence | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> School/youth violence | <input type="checkbox"/> Technology/Internet service |
| <input checked="" type="checkbox"/> Underserved population | <input type="checkbox"/> Employment/training program |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Civil justice |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Hotline service |
| <input type="checkbox"/> Legal aid/assistance | <input type="checkbox"/> Public awareness/education |
| <input type="checkbox"/> University setting | <input type="checkbox"/> Police/law enforcement |
| <input type="checkbox"/> Batterer treatment | <input checked="" type="checkbox"/> Other <i>psycho-education, safety planning, home-based services</i> |

Section II – Program Questions

Please use separate pages to respond to the following questions. Responses should be kept to 5 pages or less. Please use 12-point font size or larger.

1. Describe the mission of your organization in five sentences or less.
2. Describe the most innovative aspects of the program you are submitting for consideration.
3. Describe your program's implementation. What barriers did your organization have to overcome? How did you marshal the necessary resources for implementation?
4. How do you know your program works? Please site two examples. Although anecdotal examples are helpful, at least one example must include quantitative data.
5. Who are your key partners? What are their roles?
6. Could/should your program be replicated in other areas of the country? Why?

Section III – Signature

As one of the goals of the Mary Byron Foundation is to disseminate information about innovative programs and best practices, we wish to post exemplary Celebrating Solutions Award nominations on our website at www.marybyronfoundation.org. Those posted will include the organization's contact information. If you have concerns about this request, please address them to information@marybyronfoundation.org prior to submitting a nomination.

By my signature on this nomination, I grant the Mary Byron Foundation 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 Foundation.

Signature Cheryl Bunnick

Date 10/11/07

**The Mary Byron Foundation
Celebrating Solutions Award
Program Outline**

1. Describe the mission of your organization in five sentences or less.

CCCC's mission is to prevent abuse, neglect and victimization across the life span and to serve those affected by providing home visiting and outreach, parenting education, family strengthening activities, counseling and advocacy to children and adults. CCCC envisions a safe family and community environment free of abuse, neglect and violence. Its goals are to strengthen and preserve vulnerable families and improve child health and developmental outcomes.

2. Describe the innovative aspects of the program you are submitting for consideration.

The Family Violence Outreach Program was the **first** domestic violence program at a family support services agency in Connecticut to address domestic violence in the context of child abuse prevention. These groundbreaking services were recognized by The National Association of Juvenile and Family Court Judges in *Family Violence: Emerging Programs for Battered Mothers and Their Children* (1998). Historically, battered women and child welfare programs did not collaborate and, in fact, worked in isolation from each other. More recently, however, researchers began noting the link between domestic violence and child abuse as they recognized that abused women and maltreated children often come from the same homes. This knowledge gave us exciting new opportunities to screen for and identify abused women and children and offer protective services. We realized that if we asked the right questions when working with abused children, we were likely to find abused mothers. Conversely, screening with women would allow us to make extra efforts to identify and protect abused children. CCCC has been screening all referred families for domestic violence since 1986.

The screening and coordination between child and adult services is not the only innovative aspect of this program. Also unusual is that, unless precluded by safety concerns, services are offered through bilingual, bicultural home visiting at no cost to families to ensure that the most isolated and hardest to reach families receive help. Most of the families we serve need transportation and childcare, making an office visit extremely difficult. Women in an abusive relationship may also have to overcome their own fear and isolation, so home visiting is especially useful. For these reasons and more, CCCC has found that most domestic violence abuse victims that participate in our program would not have received help or engaged in support services without CCCC and our home-based programming. Home visitation has been endorsed by the US Advisory Board on Child Abuse and Neglect as the single most critical element in a comprehensive approach to prevent child maltreatment. Connecticut's 2007 Infant & Toddler Early Care & Education Working Group also recommends home visiting services to provide families with information about child development and to provide developmental screening, mental health screening and screening for environmental risks.

