

IDAHO EQUAL ACCESS COLLABORATIVE STRATEGIC PLAN

This project is supported by Grant No. 2006-FW-AX-K011 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

TABLE OF CONTENTS

Section I. Overview of the Idaho Equal Access Collaborative	3
A. Who We Are	3
B. Capacity and Resources	3
C. Our Planning Process	5
Section II. Idaho Equal Access Collaborative Strengths and Needs Assessment	6
A. Strengths and Needs Assessment Plan Measures.....	7
B. Strengths and Needs Assessment Plan Process	8
1. Women with Disabilities.....	8
2. Disability Service Providers	9
3. Domestic Violence/Sexual Assault	9
C. Strengths and Needs Assessment Findings.....	9
D. Implications from Aggregate Findings	10
E. Strengths and Needs Assessment Conclusion	13
Section III. Idaho Equal Access Collaborative Strategic Plan	13
A. Introduction.....	13
B. Overview of Initiatives and Goals	14
C. Initiatives	15
Section IV. Conclusion	31
Appendix A. Service Chart	33
Appendix B. Acronym List	40
Appendix C. Sample Post Site-Visit Letter	41

SECTION I OVERVIEW OF THE IDAHO EQUAL ACCESS COLLABORATIVE

A. Who We Are

In September 2006, the Department of Justice, Office on Violence Against Women (“OVW”) funded a three year Educational and Technical Assistance Grant to End Violence Against Women with Disabilities to strengthen service delivery systems available to women with disabilities who have experienced domestic or sexual violence so they receive safe and programmatically, physically, and attitudinally accessible services. Congress, OVW, and disability and victim advocates recognized the need to focus on domestic violence, dating violence, stalking, and sexual assault against individuals with disabilities due to the proliferation of such violence and the gaps in service provision for this population. The goal of this program is to build the capacity of organizations to address violence against individuals with disabilities through the creation of collaborative multi-disciplinary teams.¹

The Idaho State Independent Living Council (“SILC”) —Idaho’s only gubernatorial advocacy organization run by and for people with disabilities, was awarded funding under this grant and serves as the project’s lead organization. Because collaboration is essential to the success of this project’s mission and activities two organizations partnered with SILC:

- The Idaho Coalition Against Sexual and Domestic Violence (“ICASDV”)—the state’s dual nonprofit coalition of domestic violence and sexual assault service providers and allied professionals; and
- Boise State University (“BSU”)—the state’s largest university, nationally recognized for its work in public policy, research, and service.

The three organizations named the project the “Idaho Equal Access Collaborative” (“IEAC”).

The mission of the IEAC is to promote attitudinal and systemic change to achieve equal access to services for all women with disabilities who are seeking safety and protection from sexual assault and/or domestic violence through the collaborative efforts of domestic violence, sexual assault, and disability organizations. This mission has guided the work of the IEAC throughout the grant process. It is the vision of the IEAC that any victim, regardless of ability, has equal access to the comprehensive services the individual chooses, no matter where the individual accesses the integrated network of services.

B. Capacity and Resources

The IEAC has undertaken a statewide initiative with implementation in three geographically diverse locations around the state. A project with impact this broad has been possible because each of the grant partners represents a key organization or

¹ . Excerpted from the Office on Violence Against Women website located at <http://www.usdoj.gov/ovw/index.html>.

institution with statewide influence, extensive experience, and expansive resources. The IEAC partners value and respect the unique contributions of each others' roles, individuals, and agencies. Roles within the IEAC vary depending on each organization's strengths and roles within the grant with respect to funding and reporting. The IEAC has sought to share all other roles and responsibilities in a way that collaborative partners agree make the best use of time, resources, and capabilities.

State Independent Living Council – SILC is a federal and state legislatively mandated organization that advocates for equal opportunity, equal access, self-determination, independence, and choice for people with disabilities. As an expert on what does and does not provide equal opportunity and accessibility, the SILC is uniquely qualified to provide advice to collaboration partners and pilot site organizations on how to provide equal access and reduce service barriers. The SILC currently provides technical assistance to centers for independent living (“CILs”) about independent living services across the state, and so is already prepared to provide this service to pilot site communities.

The SILC is a statewide organization that understands and regularly participates in collaborations with other Idaho-based and national organizations on legislation and the provision of independent living services. In fact, the SILC's numerous legislative successes have been replicated in other states facilitating changes in existing systems nationwide. This experience has provided the SILC with skills in networking and collaboration building. Some of the organizations that the SILC networks and collaborates with, such as the Idaho Americans with Disabilities Act (“ADA”) Task Force, which performed the accessibility audit for the ICASDV, are even housed in the same building as SILC, which creates a close working relationship. Close ties to other disability organizations such as the Idaho Developmental Disabilities Council, Co-Ad Inc., and the Idaho Division of Vocational Rehabilitation have increased the SILC's capacity. In addition, the SILC has substantial capacity in part due to the executive director, who is the president of the National Council on Independent Living (“NCIL”) and has access to experts, tools, and resources from across the nation. Finally, the SILC oversees and manages the AmeriCorp Grant Program and the Center for Medicare and Medicaid Services (CMS) Grant, which provide additional experts and networking capacity.

Idaho Coalition Against Sexual and Domestic Violence (ICASDV) – The ICASDV is a nonprofit, dual coalition, which possesses the necessary capacity and resources to undertake implementation of this grant project. The ICASDV is experienced in providing education, technical support, and advocacy on behalf of victims of domestic violence, dating violence, stalking, and sexual assault. As an expert on advocacy for victims of intimate partner violence and sexual assault, the ICASDV is uniquely qualified to provide advice to pilot site organization on how to increase safety and reduce service barriers. The ICASDV has a legal department staffed by three attorneys experienced in the legal aspects of domestic violence and sexual assault, state-level policy work and training, and a training department staffed by three full-time trainers and one part-time trainer, experienced in providing education. The ICASDV has a statewide membership

network of 58 victim service providers, shelter programs, counseling providers, law enforcement departments, victim witness units, and prosecutors, which provide the ICASDV with a broad source of experts, tools, and resources. The ICASDV provides members and the statewide community with training and technical assistance; current research information on domestic violence and sexual assault; educational materials; and materials for Sexual Assault Awareness Month, Stalking Awareness Month, Teen Dating Violence Awareness and Prevention Week, National Crime Victims Rights Week, and Domestic Violence Awareness Month and so is already prepared to provide these services to pilot site organizations. The ICASDV oversees multiple statewide projects and has extensive experience in partnering with local communities and facilitating change in existing systems on a local and state level. This experience has provided the ICASDV with skills in networking and collaboration building.

