Request for Proposal
RFP# 298-ARPA-RFP2021
SPARC Foundation
Domestic Violence Intervention Program
Total Request: $153,483 over 2 years
Eligible Funding Category: Domestic violence prevention and assistance

To Whom It May Concern:

Please accept SPARC Foundation's proposal for ARPA funding for a project focused on preventing domestic violence. SPARC has been engaged in Buncombe County's Domestic Violence Reduction Initiative since 2015. This Coordinated Community Response to domestic violence provides a comprehensive approach to the shared goal of reducing domestic violence in our community. It ensures collaboration between law enforcement, the courts, and providers. According to the National Commission on COVID-19 and Criminal Justice (NCCCJ), the number of domestic violence incidents in the US increased by 8.1% after lockdown orders. Locally, Helpmate reported a 50% increase in shelter bed needs during the pandemic. COVID isolation increases the risks of domestic violence and in some areas, decreased the services available to victims and perpetrators. To ensure SPARC services remained available to participants, SPARC staff advocated at the state level to allow virtual services. Within two weeks of lockdown, classes moved from in person to virtual, new policies were enacted, staff were trained in providing virtual services, and co-payments for participation were temporarily eliminated. Ensuring access to services during a time when many participants were losing their jobs was critical to victim safety. We are proud to be a partner with county agencies and providers in reducing domestic violence. We intend to continue to focus on program improvements with the latest research in mind.

Thank you for accepting our application and being a partner in community safety.

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Brief Project Description

This project will address the unresolved traumas and childhood experiences of domestic violence offenders in order to create sustainable behavior change resulting in increased safety for intimate partners and children. Domestic violence victims are best served when they have access to victim services and when domestic violence offenders receive trauma informed interventions. These interventions must provide accountably and behavior change. Focusing services on the root causes of domestic violence and those individuals who use violence results in increased safety for partners and children.

Population Served

Intimate Partner Violence (IPV) is a public health crisis affecting women, men, and children. Research indicates that there is a direct correlation between childhood exposure to violence and domestic violence behaviors in adults. In fact, "men who witness domestic violence in childhood committed the most frequent domestic violence, and men who were abused as children were more likely to abuse children. Men who were abused also committed general violence." (Murrell, A.R., Christoff, K.A. & Henning, K.R. Characteristics of Domestic Violence Offenders: Associations with Childhood Exposure to Violence. *J Fam Viol* **22,** 523–532 (2007).

If we apply the same understanding of the effects of childhood exposure to trauma to IPV offenders as we do to other populations, we will see that addressing the root causes of IPV increases safety for partners and children. When children are exposed to cumulative and complex trauma, they are more vulnerable to toxic stress resulting in changes in the brain that alters cognition and behavior. "Men with histories of IPV are likely to have difficulty identifying, expressing, and managing emotions and can become easily overwhelmed in relationships and other domains (e.g. work, school). Lacking impulse control, men in [DVIPs] may have diminished capacities to think through consequences before acting. A constellation of intrusive thoughts, reduced impulse control, impaired cognitive abilities and emotional reasoning, and enhanced fear and arousal enhances the likelihood of an aggressive response. This may be especially true in interpersonal conflicts, such as emotional fights with a romantic partner" (Voith, Logan-Greene, Strodthoff, Bender 2020).

Locally, SPARC data provides evidence that those referred to the Domestic Violence Intervention Program experience higher rates of childhood trauma than the national average. SPARC has collected five years' worth of data utilizing the Adverse Childhood Experiences (ACE) survey which measures 10 types of childhood trauma including abuse, neglect, and dysfunctional household. 32% of SPARC's enrolled participants have an ACE score of 4 or more, compared to the national average of 12%. This high ACE score, experts report, severely increases risks of chronic pulmonary disease, hepatitis, depression, attempted suicide, and other social/emotional problems. These scores reflect the cumulative trauma experienced by individuals prior to their 18th birthday. Most SPARC DVIP participants are uninsured and lack the access to receive trauma therapy. Most referred participants arrive at SPARC services

ambivalent to the effects of their power, control and abuse behaviors on their partners and children. Effective models to treat trauma and ambivalence are discussed below. More information on the ACE study can be found here: https://www.cdc.gov/violenceprevention/aces/index.html

The demographics of DVIP participants in SPARC's program are: 94% male; 6% female. 93% English speaking; 6% Spanish speaking. 18% African American; 60% White; 10% Hispanic/Latino.

The onset of COVID brought many additional challenges to a population of people whose previous trauma experiences create challenges in their ability to regulate their emotions when new stressors occur. COVID disproportionately impacted poor communities and communities of color. School closures led to a lack of childcare led to job losses led to housing instability led to unpaid bills led to evictions led to overwhelmed nervous systems ill-prepared to handle more stress led to increases in rates of IPV locally and nationally.