Moreover, the program uses a Woman-Defined Advocacy Model, which supports women in making their own life choices while working to increase their safety and the safety of their children. Woman Defined Advocacy is integrating an advocate's knowledge, information, experience and resources - if appropriate - into each individual woman's life, resources (i.e., her knowledge, skill, assets, family, friends) and decisions. The program aims to help increase the safety of women, help them

recognize and understand the effects of domestic violence on children, decrease trauma and stabilize their lives. In so doing, the ultimate goal is to end the cycle of victimization and abuse in their lives, as well as prevent domestic violence from occurring in their children's lives. Services of the Family Violence Outreach Program include risk assessment, safety planning, court accompaniment, education about the cycle of violence and the effects of domestic violence on the victims and children and crisis counseling.

Finally, adjunct services are provided to ensure a family's holistic needs are met through CCCC's Neighborhood Victim Advocacy Program, developed in collaboration with the New Haven Department of Police Services. The CT Office of Victim Services funds this program, which works closely with the community-based police and court advocates to provide safety planning, shelter referrals, assistance in filing restraining orders, victims compensation and criminal justice information to domestic violence survivors. This program consists of a therapist and a staff of four neighborhood-based victim advocates who are available during working hours to provide an immediate response to victims of abuse including referral to shelter, assistance in filing victim compensation forms and obtaining restraining orders, court accompaniment and transportation.

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

The program began in 1987 and initially CCCC had to make a case for funding to the CT Department of Children and Families (DCF) that both highlighted the link between domestic violence and child abuse and gave us credibility in the domestic violence field. At this time there was little recognition of the connection between domestic violence and child maltreatment, and few, if any, organizations were screening for it. There was no coordination, or even much contact, between programs for battered women and child-centered services. We had to develop relationships with individuals and organizations that we had never worked with before, and navigate working together even when it seemed that we might have different visions and goals. This is an especially thorny issue between child protection and domestic violence advocates, as each is concerned that the other provider may not serve the best interests of their own client.

We learned that if you don't ask the questions, most women will not volunteer the information that they are being abused, particularly when they fear losing their children. We have worked, as an organization and a member of the Greater New Haven, CT Domestic Violence Task Force, to increase community education, promote domestic violence and child abuse screening and increase collaboration among agencies.

Prevailing beliefs about domestic violence have also presented barriers. In a society that still finds it hard to understand why a woman would choose to remain in an abusive relationship, we often get referrals that identify the woman victim as the identified client. The perpetrator faces few consequences while protective services require that the victim accept certain services and follow through on a treatment plan or risk losing her children. The treatment plans do little to recognize the woman's strengths as an individual or a parent and often, wrongly, we think, mandate parenting education services. This furthers the woman's poor self-image and conveys the message that there is something wrong with her, not her offender. One of our program goals is to keep the non-offending parent and children together.

We began with one counselor responsible for program development and direct service provision. Six years later, an Independent Panel convened by CT Governor John Rowland to investigate the

death of a nine month old infant concluded that domestic violence was a factor in the baby's death. At that time, the Department stepped up their efforts to screen for domestic violence. Funding increases from DCF and, later, the United Way of Greater New Haven have allowed us to hire additional staff, including a Spanish-speaking counselor and a counselor to work with children who have witnessed domestic violence. Research has continued to document the link between domestic violence and child abuse and the need for coordinated services. For example, in a 1996 study researchers Straus and Gelles found that 50% of men who often assaulted their wives also abused their children.

In 1998 the National Council of Juvenile and Family Court Judges published *Family Violence: Emerging Programs for Battered Mothers and Their Children*. CCCC's Family Violence Outreach Program was one of 29 programs featured in the book, which recognized a 'substantial overlap' between domestic violence and child abuse. It called for an end to the lack of cooperation between systems and reported that collaboration is critical to protecting child and adult victims of family violence.

We have been active participants on the Greater New Haven, CT Domestic Violence Task Force and this has strengthened and expanded our network. Currently, CCCC's Victim Advocate Kate Trauner is this year's Chairperson of the Task Force. We have created new vehicles to bring women together and help them talk about their experiences through women empowerment support groups facilitated by CCCC staff members.

4. How do you know your program works? Please site two examples.

The Family Violence Outreach Program has worked with The United Way to develop a Logic Model with Indicators and Outcome Measurements to evaluate program effectiveness. Outcome Measurement offers a way to determine if program services really make a difference in the lives of people. Three indicators used last year, along with the outcomes are below.