Boise State University (BSU) – The BSU Gender Studies Program seeks to address many of the current social, economic, professional, media, individual, and public policy issues revolving around discussions of gender and sexuality. BSU possesses substantial capacity and resources for successfully undertaking implementation of this grant project. BSU is already experienced in educating the public about domestic violence and sexual assault issues and so is already prepared to provide this service to pilot site organizations. BSU serves as the lead project strengths and needs assessment facilitator throughout the strengths and needs assessment stage of the grant project due to its substantial experience in conducting evaluations, interviews, and focus groups, and compiling data from those groups into beneficial reports. In addition, BSU has access to research, tools, and information from universities across the globe, and regularly provides technical assistance to the community on issues pertaining to gender and equal access and so has the capacity, resources, and experience needed for this grant project. Adding to its capacity, BSU is also a member center of the National Council for Research on Women (“NCRW”); a United Nations non-governmental organization comprised of more than 100 leading U.S. research, advocacy, and policy centers (including Harvard University, Stanford University, Columbia University and the National Women’s Law Center) with a growing global reach.

As a combination of three capable and experienced organizations, the IEAC is in a unique position of being able to evaluate and assist domestic violence and sexual assault providers and disability service providers in assessing community strengths and needs, working towards compliance with federal anti-discriminatory statutes, including the ADA, and ultimately developing accessible programs and policies to afford all women the safety and security of those programs.

C. Our Planning Process

During the first twelve months of the planning phase, the IEAC worked collaboratively to develop the scope and goals of the project, which were embodied in the IEAC collaboration charter. Formation of the collaboration charter enabled the IEAC partners to learn more about accessibility, disability, domestic violence, and sexual assault and to understand and incorporate each other’s philosophies and resources into their own

work. Each IEAC partner incorporated this new information into other projects within their organizations, spreading the grant's impact throughout their organization and across a broader segment of the community. Development of the collaboration charter also assisted each IEAC partner to reflect upon and make desired attitudinal and systemic changes in their own organizations. The IEAC has continued to nurture these changes and the collaborative working relationship that has developed between the IEAC partners.

During the next phase in the planning process, the IEAC commenced selection of its Idaho pilot site partners to work closely with the IEAC to enhance services available to women with disabilities who have experienced domestic or sexual violence. Utilizing developed selection criteria, the IEAC chose pilot site partners in Coeur d'Alene, Rexburg/Idaho Falls, and Nampa/Caldwell, Idaho, identifying one independent living center and one domestic violence and/or sexual assault service provider in each community or region to partner on the grant.

Following pilot site partner selection, the IEAC identified an opportunity to improve the effectiveness of a truly collaborative and balanced project that focused equally on enhancing the safety and accessibility of domestic violence providers and disability service providers. To improve the IEAC's effectiveness, the IEAC restructured the organizational configuration to create project Co-Directors; one from the SILC and one from the ICASDV. Additionally, BSU's role on the grant was redefined and a more detailed decision-making and conflict resolution plan was created. The IEAC modified the collaboration charter to reflect these changes.

The IEAC commenced drafting the Strengths and Needs Assessment Plan ("SNAP"), which is described fully in Section II. In general, the SNAP describes the IEAC's plan for conducting interviews and focus groups with disability service providers, domestic violence service providers, and women with disabilities. This provided the IEAC with important information about the pilot site partner resources, strengths, needs, and services to women with disabilities and Deaf women who have experienced violence. The SNAP also included the roles and responsibilities of the IEAC partners and a recruitment plan that promoted and provided for the safety, comfort, respect, accessibility, and confidentiality of all participants. IEAC representatives traveled to each pilot site and established collaborative relationships with each of the partnering domestic violence service providers and disability service providers. The distance between pilot sites provided opportunities for partners to gain additional insight into their respective organizations and allowed opportunity for pilot site partners to observe the IEAC's example of trust and collaboration. The planning phase laid the foundation for the IEAC's strategic planning work.

SECTION II IDAHO EQUAL ACCESS COLLABORATIVE STRENGTHS AND NEEDS ASSESSMENT

The goal of conducting the strengths and needs assessment was to gather information about which initiatives to reduce barriers and improve the safety and accessibility of

service providers in each pilot site partner community could be developed. Specifically, the IEAC expected that the strengths and needs assessment would:

1. Provide important information about violence against women with disabilities in each pilot site partner community's service area; and
2. Provide important information about the services available for survivors with disabilities and the resources of the organizations responsible for providing those services in the pilot site partner communities.

To gather this information the IEAC developed global questions to generally yield this information, and specific questions for each target audience to answer the global questions. The IEAC then held separate focus groups for women with disabilities, and the staff at partnering domestic violence and sexual assault service providers and disability service providers in each pilot site community. Additionally, the IEAC conducted individual interviews with executive directors from partnering domestic violence and sexual assault service providers and disability service providers.

The information was aggregated into a set of findings for each pilot site partner community and was used to create a snapshot of each community. The findings from all three pilot sites were also used to create a snapshot of the three pilot site communities as a whole. These snapshots were compared with the IEAC's vision statement to identify unmet safety, responsiveness, and accessibility needs in each community. The unmet needs in each community were identified as the source for potential initiatives in each pilot site individually and collectively across all three pilot sites. These initiatives were evaluated and prioritized to determine which were most achievable, sustainable, and the order in which they should be implemented. For each selected initiative, a short and long term strategic plan was completed that would be replicated in subsequent pilot sites throughout Idaho.