DVIPs across the country are regulated by state legislation which varies from state to state. Unlike most models of care in the health and behavioral health fields, individualized treatment planning is not required in the state of North Carolina for IPV offenders. This "one size fits all" model requires all participants in North Carolina to attend 26-weeks of group psychoeducation. Regardless of personal histories or co-occurring disorders such as substance use and mental illness which may indicate increased risks of IPV, all participants receive the same intensity and mode of treatment. At SPARC, we meet this minimal criterion and have enhanced the program to better serve the population and create safety through providing an evidence-based risk assessment at intake and creating individualized case planning. Further critical enhancement of the program that would address the unresolved trauma leading to violence would be provided by this funding opportunity.

Engagement and Inclusivity

SPARC DVIP staff connect to clients by taking a person-centered, individualized approach to our program that identifies the needs and risk of each individual participant. SPARC engages the population served by providing the 26-week state approved Domestic Violence Intervention Program. SPARC provides a holistic approach which addresses factors associated with domestic violence and not just the incident that led to referral in the program. This starts at assessment by utilizing the Domestic Violence Risk/Needs Assessment (DVRNA) which examines 14 domains related to an increased risk of future incidents of domestic violence, including mental health, substance use, employment, and others. The results of the DVRNA are used to develop case plans that track client's actions in addressing these risk factors and in other life domains such as family relationship, court involvement, DSS requirements, housing, and employment.

We also engage participants by supporting their efforts to obtain employment, as unemployment is recognized as a significant risk factor in domestic violence recidivism.

Helpmate, Buncombe County's Domestic Violence Victims Service Agency, informed SPARC that employment is one of the most common areas of concerns identified by their clients. Lack of employment and the resulting lack of income can lead to further stressors (food insecurity, unstable housing, lack of medical care, etc.) that further increases the risk for violence and trauma. SPARC provides resources and support in job attainment.

SPARC recognizes the personal and historical reasons that many of our participants may be reluctant to engage in individual therapy sessions. The first step SPARC will take to ensure inclusive participation is by ensuring the identified therapist develops connections with the clients before therapy starts. Developing a relationship of trust is critical in therapeutic work.

SPARC participants who have completed the program regularly express interest in helping and supporting future participants. Participants who have engaged in the trauma therapy and have completed the program may be given the opportunity to return to classes to speak about their experience of therapy or speak individually to reluctant participants who are willing to hear their experiences. In addition, other trusted professionals engaged with our clients can be leveraged to encourage them to utilize these therapy sessions.

Activities and Results

SPARC intends to enhance its existing program with an additional layer of trauma-focused care through brief, trauma therapy sessions. Eye Movement Desensitization and Reprocessing (EMDR) will be provided to clients with a history of trauma in individual sessions. The National Center for PTSD (Post-Traumatic Stress Disorder) under the US Department of Veteran's Affairs states that EMDR "is a trauma-focused psychotherapy that is one of the most studied treatments for PTSD. A large number of studies demonstrate it is effective to treat PTSD when administered over approximately 3 months. EMDR has the strongest recommendation for being an effective treatment in most clinical practice guidelines for the treatment of PTSD." (Beauvais D, McCarthy E, Norman S, Hambien JL. 2021, June 21. *Eye Movement and Desensitization and Reprogramming (EMDR) for PTSD*. Retrieved from https://www.ptsd.va.gov/professional/treat/txessentials/emdr_pro.asp)
SPARC's Program Director, who is a Licensed Clinical Mental Health Counselor, will receive training and certification in providing EMDR. After certification, this clinician will provide trauma assessments to participants and individual EMDR sessions. An additional facilitator will be hired to support the program for the Program Director to be able to devote time to this project.

Motivational Interviewing is "an evidenced-based counseling approach that health care providers can use to help patients adhere to treatment recommendations. It emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping patients explore and resolve ambivalence." (Levensky ER, Forcehimes A, O'Donohue WT, Beitz K. Motivational interviewing: an evidence-based approach to counseling helps patients follow treatment recommendations. Am J Nurs. 2007 Oct). Incorporating Motivational Interviewing into DVIP services will support participants in acknowledging the effects of the behavior,

developing/meeting their goals, and increasing compliance with requirements from DSS and Probation, the Courts, ultimately reducing the risk of future acts of violence. All facilitators will receive training and on-going support in Motivational Interviewing techniques.

Specific short-term goals for this project are training for DVIP staff in evidence-based models that will reduce the impacts of trauma experienced by program participants. Trauma has been recognized as a public health issue by the CDC due to its links with multiple physical health issues, as "At least 5 of the top 10 leading causes of death are associated with ACEs." (Center for Disease Control. 2019, November 5. *CDC Vital Signs: Adverse Child Experiences (ACEs); Preventing early trauma to improve adult health.* Retrieved from https://www.cdc.gov/vitalsigns/aces/index.html)

Furthermore, the COVID-19 pandemic has been a traumatic event for many in our community. A more trauma-responsive DVIP will assist clients in not only processing trauma from their childhood, but also trauma experienced in adulthood, such as the COVID-19 Pandemic.