Indicator 1: By visit three, 75% of parents will report knowledge of safety planning issues and resources with a personal safety plan in place for parent and child.

Outcome: 100% surveyed were aware of safety resources including emergency cell phones, how to access the domestic violence hotline, and how to get a restraining order and all were aided in developing a personal safety plan.

Indicator 2: By the sixth visit, 75% of parents will report an increased understanding of the impact of violence on their children

Outcome: 88% parents served described an increased understanding of the impact of domestic violence on children. In a separate child intervention, 100% parents were able articulate the impact of domestic violence on children.

Indicator 3: At case closing (pre/post survey), 50% of parents will report a decrease in psychological symptoms.

Outcome: 77% of parents surveyed reported improved psychological well being. During the year another measure was added in which 87% of parents demonstrated fewer psychological symptoms.

These outcomes contribute to an abuse victim's understanding of healthy and unhealthy behaviors and help them to work toward ending further occurrences of violence in their life. Understanding the significant effect that domestic abuse has on children is also another motivating factor to

eliminate abuse from their lives and learn how to recognize dangerous signs in relationships before abuse begins.

A case composite of a typical case offers another way to understand how the program works. Amy P. was referred to the CCCC Parent Education program by the Department of Children and Families following a report that her six-year-old son had been left home alone. During the intake assessment and in response to our specific screening questions, Ms. P disclosed a history of domestic violence with her boyfriend, the father of her child. A Family Violence Outreach Counselor (FVOC) began home visiting and she and Ms. P agreed to work on safety planning, domestic violence education, and the impact of violence on her and her child. She was given an emergency 911 cell phone and, after deciding to file for a restraining order, was accompanied to court and helped through this process. She did not have a home telephone and the FVOC acted as a liaison with the court victim advocate. They began meeting weekly.

After being served with the restraining order, her boyfriend was forced to leave the home. Ms. P wanted him to continue a relationship with their son and worked with the FVOC to plan how to safely carry this out. The safety of her home was assessed and she was awarded emergency funds from CCCC to change her door locks.

Ms. P has a significant history of childhood trauma and this relationship was her second violent adult relationship. Counseling with the FVOC helped her to talk, for the first time, about her history and the parallels between her violent childhood and her life now. This has also helped her to empathize with her son and feel like she can do a better job at protecting him and meeting his needs. Over time, she began dating but ended a relationship after recognizing warning signs of abuse. She is learning how to talk to her son about her relationship with his dad and why they can't all live together. She has been able to identify some of her own strengths and her hopes for herself and her son. She has learned to enjoy the peace she has found living a life with no violence, and to feel comfortable being the head of her household. She wants to continue to learn about healthy relationships and how to accept love and affection and has developed new goals that include how to parallel parent with her ex-partner. Her son will be starting treatment with our child counselor, as our work is entering its last phase. Mom feels strongly that she is in a better place and that she would not have been able to get here without help. She is now prepared to engage in healthy, violence-free relationships

5. Who are your key partners? What are their roles?

A founding principle of CCCC that is maintained today is to support the development of a collaborative network of public/private individuals and agencies who would help to assist families vulnerable to victimization, child abuse and neglect. Collaboration between systems is necessary to increase the safety and stability of a survivor and her children, end the cycle of abuse in these families, and improve abuser accountability.

CCCC works closely with the CT Department of Children and Families (DCF). DCF is the primary program funder, makes referrals to the program and also uses our program staff for consultation on their cases. CCCC meets weekly with Metro and Greater New Haven DCF to case conference and coordinate services for families in the program.

As mentioned previously, CCCC is a member of the Greater New Haven, CT Domestic Violence Task Force and our staff member chairs the Task Force. Police officers, shelter advocates, child

protection workers, offender treatment programs and others serve on this group working to create a community of zero tolerance for domestic violence. The Task Force develops community education, professional conferences and school-based programs to raise awareness and publicize available resources. The Task Force advocates for legislative change. The group promotes collaboration among providers including cross training, resource sharing and referral. The Task Force as a group observes community needs and trends. This has resulted in efforts such as outreach to the faith community, consideration of fatherhood initiatives and forums on the need for bilingual and culturally competent services.