A. Strengths and Needs Assessment Plan Measures

The IEAC conducted the strengths and needs assessment in accordance with the Strengths and Needs Assessment Plan (SNAP). The SNAP outlined the objectives, goals, activities, and measures for the strengths and needs assessment. Central to the SNAP were the focus groups for the pilot site partners' staffs and women with disabilities and the interviews for the pilot site partners' executive directors. As the basis for the specific questions that were used for each pilot site's focus groups and the executive directors' interviews, the SNAP established the following global questions:

1. What resources and services do disability and domestic violence/sexual assault service providers currently have available for women with disabilities who have experienced violence?
2. To what extent do organizational policies, procedures, and protocols at the service organizations hinder or promote meeting the particular needs of women

with disabilities who are victims or survivors of domestic violence or sexual assault?

3. What barriers exist for service providers which hinder them from providing services and which we could plan strategically to minimize or overcome?
4. What barriers and facilitators to utilizing services exist for women with disabilities, which we could plan strategically to minimize or overcome?
5. What relationships currently exist among service providers and how could the IEAC foster new relationships and collaborations in the pilot site areas? What is the history of these relationships?
6. What do women with disabilities in pilot site areas know about the services currently available to them?

Depending on the target audience, the specific questions asked to answer each of the global questions varied. Questions for disability service providers and domestic violence service providers focused on barriers they encountered when providing services. Questions for executive directors focused on barriers to making changes within their organizations. Questions for women with disabilities focused on barriers encountered when seeking services.

B. Strengths and Needs Assessment Plan Process – In accordance with the SNAP, and using the specific questions drafted for the particular target audience, the IEAC conducted focus groups and interviews during August, September, and October of 2008 to gather information at the individual level; from women with disabilities, disability service providers and, domestic violence and sexual assault service providers in all three pilot sites. While reviewing the numbers of participants reached it is contextually helpful to understand that both the domestic violence and sexual assault service providers and disability service providers have very small staffs, and the disability service providers (CILs) who recruited women with disabilities work from satellite offices in sparsely populated rural areas.

1. Women with Disabilities: The SNAP process reached twenty-two women with disabilities through three focus groups. Although it was offered, no individual requested an individual interview. The pilot site partner community's disability service provider assisted the IEAC with recruitment of women with disabilities. To obtain a diverse group of participants with a range of disabilities and experiences the disability service providers provided information about the focus groups and interviews at their front desks near the designated staff member responsible for focus group recruitment. This allowed people to self-select into the group. The only criteria for participation was that the individual live in the community, identified as having a disability, and was willing to express her insights pertaining to her experiences as a person with a disability.

2. Disability Service Providers: The SNAP process included all three disability service provider executive directors. Each executive director was individually interviewed. The SNAP process also reached eight disability service provider staff through three focus groups. No staff person requested an individual interview.

3. Domestic Violence/Sexual Assault Providers: The SNAP process included all three domestic violence and sexual assault service provider executive directors. Each executive director was individually interviewed. The SNAP process also reached eighteen domestic violence and sexual assault service provider staff and board members through three focus groups. No staff person or board member requested an individual interview.

C. Strengths and Needs Assessment Findings

The results of the strengths and needs assessment focus groups and interviews guided the IEAC in developing a strategic plan specific to each pilot site's assessment. Strengths and needs assessment findings in all three pilot sites identified a lack of physical, attitudinal, and programmatic accessibility, lack of knowledge about domestic violence and disability issues, and the need for broader, linked, service networks in each community. Each target audience made recommendations to the IEAC on how to remedy these services gaps. The aggregate findings are summarized as follows:

1. Domestic violence and sexual assault service providers, disability service providers, and individuals with disabilities share common values and an enthusiasm for improving accessibility around which collaboration can begin.
2. Individuals with disabilities have inconsistent knowledge about resources available within their communities and no known or easily usable centralized resource from which to obtain that knowledge.
3. In every pilot site community, there is a need for greater knowledge about, and discussion of, disability, the dynamics and complexity of domestic violence and sexual assault, and the intersections between domestic violence and sexual assault and disability. The need for this education and dialogue exists among individuals with disabilities and disability and domestic violence and sexual assault service providers in the community at large.
4. Accessibility of services includes physical accessibility of service providers' facilities but also entails broader issues of programmatic accessibility, attitudes, atmosphere, and ability to be referred to, and participate in, the variety of available programs and services appropriate to the individual's needs.
5. Policies, procedures, protocols, and dedicated budgetary expenditures specific to addressing the particular needs of women with disabilities who are victims or survivors of domestic violence or sexual assault currently do not exist at service provider organizations. Executive directors and staff at these organizations are, however, interested in assistance in creating and implementing such policies,

procedures, and protocols and have provided information on how their boards determine budget priorities.

6. Lack of transportation options and long geographical distances between service providers limits the ability of individuals with disabilities to utilize services.
7. Both the disability and domestic violence and sexual assault service providers are well networked into a variety of outside services available within their communities. Their respective networks do not always overlap but might be encouraged to do so in the future to better serve women with disabilities who are victims/survivors of domestic violence and/or sexual assault.

The goal of aggregating these findings was to assist in long term strategic planning at each of the pilot site partner communities, and also to aid in the creation of effective models that would be replicable in subsequent pilot sites in Idaho. These findings were viewed as working together to create a snapshot of the pilot site communities as a whole.