Participants in our program consistently discuss trauma and its impact on their lives and relationships. Addressing this mental health issue can improve the relationships between participants and their partners and children. Longer term, by addressing individual trauma in the context of domestic violence, SPARC services will improve the mental health of participants and reduce the risk of future acts of domestic violence. When fathers learn to parent differently, there are generational impacts. Adequately addressing traumas and ambivalence will provide greater retention for participants to complete the full program resulting in greater success with behavior change. In the long term, addressing the trauma of participants will help lead to improved community safety.

Disproportionate impacts of inequities are addressed by serving a population that experiences these inequities. Approximately 90% of our participants are referred by either the Department of Social Services and or the Criminal Justice System. As is the case with many that find themselves involved in these systems, participants frequently report difficulties with obtaining employment, housing, and other financial concerns. Low income and black communities experienced disproportionate impacts of COVID due to lack of access to quality healthcare and higher rates of underlying conditions. These communities are at higher risk of COVID infections as lower educational attainment means jobs that require face to face interaction. SPARC addresses these inequities by linking clients to community resources that can assist in these areas. Research also shows that this population is disproportionately impacted by trauma and would therefore benefit greatly from the trauma focused therapy ARPA funding would cover.

During the previous fiscal year, SPARCs DVIP provided services to a total of 125 clients. Traditionally, SPARC sees a 10% yearly increase in participants served.

Within one year of receiving ARPA funding, SPARC will achieve the following goals:

1. SPARC's clinician will receive EMDR training, including supervision and consultation in order to provide individual sessions.
2. DVIP staff will develop and implement a system to identify clients that are appropriate to receive individual trauma therapy. This includes identification of a trauma assessment tool and development of processes to link qualified participants to the service.
3. Individual EMDR sessions will be provided to qualified DVIP participants.
4. DVIP staff will complete training in Motivational Interviewing and incorporate its components into existing practices.

In year two, EMDR clinician will increase the amount of available session slots for qualified participants. Additionally, Motivational Interviewing techniques will be standard protocol in the program.

Evaluation

SPARC will measure progress and achievement of these goals by the development of the trauma screenings, provision of EMDR services and utilization of Motivational Interviewing Techniques. The trauma screenings and records of EMDR sessions will be incorporated into our current electronic database system. The client records, including screening tools and EMDR progress notes, will serve as the performance measures for these goals. Clients will self-report distress levels pre/post EMDR sessions. Overall effectiveness will be evaluated by comparing pre and post self reports. The quality and completeness of the data will be ensured by using web-based software to keep track of data to reduce human error. All DVIP staff will receive training in Motivational Interviewing and will receive monthly supervision to ensure competency in utilizing the techniques.

Project Partners

SPARC partners with Helpmate who provides victim outreach and support to the identified victims of program participants. Both agencies provide opportunities for trainings and observations for the other agency's staff to ensure staff have a comprehensive understanding of Intimate Partner Violence, its effects, and the potential for recovery. SPARC has several community partners such as Buncombe County Department of Health and Human Services, North Carolina Department of Public Safety and Buncombe County Courts who provide referrals for the program. Good communication between SPARC staff and these referring agencies allows for greater accountability with participants. SPARC is engaged in the state's Domestic Violence Offender Management Committee (DVOM) who is working to identify more trauma responsive approaches to working with domestic violence offenders. SPARC is a participating member of the Domestic Violence Fatality Review Team whose goals are to identify systems issues that fail victims and produce recommendations to create better safety.

Organization Qualifications

SPARC was founded on the belief that communities are healthier when its citizens are empowered with knowledge & resources to live in their home communities. The antidote to institutional care (prisons, residential placements for children) is trauma-informed support services that allow individuals to create the behavior change necessary to become stronger community members. SPARC is a licensed provider of Family Centered Treatment, an evidence-based model serving children and families. Rigorous trainings and data collection are required to maintain licensure. The family systems theories utilized in this program inform our approaches across all services at SPARC.

SPARC has been engaged in initiatives addressing gun violence since 2014 when SPARC began coordination of Focused Deterrence. This year, SPARC partnered with other local non-profits to address the increasing gun violence in Asheville.

SPARC manages funds from the Governor's Crime Commission in our Domestic Violence Intervention Program. Beginning in October 2021, SPARC began managing Substance Abuse and Mental Health Services Administration (SAMHSA) funds focused on serving families where parental substance misuse has led to family disruption. The program treats the substance abuse of the parent(s) while addressing family dysfunction to safely return children home from the foster care system.

SPARC culture is driven by a set of values that describes how we function. Direct Communication is a key value that allows us to learn from our colleagues the ways in which we perform well and where to adjust. No one is perfect and that it takes courage and support to change. We expect this as much from ourselves as we do from our clients. SPARC culture is strengths-based, non-judgmental and full of hope.

Over the past five years, the Board of Directors has grown to eleven members. The Board has completed Board Best Practices training, the CCAT survey (Core Capacity Assessment Tool) to understand organizational and board functioning and received Organizational Coaching through WNC Pathways. This year SPARC hired a People and Culture Coordinator who not only supports HR functions, but also leads our Diversity, Equity & Inclusion (DEI) Committee to ensure all staff and people served receive an equitable experience.