We are also a member of the original "Greenbook" Committee, now known as the Children and Domestic Violence Collaboration. This is a statewide group working to implement the recommendations made by the National Council of Juvenile and Family Court judges in *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. This is a multidisciplinary group that includes high-level representatives of law enforcement, judicial, municipal and state agencies, domestic violence and other community-based organizations.

The Family Violence Outreach Program also collaborates with other CCCC programs, working as part of a team with a Parent Educator or accepting referrals for ongoing services after a Neighborhood Victim Advocate and the police have responded to a crisis.

6. Could/should your program be replicated in other areas of the country? Why?

The program can and should be replicated in order to better identify and protect abused women and children, keep non-offending parents and children together, encourage partnerships between systems and provide a coordinated response to family violence. The program also decreases the barriers to service access, holds the offender instead of the victim responsible for the violence and strengthens the bond between non-offending parent and child. It uses a woman-defined advocacy approach that respects the ability of each woman to make informed choices. **The combination of these approaches and services works to end the cycle of abuse and prevent future victimization for children.**

By including this program in their book, the National Council on Juvenile and Family Court Judges recognized that the program was an innovative program worth replicating in other communities. Since we began assessing all individuals referred to the agency regardless of the reason for referral, we have seen that a majority of women have a past or current history of untreated trauma. We have discovered that many mothers who were being referred to our parenting education program, for example, were actually victims of domestic violence. Most had never disclosed this problem or tried to access services for fear of losing their children. By using our knowledge of the link between domestic violence and child abuse, this program asks the right screening questions and can then provide services that include home visiting, risk assessment, safety planning, counseling, linkage to other community services including legal advocacy, substance abuse and mental health treatment, transportation and accompaniment and group support. Future experiences of abuse are avoided and prevented because of this work.

Internal Revenue Service
District Director

Department of the Treasury
P.O. Box 9081
JFK Federal Building
Boston, Mass. 02203

Date: AUG 08 1978

Employer Identification Number:

→ 06-0972684

Accounting Period Ending:

June 30

Foundation Status Classification:

170(b)(1)(A)(vi) & 509(a)(1)

Advance Ruling Period Ends:

June 30, 1982

Person to Contact:

C. M. Gauthier

Contact Telephone Number:

(617)223-4241

▷ Coordinating Committee For
Children In Crisis Incorporated
1085 Ridge Road
Hamden, Ct. 06517

DETERMINATION LETTER NO. 78-1077

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) & 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

NOV 1 - 1982

Date: OCT 27 1982

Our Letter Dated:
August 8, 1978
Person to Contact:
Marcus E. Darr:ln
Contact Telephone Number:
223-6314

Coordinating Committee for Children
in Crisis, Inc.
270 Orange Street
New Haven, CT 06510

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section * . Your exempt status under section 501(c)(3) of the code is still in effect. *170(b)(1)(A)(vi) and 509(a)(1)

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

cc: David T. Totman
205 Church Street
New Haven, CT 06510

**Coordinating Council for Children in Crisis
Family Violence Outreach Program
FY08 Budget**

INCOME

CT DCF	185166
Foundations and corporation:	10000
United Way	10000
Other agency resources	5000
Total Income	210166

EXPENSES

Salaries	136620
Salary In Lieu of	6090
Fringe(FICA,WC,Unempl)	13491
Medical Benefits	12972
Network Support Svc	1350
Indirect Salaries/FB	16773
Training	750
Audit Expenses	1200
Accounting Expenses	400
Journals & Publications	100
Travel	6350
Office Supplies Expense	750
Program Supplies Expense	1000
Family Emer. Fund	300
Rent	3600
Maintenance & Repairs	1000
Utilities	2400
Telephone	1200
Cell phones	1200
Liability Insurance	1500
Employee Auto Ins. Reimb.	520
Malpr. Ins.	400
Postage	100
Associate Memberships	100
Total Expenses	210166



Gisela Nelson <gnelson@marybyronfoundation.org>

Revised Question: 2008 Celebrating Solutions Award

Travis Fritsch <travis@marybyronfoundation.org>

Thu, Jul 10, 2008 at 11:15 AM

To: sam.cole@ucdenver.edu

Cc: Marcia Roth <marcia.roth@gmail.com>, Gisela Nelson <gnelson@marybyronfoundation.org>

Sam,

Thank you for contacting us about the questions posed for this next phase of the Mary Byron Project's 2008 Celebrating Solutions Award.