D. Implications from Aggregate Findings

The implications of these strengths and needs assessment findings will be used to identify possible initiatives that the IEAC will undertake in the pilot sites. The implications from the strengths and needs assessment findings are as follows:

1. Women with disabilities would like comprehensive services, available at one easily usable central information resource for services, where it is clear how services overlap and interconnect. They specified that they would like:
 - A roster of service providers including agency names, specific person to contact, services offered, hours of operation, phone numbers, and addresses;
 - The roster could be indexed by agency and also by services offered;
 - The roster should include physicians and psychiatrists;
 - The roster should be available in alternative formats and in ways and locations that are accessible to people with disabilities; and
 - It might be made available in a booklet or community bulletin board format or both.
2. Suggestions for how individuals with disabilities would like to receive such information included:
 - Television and radio public service announcements;
 - Local television station “tip lines;”
 - Advertisements in local newspapers;
 - Fliers from local agencies such as welfare offices, food stamps offices, Medicaid, sheriff’s offices, police departments, behavioral health agencies, unemployment offices, and hospital emergency rooms;
 - Victims advocate services;

- Libraries;
 - Idaho's 2-1-1 CareLine;
 - Disabilities service organizations;
 - Doctors' offices;
 - Psychiatrists' offices;
 - Psycho-social rehabilitation ("PSR") workers;
 - Attorneys' offices;
 - Grocery stores;
 - Churches; and
 - Posters in women's restrooms, including in bar restrooms.
3. Individuals with disabilities tended not to want information via the internet—at least not exclusively—since many individuals with disabilities do not have access to a computer on a regular basis. **While this grant does not support activities that would meet this need, the information may be useful to the pilot sites when developing other projects and therefore has been retained in the implications.**
 4. In each pilot site there is a need for education and dialogue among individuals with disabilities, disability service providers, and domestic violence and sexual assault service providers. The IEAC must foster this type of interagency networking, communication, and referral to facilitate the IEAC's vision of women obtaining equal access to the comprehensive services of her choice, no matter where the individual accesses the integrated network of services.
 5. Currently, pilot site partner disability service providers and domestic violence and sexual assault service providers hold inconsistent views as to what constitutes abuse. Occasionally, when referrals have been made to one another, the receiving agency has disagreed that abuse was occurring. Education to bring both service providers to the same understanding of what constitutes abuse is needed to prevent damage to their working relationships.
 6. Currently, domestic violence and sexual assault service providers and disability service providers hold misconceptions about the services each provides. Cross-training to educate each other about what services the other agencies offer is needed to alleviate these misunderstandings and resulting frustration over what service providers think the other should be doing. As well, cross-training on each other's philosophical underpinnings is required to understand why each organization offers the services they do, and the spirit in which those services are offered.
 7. Currently, pilot site partners rely on personal care attendants ("PCAs") to report suspected abuse, despite the fact that PCAs may be the abusers. The pilot sites partners would benefit from education on this topic. Technical assistance in developing alternative avenues and methods of identifying and reporting abuse is also needed.

8. Service providers currently have a narrow view of what constitutes accessibility. Education, technical assistance, and cross-training to provide a broader view of what constitutes accessibility would be helpful to make their programs welcoming to individuals with disabilities. For example, education and technical assistance regarding the ADA intake procedures, interactions between survivors with disabilities and staff, program accessibility, counseling, support groups, education, communal shelter life, and survivor education are recommended. Also, reviewing all website content, documents, and materials to make sure they are integrating disability and creating a welcoming environment for survivors with disabilities would be helpful.
9. Service providers may benefit from education about individuals with disabilities and domestic violence and/or sexual assault victims to increase appropriateness, understanding, and comfort when working with these populations.
10. Collaboration among community service providers is integral to meeting the many unique service needs of survivors with disabilities. Service providers should receive technical assistance to facilitate this collaboration and create avenues for making referrals or combining advocacy.
11. Service providers should be provided with technical assistance in creating and implementing formal and accessible policies, procedures, and protocols within their agencies, including formalized, but flexible, procedures for reporting suspected abuse of individuals with disabilities.
12. Currently, the boards of directors for disability and domestic violence service providers do not perceive enhancing service for survivors with disabilities as a top priority. Other needs are perceived as more pressing. They cite to the low number of individuals contacting their programs for assistance. Unfortunately, survivors with disabilities report that they do not contact these service providers because the programs do not appear to be welcoming or accessible. Boards of directors should be educated about this dynamic and encouraged to proactively allocate funding to enhance their program's services such that they are more welcoming and accessible to survivors with disabilities.
13. Service providers should be provided with technical assistance to develop a network of coordinated and collaborative working relationships and resulting referral systems that is simple and works equally well for everyone.
14. Service providers should receive cross-training about each others' philosophies and services so they find common ground from which to enhance their working relationships.

15. Service providers should ensure that development and implementation of outreach materials and public awareness campaigns send a message of a welcoming environment.
16. It is critical that service providers increase their confidence in each other to ensure that they can work together and make referrals to one another.

E. Strengths and Needs Assessment Conclusion

The aggregated findings indicated that each of the three pilot site partner communities lack the critical understanding of each other's organizations necessary to build trust and truly collaborative relationships. Therefore, each pilot site partner would need to begin building collaborations and creating systemic change from a foundational level. The implications derived from the aggregated findings of all three target audiences in the three pilot site communities, point to three general initiatives. These three initiatives provide the framework for the strategic planning process and form the foundation that will enable the IEAC and each pilot site to undertake more specific long-term initiatives after the end of the grant period. The three selected initiatives are:

1. Foster collaborations among pilot site organizations;
2. Improve safety and access of pilot site organizations; and
3. Build the internal capacity of IEAC organizations to provide long-term technical assistance concerning the intersection of violence against women and disability.

SECTION III. IDAHO EQUAL ACCESS COLLABORATIVE STRATEGIC PLAN

A. Introduction

During the planning phase, the IEAC had reviewed the findings of the strengths and needs assessment and developed the Strengths and Needs Assessment Report ("SNAR"), and from the findings, inferred several implications for possible grant project initiatives that could be implemented in each of the three pilot sites. Very generally, initiatives describe broad changes or courses of action that the IEAC have identified a need for in that pilot site community. Each initiative will be accomplished by taking several smaller steps that lead to the desired change.