Per our discussion, your program-specific questions now read as follows:

1. Please describe the referral and screening processes used in your program.

Question edited July 10, 2008 and emailed to the attention of Sam Cole:

Please explain how people learn about your program and the selection criteria utilized.

2. The visibility of this unique program can prompt victims to seek assistance. How does this program collaborate with campus and local victim services providers to address the needs of anyone seeking direct help?
3. How will the information about this graduate academic and professional training program be disseminated to other states and academic communities?
4. Assume you are consulting with leaders from another university or college who want to replicate your program and services. How would you describe the steps to be taken to replicate your program? Please include, if applicable: potential community stakeholders, any assessment to determine a community's readiness/capability, possible barriers and some optional solutions that may be considered to reach this worthy goal.

The only change was a clarification to question #1; the rest of the questions remain the same.

If you have any other questions, please contact me at 502/618-5802 (office) or 859/229-7245 (cell)

Keep up the great work! Thanks again! Best, Travis

Travis A. Fritsch, Project Manager

Mary Byron Project

"Fostering Innovations and Strategies to End Domestic Violence"

Coordinating Council For Children In Crisis, Inc.

Domestic violence situations raise unique safety concerns for the home visitors and family members. Violence and issues of power and control may already be a dynamic in the family. Allegations of child abuse or neglect, CPS involvement and preparation by the survivor to leave the relationship or obtain a restraining order can increase risk to all concerned. CCCC trains all new hires in domestic violence, child abuse and home visitor safety. Each new hire receives a written safety manual that outlines policies and protocols and participates in in-person and videotaped training. All CCCC staff leaves a detailed daily calendar in the office that describes their destinations with expected arrival and departure times, and they sign in and sign out of the office. Each staff member carries a Nextel cell phone with GPS and walkie-talkie capability. A designated supervisor is responsible for monitoring staff activities, being available to the staff anytime they are in the field and is ready to act if staff calls with a problem or if staff fails to make contact at the agreed upon time. The office maintains information for each staff person including the make, model, color and registration number of their car, cell phone number, home phone number, emergency contact number and names, addresses and telephone numbers of clients to be visited. Every staff person is aware of a code word that indicates the existence of a hazardous situation and knows the procedure that use of the code word will trigger.

An ongoing assessment with each family member, criminal history, knowledge of the batterer's past and current behavior, any history of stalking, the presence of weapons in the home, the use of drugs and alcohol, mental illness and the survivor's protective strategies and her own assessment of the situation must all be factored into decisions regarding staff, survivor and child safety. Supervisors must provide support and supervision in developing a home visitor safety plan and enforcing compliance with agency protocols. Partnerships can be developed with the DCF-based DV Consultants and with other community agencies that offer additional consultation, training and resources.

Mary Byron Project
Celebrating Solutions Award
Semi-finalist nominee- Coordinating Council for Children in Crisis
Program- Family Violence Outreach Program (FVOP)

1. Three letters of support attached:

- Collaborative agency- ALSO-Cornerstone
- Victim's organization- Domestic Violence Services of Greater New Haven
- Funding source- CT Department of Children and Families

2. Proof of 501 (c)(3) status- tax exemption letter attached

3. FY 2008 budget for the Family Violence Outreach Program attached

4. a) What is the approximate number of individuals served annually by the Family Violence Outreach Program?

Since 1987, the FVOP has served 250 children and women annually who experienced domestic violence and child abuse. Due to recent changes in the program per our primary funding source (CT Department of Children and Families), the number of children and women served annually will decrease. Although DCF mandated a new model of programming which began June 2008, CCCC remains committed to the FVOP and the women and children served by this program. We have secured a \$30,000 grant from the Carolyn Foundation and will continue to seek funding to ensure the continuation of our successful FVOP model.

b) Are there past awards, accolades and grants furnished upon the applicant that would further exemplify its success in combating domestic violence?

CCCC's Family Violence Outreach Program was one of 29 programs featured in the 1998 book, *Family Violence: Emerging Programs for Battered Mothers and Their Children*, published by the National Council of Juvenile and Family Court Judges. This book recognized a 'substantial overlap' between domestic violence and child abuse which was the basis for CCCC initiating the FVOP.

CCCC was awarded the CT Department of Children and Families (DCF) contract for the Domestic Violence Consultants, who are based at DCF and provide policy and case-specific consultation to DCF staff.

In 2000, CCCC was the lead agency with The Consultation Center and Clifford Beers Guidance Clinic in a Carolyn Foundation project to develop a family-focused group intervention for domestic violence. This was a unique multi-agency partnership designed to intervene with each family member, increase safety, reduce violence, hold the batterer accountable for his behavior and improve family functioning.

The FVOP has received grant renewals from DCF since it began in 1987. CCCC has submitted its applications among a pool of extremely competitive applicants and has been successful in obtaining program funding for 20 years. The FVOP also recently received a \$30,000 grant from the Carolyn Foundation.

c) If funding were not an issue, what (if any) changes or additions would you make to your program in the future?

CCCC's FVOP is a proven model that has demonstrated its effectiveness through positive client outcomes each year since its inception. If funding were not an issue, CCCC would expand the FVOP to reach more women and child victims of violence. We would increase the FVOP staff, hire bilingual clinicians to serve the large population of Spanish-only speaking families in the New Haven area, and increase our service population dramatically. Support services for women and child victims of abuse that are free, bilingual and home-based are rare, therefore an expanded program would meet the need for services in this community of children and women. We would work to eradicate waiting lists through this program expansion. We would also develop a community outreach component of the program to create greater awareness about the FVOP service offerings.

**Mary Byron Project
Celebrating Solutions Award
Selection Committee Questions for CCCC**

1. Describe the referral and screening processes used in the Family Violence Outreach Program.

CCCC receives referrals from any source claiming a need for help for a victim of domestic abuse such as community social service agencies, individual community members and from DCF. CCCC conducts a screening to first make sure that the individual is willing to participate in our services. Scales are used during the initial screening process to determine an individual's mental health stability, stress and anxiety level, parenting skills, and knowledge of available safety resources. A thorough assessment will uncover not only the type of violence in the home and current risk but will also assess other family challenges and problems, including trauma symptoms, depression and other environmental/crisis issues. This information is then used to either make a referral for long-term therapeutic support or, in most cases, to structure their specific plan in the program. The screening and assessments help to determine the major issues to focus on during weekly sessions in the FVOP and also provides the information to establish personal goals and outcomes.

2. Describe the qualifications and the roles of the neighborhood-based victim advocates.

CCCC provides holistic services to FVOP families by enabling them to access other CCCC services such as from the Neighborhood Victim Advocacy (NVA) Program. All Neighborhood Victim Advocates provide direct services to crime victims that include crisis counseling, safety planning, assistance in filing victim compensation claims, assistance in filing restraining orders, court accompaniment, information and referral, personal advocacy and domestic violence education. Unlike the FVOP, services are immediate, short-term and victim advocates help with court related issues.

The NVA is led by Vanessa Cathey. She holds a Bachelor's Degree in social work and has attended the National Organization of Victim Assistance conference. Ms. Cathey has worked at CCCC for over ten years. Her work has focused on supporting the needs of women and children victims of domestic violence and child abuse. Ms. Cathey supervises four victim advocates employed in the program, as described below.

-Kate Trauner holds a Bachelor's Degree in Criminal Justice, is a CT certified drug and alcohol counselor and is currently pursuing a graduate degree at the UConn School of Social Work. She has worked as an NVA since April 2002.

- Lucecita Melendez holds a certification in paralegal studies and is bilingual/bicultural. She began working at CCCC in 2004 and joined the NVA program in May 2006.

- Shawwna Jacobs has a Bachelor of Science in Criminal Justice from the University of New Haven. She came to CCCC as a student intern during 04-05 and was hired in August 2005.

- Elizabeth Shea has a Master's Degree in Social Work. She is the Neighborhood Victim Advocate/Therapist and provides the NVA services described above as well as therapy to crime victims.