Upon completion of the planning phase, the IEAC's next step was to select project initiatives for implementation in each pilot site and then develop a Strategic Plan that would successfully guide the IEAC through completion of each selected project initiative. To ensure that selected project initiatives and the Strategic Plan for implementation of the project initiatives were realistic and solidly based on the findings of the strengths and needs assessment and the resources and capacity of the IEAC partners, the IEAC held a planning retreat with technical assistance provider, Sandra Harrell, from the Vera Institute of Justice on February 19-20, 2009. With the Vera Institute's guidance, the IEAC developed guiding principles that would assist with

selecting those initiatives best suited to this project. The guiding principles directed that selected initiatives must:

1. Reflect the findings of the SNAR;
2. Allow for flexibility within each initiative to respond to the needs of each site;
3. Result in, or lead to, sustainable change in each pilot site;
4. Be replicable in other Idaho communities;
5. Be achievable short term initiatives – must be able to be completed by September 30, 2009;
6. Include measurable outcomes;
7. Promote the overall vision and mission contained in the IEAC's collaboration charter;
8. Result in the highest level of accessibility and responsiveness within each organization;
9. Prioritize the expressed needs of survivors with disabilities;
10. Build on existing strengths of the collaborations;
11. Balance the needs of the domestic violence and sexual assault service providers and disability organizations; and
12. Promote positive collaborative relationships, which respect each organization's philosophies, challenges, strengths, missions, and capabilities.

Combined, these guiding principles created an overarching theme of sustainable change for the planning activities. The IEAC wanted all of the initiatives and related activities to respond to identified needs, complement one another, and achieve systems change over a long period of time. Much attention was given to consideration of each community's current position in the collaborative process and readiness to undertake initiatives. The final, selected initiatives will achieve change and build a foundation to sustain continued changes and improvements into the future.

B. Overview of Initiatives and Goals

Adhering to the guiding principles, the IEAC selected three primary project initiatives that will be implemented at each of the three pilot sites:

1. Foster collaborations among pilot site organizations;

2. Improve access and safety; and
3. Build the IEAC's internal capacity to provide long-term technical assistance on the intersection of violence against women and disability.

The decision to implement the same three initiatives at each pilot site was made based upon the findings of the strengths and needs assessment, which indicated that each pilot site was starting from the same beginning point in the development of their collaborations and needed the same foundational work to be successful. Each of the three selected initiatives address key issues identified through the strengths and needs assessment process and will result in significant accomplishments. Individually, they each provide a cornerstone for organizational change. In combination, they provide a solid foundation upon which systemic change can be built in the pilot sites.

To facilitate implementation, each of the three primary initiatives was further broken down into achievable steps, which took the form of short-term goals that will be accomplished by September 30, 2009. In addition, several long-term goals were developed that will sustain the project up to five years. Some of these goals will be achieved concurrently while others are sequenced to build on one another over the months remaining in the cooperative agreement and beyond. The IEAC then developed a Strategic Plan to guide implementation of those three initiatives and their related short and long-term goals in each of the pilot site communities.

C. Initiatives

Initiatives are actions, generally described, that the IEAC will undertake to achieve the objectives of the grant. Each initiative is subdivided into obtainable steps, which are described in terms of particular short- and long-term goals and measurable outcomes. The three initiatives selected will lead to the broad changes that the IEAC found were needed to create the desired attitudinal and systemic change that will achieve equal access to services for all women with disabilities who are seeking safety and protection from sexual assault and/or domestic violence through the collaborative efforts of domestic violence and sexual assault service providers and disability organizations.

INITIATIVE 1: Foster Collaborations among Pilot Site Organizations

The IEAC chose this initiative as foundational to all of the work the IEAC has done and will do on this grant project, both in the short-term and the long-term. In spite of efforts to find pilot site partners with previous collaborative relationships, the IEAC discovered that truly collaborative work as envisioned by this grant project has not been undertaken between pilot site partners, even those who had worked together in the past. Regardless, each of the pilot site partners expressed eagerness and a commitment to develop collaborative relationships. Trust building and collaboration between pilot sites are critical first steps to providing women with disabilities who have experienced violence the opportunity to obtain comprehensive services that are both safe and accessible. Once trust is developed between the organizations, a collaborative

partnership can be fostered enabling them to focus on eliminating the barriers currently preventing women with disabilities from obtaining appropriate services.

The IEAC will direct substantial effort into each pilot site to build collaborations between pilot site partnering organizations. This will affect each pilot site partner's daily activities and embed this foundational change into the service delivery system that is the key to project sustainability beyond the grant period. The IEAC has set several short-term goals leading to measurable outcomes demonstrating accomplishment of this initiative. The short-term goals are as follows:

Goal A. Introductory Collaboration Meetings with each pilot site (face-to-face/1 day)

The IEAC will sponsor a one-day, face-to-face meeting with the Executive Director and staff at each pilot site. An executive summary of the SNAR has been drafted. Two weeks in advance of the one-day meeting, the IEAC Co-Directors will provide each pilot site partner's Executive Director with the finalized executive summary as it pertains to their individual region.

During the one-day meeting, the IEAC Co-Directors will explain the purpose of the planning phase, the purpose of the implementation phase, and articulate expectations and benefits of participation in the implementation phase based upon the strategic plan. The IEAC Co-Directors will also discuss the individual pilot site executive summary of the SNAR. The goal of this meeting is to ensure that each of the organizations at each pilot site have a thorough understanding of the grant program and the initiatives that they will undertake. During the meeting and afterward, the IEAC Co-Directors will be available to respond to questions and concerns pilot site partners may have about the implementation phase as well as issues and concerns that may come up in the future.

Measurable Outcomes

1. Create explanation of planning phase and executive summary of SNAR.

Measurable Outcome 1, Goal A, Initiative 1 will be completed in the first month of implementation.