Neighborhood Victim Advocates are assigned to the various New Haven neighborhoods and surrounding towns and are available to respond within 20 minutes during weekday business hours in cases where the referrer believes that immediate intervention is required. Victim advocates meet with victims in their homes or elsewhere to provide risk assessment and safety planning, crisis counseling, personal advocacy, criminal justice support/advocacy including assistance in filing restraining orders and court accompaniment, information//referral, follow-up contact and individual and group therapy.

3. Assume you are consulting with leaders from another community's Interagency DV Council who want to replicate your program and services. How would you describe the steps to be taken to replicate your program? Please include, if applicable: potential community stakeholders, any assessment to determine a community's readiness/capability, possible barriers and some optional solutions that may be considered to reach this worthy goal.

CCCC's Family Violence Outreach Program is a proven initiative and should be replicated in other communities where a need exists. An in-depth needs assessment should be conducted as a first step to determine vital factors for program replication such as: area rates of domestic violence and child abuse reports; available service providers and programs; demographics of population to be served; and interested long-term funders for this type of program and services.

A founding principle of CCCC that is maintained today is to support the development of a collaborative network of public/private individuals and agencies that would help to assist families vulnerable to victimization. Collaboration between systems is necessary to increase the safety and stability of a survivor and her children, end the cycle of abuse in these families, and improve abuser accountability. In conjunction with collaborations, key stakeholders should be recruited and secured. They should include police officers, shelter advocates, victim service organizations, and child protection workers who are committed to creating a community of zero tolerance for domestic violence. These stakeholders can create a task force to develop community education, professional conferences and school-based programs to raise awareness and publicize available resources. The task force can advocate for legislative change and promote collaboration among providers including cross training, resource sharing and referrals.

The Family Violence Outreach Program model focuses on domestic violence and child abuse as interrelated issues and therefore develops treatment in this context. Other communities may experience initial barriers to replicating this model since the intersection of domestic violence and child maltreatment is still an emerging issue nationwide with evolving strategies and few widespread practices and policies. The child welfare system faces unique challenges in working with these families as its work to protect children, hold the batterer accountable and develop service plans that address the needs of each family member without penalizing the non-offending parent requires ongoing and complex decision-making. Sometimes, the batterers do not have a legal relationship to the children they are exposing to their behaviors. Mothers have been seen as uncooperative and "failing to protect" when they choose not to utilize routine vehicles for protection such as restraining orders or shelter. The complete information needed and a decision-making protocol and criteria to guide substantiation and removal decisions have not always been available. Safety issues for children, survivors and workers give added urgency to how the work proceeds.

In the best coordinated response, children are protected, mothers get needed help without losing custody of their children and batterers participate in interventions that reduce or stop their violent and controlling behavior. This requires that child protective workers know how to identify domestic violence and conduct an ongoing assessment of its nature, severity and impact on each family member; identify the full range of protective strategies that mothers employ to protect their children; develop safety plans for each family member; develop service plans that do not blame the victims, that utilize appropriate community resources and work with the batterer to identify strengths and hold him accountable for his behavior. The challenge is even greater when there are few community resources available to families that have developed an understanding of the overlapping issues involved and the diverse range of families affected. There have been historical tensions between child protection services, with its focus on child protection, and domestic violence service organizations which focus on adult victim protection, resulting in a lack of communication and coordination. Organizational mission and philosophical

approach between the two have sometimes been at odds, particularly over the issue of mandated or voluntary services. A community-wide coordinated effort is needed to develop an effective system response and requires staff awareness and understanding based on education, cross-training and the development of tools, policies and procedures.

There can also be obstacles in providing culturally competent care including understanding the differences in cultural values and practices including spirituality, language, legal status, and the lack of resources that families face and that may prevent them from accessing the help they need. Acts of domestic violence must be viewed in the larger cultural and societal contexts of racial, economic, gender-based and homophobic forms of oppression, gender roles and stereotypes, the standards of each family's faith community and each community's expectations around accountability and blame.

Efforts should be made to recruit a diverse staff that represents the client population and hire bicultural, bilingual staff if appropriate. Staff should be hired and trained to have the knowledge, skills, attitudes and personal characteristics needed to provide culturally competent care and to understand how their own and their client's cultural influences shape behavior. The language, skills and resources offered to all clients must convey respect and empathy, without assumptions about each family member's experience of violence. The FVOP's culturally-informed woman-defined advocacy approach means that plans are guided by the survivor's best judgment. Standardized assessments must be evaluated to ensure that they do not present questions that are incomprehensible, incomplete or that use words and phrases that mean different things to different people.



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Dear Ms. Roth,

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Steven Turquino*

I would like to express my strong support of the Coordinating Council for Children in Crisis's application for the Mary Byron Project's Celebrating Solutions Award. CCCC has an excellent reputation for helping children and families end the cycle of violence in their homes, and is a valued member and provider of victim services in our Greater New Haven community. Having partnered with CCCC for over ten years on numerous programs, I can offer my support for this deserving honor and award to CCCC from the Mary Byron Project.

CCCC and ALSO-Cornerstone have been successful in combining our expertise and resources to benefit children and families in need to prevent abuse. We currently collaborate on two programs: The Family Support Collaborative since 1998 and the New Haven Family Partnership since 1999. Also-Cornerstone's focus on housing and substance abuse treatment services and CCCC's concentration on parenting education, safety planning and advocacy has enabled this partnership to thrive and successfully impact the lives of hundreds of children, mothers and families at-risk of abuse. CCCC's ability to go into the homes of families is especially important to reach the neediest of families in our programs. Their staff members are competent and committed and foster effective professional relationships with Also-Cornerstone's staff.

CCCC is a valued partner of ALSO-Cornerstone. They offer important prevention and intervention services in our community and I consider them a necessary service provider in our area, worthy of acknowledgement from the Mary Byron Project.

Sincerely,

Jerald P. Ross
Jerald P. Ross, MHSA
Executive Director
ALSO-Cornerstone
205 Orange Street
New Haven, CT 06510
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Ex Officio

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DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



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Commissioner

M. Jodi Rell
Governor

July 8, 2008

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

Dear Ms. Roth,

I write to support the mission and important work of Coordinating Council for Children in Crisis (CCCC), and specifically their Family Violence Outreach Program (FVOP). The CT Department of Children and Families (DCF) has been the major supporter of this groundbreaking program and committed significant resources to its sustainability and successful delivery of services since 1987. Our investment in CCCC and the FVOP has enabled thousands of young children and mothers to live in homes without violence or fear. CCCC provides exceptional services and I, on behalf of DCF, strongly support their nomination for a Celebrating Solutions Award from the Mary Byron Project.

CCCC's success in providing the effective FVOP can be attributed to their home visiting services, bilingual, skilled and caring staff members, and focus on maintaining the safety of children and adult abuse victims. They are unique in the community in offering services in the homes where domestic violence is present. These services are essential to the women who are unable to travel or leave their children to receive help, therefore they are serving many families that otherwise would not be reached. We have remained partners with CCCC for over twenty years not only because of their qualifications and experience in helping disadvantaged and traumatized women and children, but also because of their innovative responses, such as the FVOP, to systemic problems, such as child abuse and domestic violence. They understood the connection between domestic violence and child abuse and were the first organization in the area to address these issues as interrelated problems.

CCCC continues to be a beacon of support and hope for families in the greater New Haven area. They deserve recognition for their commitment to the community and their provision of essential and effective model domestic violence and child abuse prevention programming.

Sincerely,

Lisa R. Daymonde, MSW
Program Director
CT Department of Children and Families
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STATE OF CONNECTICUT



July 8, 2008

Ms. Marcia Roth
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Dear Ms. Roth,

I am writing to support the application of the Coordinating Council for Children in Crisis. Our agencies have been collaborating in various ways since we were both established thirty years ago to help abuse victims. I support CCCC's nomination for the Mary Byron Project's Celebrating Solutions Award based on their quality services and commitment to keeping children and families safe.

We are happy to have CCCC as a trusted referral organization for the women and children in our programs requiring their help such as parenting education, counseling or advocacy. Our agencies have served together on city and state task forces in order to ensure best practices for victim services. CCCC's woman-centered approach complements our shared agenda to promote the safety and well-being of abuse victims. Their bilingual home-based programs are an important resource that are provided at no cost.

The New Haven community has many needs for victim services and CCCC is a capable and strong organization working to meet these needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra Koorejian".

Sandra Koorejian
Executive Director