Utilizing the work plan developed under measurable Outcome 5, Goal A, Initiative 1 (set forth below), the IEAC Co-Directors will provide a comprehensive, yet pilot site specific, explanation of the planning phase and results of the executive summary of the SNAR. The Co-Directors will be able to confidently state the steps that IEAC organizations are taking to ensure the success of the implementation phase as well as preparing for the long-term administration of the project.

2. Articulate expectations and benefits based on Strategic Plan

Measurable Outcome 2, Goal A, Initiative 1 will be completed in the first month of implementation.

During the face to face meetings between the IEAC Co-Directors and decision makers at each pilot site, the Co-Directors will carefully articulate the need for pilot sites to assign key staff and decision makers to participate in the implementation phase to work and complete the initiatives. It will be clearly stated that the success of the project is completely dependent upon their willingness to follow through with decision-makers actively participating in the project. The benefits of the program will be hailed as the beginning of a long and beneficial relationship between the pilot site organizations and their various resources, the IEAC partners, and the ability to successfully provide safe and accessible services to all women affected by violence without regard to ability. Additionally, the IEAC will cover the expenses for the meetings, staff time, and travel expenses related to training conferences through the end of the grant period.

3. Develop recommitment agreement

Measurable Outcome 3, Goal A, Initiative 1 will be completed in the first month of implementation.

Prior to scheduling the meetings, the IEAC Co-Directors will develop supplemental agreements to the original Memorandums of Understanding between the IEAC and each individual pilot site organization. The supplemental agreement will describe each pilot site organization's recommitment to the project and their agreement to complete all initiatives with corresponding goals and measurable outcomes.

Recommitment agreements will be signed and an accord reached that key staff and decision makers from each pilot site partner's organization will participate in the implementation process. In addition to committing to completing the stated initiatives, goals, and measurable outcomes, the organization agrees to send key staff and decision makers to collaboration meetings, and establish formal communications between pilot site organizations and IEAC partners.

The agreement will also clearly state the incentives for continuing with the project such as covering staff time and travel costs to attend staff meetings of the pilot site partners; covering staff time and travel costs to attend training conferences in Boise; uniform policies and protocols for safety and accessibility drafted by the IEAC partners; and, access and safety review tools drafted by the IEAC. Each of these incentives will save staff time, energy, resources, and money.

4. Schedule collaboration meetings with pilot site partner organizations

Measurable Outcome 4, Goal A, Initiative 1 will be completed in the first month of implementation.

Once the work plans and recommitment agreements have been drafted and approved by the IEAC partners, the IEAC Co-Directors will schedule individual meetings with the pilot site partner organizations. The recommitment agreements

and initiatives will be carefully reviewed and signed. Calendars will be reviewed to obtain potential dates for collaboration meetings between partner pilot sites.

5. Attend meetings with each local collaboration and confirm recommitment

Measurable Outcome 5, Goal A, Initiative 1 will be completed in the second month of implementation.

After the IEAC Co-Directors have met with the individual organizations, they will assist in the scheduling of collaboration meetings between the pilot site partners. IEAC Co-Directors will personally attend the first two collaboration meetings between pilot site partners, and then participate by teleconference in future meetings through the end of the grant period.

Goal B. Sponsor meetings at local level to encourage knowledge and resource sharing

During the one-day meeting, the IEAC Co-Directors will ask the pilot site organizations to commit members of their leadership to bi-weekly meetings. The IEAC will develop agendas for the planned bi-weekly meetings following the introductory meeting, and provide information packets containing brief and informative summaries of the project planning and implementation phases of the project and the executive summaries of the results of the SNAR (specific to each pilot site). IEAC partners are already experienced in providing technical assistance and can provide this service to pilot site partners on familiar topics such as networking, collaboration building, safety, and accessibility.

The IEAC Co-Directors will facilitate the first two meetings in each region and will assist in setting agenda items for future collaboration meetings between the pilot site partners. IEAC Co-Directors will participate in future meetings by teleconference until the end of the grant period. The purpose of hosting the collaboration meetings for the newly forming pilot site partner collaborations is to encourage knowledge and resource sharing between key staff and decision makers in each pilot site partner's organization and to encourage development and understanding of the others' organization (services, mission, vision, and complexity of client needs), all of which will promote the development of trust. While trust cannot be measured, we feel our success in fostering trust will be reflected in the next step of our strategic plan (which is assisting the pilot sites in assessing their own programs for access and safety). If we have been successful in fostering collaboration, we believe the pilot site communities will be able to open themselves up to scrutiny from their partners.

Measurable Outcomes

1. Develop agenda for bi-weekly collaboration meetings for each site with suggested topics

Measurable Outcome 1, Goal B, Initiative 1 will be completed in the second month of implementation.

The IEAC Co-Directors will develop the agendas for the first two collaboration meetings with each pilot site partner. Agenda items will include the establishment of formal communications between all decision makers and partner organizations, cross-training to improve knowledge and resource sharing, and the development of a greater understanding of each organization.

2. Attend the first two pilot site collaboration meetings in person to set the tone

Measurable Outcome 2, Goal B, Initiative 1 will be completed in the second and third months of implementation.

The IEAC Co-Directors will secure safe and accessible meeting locations and host the first two meetings in each pilot site partner region. IEAC Co-Directors will facilitate the collaborations' first two meetings, answer questions about "systems change" and the grant program, and ensure that the work of each community remains within the parameters of our strategic plan. IEAC Co-Directors will provide the pilot sites with guidance via email and telephone in developing their future agendas.

3. Conference in to future meetings

Measurable Outcome 3, Goal B, Initiative 1 will be completed in the third, fourth and fifth months of implementation.

Following the first two meetings, the IEAC Co-Directors will continue to provide guidance and technical assistance to pilot site partner collaborations. IEAC Co-Directors will teleconference into all future bi-weekly meetings to offer guidance, provide trouble-shooting, and check on the progress of the collaboration-building activities. As the technical assistance providers, we will be able to identify trends within the pilot sites which will assist us in developing our safety and access assessments (to be discussed in full in Initiative 2). Additionally, remaining engaged will allow us to provide cross-site insights to each community.

4. Provide follow-up technical assistance based on emerging needs

Measurable Outcome 4, Goal B, Initiative 1 will be completed in the third, fourth, and fifth months of implementation.

As the newly formed pilot site partner collaborations grow in trust and self-direction, the IEAC will move to a less directive role within each pilot site partner region by providing guidance and technical assistance by phone during teleconferenced meetings, and to be generally available as the need arises for each pilot site. Providing the technical assistance on an as-needed basis will also allow the IEAC partners to learn from unexpected situations and modify policies, protocols, and assessment tools accordingly. We will track our level of engagement with each site by setting a minimum goal of one contact per week with each pilot site and by

recording the number of contacts per month to verify that we have reached or exceeded our goal.

Goal C. Create framework for local level cross-trainings between their organizations

IEAC partners will work closely with the pilot site partner collaborations to create a sustainable framework for local level cross-trainings between the pilot site organizations. The framework will include fostering a desire for cross-training, establishment of cross-training objectives, identification of delivery systems, and integration of the cross-training process within organizations for long-term sustainability. Cross-training will foster trust, encourage knowledge and resource sharing, and develop a long-term working collaboration to ensure seamless services by both organizations that is able to withstand employee turnover and poor economic conditions.

Together, the IEAC partners and the pilot site partners within each region will utilize the needs, challenges, and resources identified in the SNAR to outline the beginnings of a cross-training framework to educate their partner pilot site. Each pilot site partner will include in their cross-trainings, information regarding the uniqueness of their clientele's needs; organizational mission, vision, and philosophy; and, any programmatic or budgetary limitations that might create barriers to the success of this project. With this information, a sustainable framework for cross training will be developed and will include avenues for resolution of the potential barriers.

Measurable Outcomes

1. Assist pilot site Executive Directors and staff to establish cross-training objectives, delivery systems, and initial schedule of cross-trainings through the end of the grant period

Measurable Outcome 1, Goal C, Initiative 1 will be completed the third month of implementation.

Assisting the Executive Directors and staff to establish their cross-training objectives and delivery systems will provide the basic framework for continuing cross-training beyond the end of the grant period.

2. Work with pilot site Executive Directors to sustainably establish cross-training within organizational structure

Measurable Outcome 2, Goal C, Initiative 1 will be completed the third month of implementation.

The process of developing sustainable framework for cross-training will inevitably create an opportunity for each key staff person and decision maker to understand the complexities of abuse, disability, access, safety, and responsiveness of the pilot site partners.

Goal D. Host/Sponsor summit with pilot site partners, IEAC organizations, and key stakeholders

The IEAC will host a summit for pilot site partners, IEAC partners, and other key stakeholders in Boise to provide comprehensive training on specific critical topics such as the ADA, reporting requirements, assistive technology and inexpensive modifications to enhance accessibility, and universal design.

Measurable Outcomes

1. Plan agenda, identify and secure presenters, identify and secure location

Measurable Outcome 1, Goal D, Initiative 1 will be completed within the first month of implementation.

The IEAC will identify desired presenters, vet them through OVW, and prioritize the presentations needed for summit training based on the results of the SNAR within the first month of implementation. The SILC administrative assistant will be responsible for contacting and scheduling the presentations during the first month of the implementation phase. The IEAC Co-Directors will continue to plan the agenda based on the trends identified in our participation in bi-weekly collaboration meetings. The IEAC partners will approve the presenters during the first month of implementation. The IEAC partners will approve the agenda during the second month of implementation. The SILC administrative assistant will be responsible for identifying and securing a safe and accessible meeting location, requested accommodations, transportation, and travel accommodations by the end of the first month of the implementation phase. This will not be difficult, since the SILC regularly holds large meetings in accessible locations and arranges transportation and sleeping accommodations for attendees.

2. Ensure pilot site partners have the date of the summit on their calendars

Measurable Outcome 2, Goal D, Initiative 1 will be completed within the first month of implementation.

During our first meeting with our pilot sites, the IEAC Co-Directors will notify them of this upcoming summit. While dates will not be determined at this time, we will include their commitment to send key staff and decision makers in the recommitment letter. Additionally, we will remind them of the summit meeting during our regular meetings with each site and through e-mail communications. Once the IEAC partners have identified the goals and presentations for the summit meeting, the IEAC Co-Directors will contact all pilot site organizations to provide them with the dates, an agenda, and registration information. We will also explain at this time how we will reimburse them for their travel expenses for the summit training and other important logistics.

3. Develop and send out registration materials and save the date for the summit

Measurable Outcome 3, Goal D, Initiative 1 will be completed within the first month of implementation.

Once the date of the summit has been determined and a working agenda has been approved by the IEAC partners, the SILC administrative assistant will be responsible for developing a save-the-date notice and registration form. The save-the-date notice will be sent to pilot sites partners as soon as the date has been identified and the notice has been approved by the IEAC. The registration materials will be sent to each key member of each pilot site to be shared with their staff members. The registration deadline will be dependent upon the date of the summit.

4. Develop materials for the summit, secure accommodations, and secure alternative formats

Measurable Outcome 4, Goal D, Initiative 1 will be completed in months one, two, and three of implementation.

With finalization of the agenda, the SILC administrative assistant will work with the presenters confirmed for the summit training to obtain or develop materials, secure alternative formats, and secure accommodations. The SILC administrative assistant is already familiar with several facilities in Boise that are safe and accessible. The SILC administrative assistant has resources available to obtain alternative formats and interpreting assistance as necessary.

5. Facilitate meeting

Measurable Outcome 5, Goal D, Initiative 1 will be completed in the third month of implementation.

The IEAC has reserved funding through the end of the grant period to facilitate the summit training including presentation fees, travel fees (per diem, transportation, and housing), staff time, alternative format fees, and facility fees. All IEAC partners are experienced in hosting and facilitating trainings, conferences, and meetings.

Initiative 1: Long Term Goal

The measurable outcomes above will form the foundation for a long-term, sustainable integration of pre-existing networks among community service providers into the regional pilot site collaborations. By fostering collaboration between pilot site organizations, building the capacity of the pilot sites through technical assistance and knowledge sharing, and encouraging cross-site learning, we intend to lay the foundation for a more formalized referral protocol and resource-sharing among pilot site partners. An ultimate long-term goal is the sharing of board members between pilot partners.

INITIATIVE 2: Improve Access and Safety of Pilot Organizations

Frustration with barriers to services and concerns about safety formed the core of the comments the IEAC heard in focus groups with women with disabilities. This initiative sets out short-term goals that facilitate each pilot site partner in learning to conduct self-assessments of their policies, practices, and physical spaces to determine the areas in need of change to improve access and safety. This initiative also establishes a long-term goal that the pilot site will conduct self-assessments and make changes based on the self-assessments.

The IEAC goal is that disability service providers and domestic violence and sexual assault providers improve their accessibility and safety in relation to all aspects of the services they provide. To provide a foundation for these changes, the IEAC will provide assessment tools targeted at the areas of greatest need for each pilot site partner. Disability service providers shall be provided with an assessment tool that evaluates safety and responsiveness, while domestic violence and sexual assault service providers shall be provided with an assessment tool that evaluates programmatic, attitudinal, and physical accessibility.

Goal A. Develop tools to assess physical and programmatic access

Per Initiative 2, Goal B, Measurable Outcome 3, the IEAC has committed to training staff and boards on access and safety tools in month five of implementation. It is therefore critical for research and development to begin as quickly as possible to allow time for perusal of the extensive resources available to develop an appropriate, pilot site or region specific tool.

The IEAC partners will develop a pilot site-specific access tool that domestic violence and sexual assault providers can use to evaluate their accessibility and identify any programmatic, attitudinal, and physical barriers to their services. The IEAC partners will utilize the many resources available such as 2006 OVW grantee assessment tools, the Americans with Disabilities Act Task Force, Comprehensive Advocacy, Inc., the National Council on Independent Living, and the Independent Living Research Utilization.

Measurable Outcomes

1. Research existing accessibility assessment tools

Measurable Outcome 1, Goal A, Initiative 2 will be completed in the first month of implementation.

The IEAC partners will research criteria for evaluating the accessibility of domestic violence and sexual assault service providers and identifying physical, programmatic, and attitudinal barriers. The IEAC partners will utilize the many

resources available such as 2006 OVW grantee assessment tools, the Americans with Disabilities Act Task Force, Comprehensive Advocacy, Inc., the National Council on Independent Living, and the Independent Living Research Utilization.

2. Adapt existing tools to pilot sites' needs

Measurable Outcome 2, Goal A, Initiative 2 will be completed in months two and three of implementation.

The Project Co-Directors will evaluate the information researched and compare it against the §NAR to ensure inclusion of all areas of concern. A draft tool will be reviewed and finalized by the IEAC partners.

Goal B. Develop tools to assess safety and responsiveness

Under Initiative 2, Goal A, Measurable Outcome 3, the IEAC has committed to training staff and boards on access tools in month five of implementation. It is therefore critical for research and development to begin as quickly as possible to allow time for perusal of the extensive resources available to develop an appropriate, pilot site or region specific tool.

Using the many resources available to them, the IEAC partners will develop a pilot site-specific access tool to evaluate the safety and responsiveness of disability service providers and identify any programmatic or attitudinal barriers to their services.

Measurable Outcomes

1. Research existing safety assessment tools

Measurable Outcome 1, Goal B, Initiative 2 will be completed in the first month of implementation.

The IEAC partners will research criteria for evaluating the safety and responsiveness of disability service providers. The IEAC partners will utilize the many resources available such as 2006 OVW grantee assessment tools, the National Network to End Domestic Violence, VAWNET, and the National Center on Domestic Violence, Trauma, and Mental Health.

2. Adapt assessment tools per needs of the pilot sites

Measurable Outcome 2, Goal B, Initiative 2 will be completed in months two and three of implementation.

The Project Co-Directors will evaluate the information researched and compare it against the SNAR to ensure inclusion of all areas of concern. A draft instrument will be reviewed and finalized by the IEAC partners.

3. Develop a training, using Power Point and printed materials, that explains how to administer and utilize the results of the assessment tool. The training shall be submitted to OVW for approval.

Measurable Outcome 2, Goal B, Initiative 2 will be completed in months two and three of implementation.

4. Train pilot sites on the use of the assessment tools.

Measurable Outcome 4, Goal B, Initiative 2 will be completed in month five of implementation.

The IEAC Co-Directors will conduct trainings on the use of the assessment tools at each pilot site in month five of implementation. The steps they will use to train the pilot sites on the use of the assessment tools are as follows:

- Schedule site visit with pilot site partner's Executive Director.
 - Call pilot site partner's Executive Director at least three weeks prior to visit. Explain purpose of visit, need for all staff to be present at training, and accessible training location needs. Also explain how the IEAC will reimburse them for any costs associated with holding the training and other important logistics.
 - One week prior to visit, send email to confirm site visit and confirm number of staff who will attend.
- Conduct Site Visit
 - Meet with pilot site partner's Executive Director first. Explain purpose of visit.
 - Conduct training.
 - Use tool to facilitate a dialogue and to promote a comprehensive assessment of agency responsiveness.
- Send Post-Site Visit Letter
 - Send post-site visit letter from IEAC to pilot site partner's Executive Directors within 3 days. See sample post-site visit letter in appendix C.
- Conduct Follow-Up
 - Review results of assessment with pilot site partner's Executive Director and help identify areas for enhancement.

- Work with pilot site partners to identify and provide resources needed to enhance agency response to women with disabilities who experience sexual violence.

Initiative 2: Long Term Goal

At the end of the grant period, when the short-term goals of Initiative 2 have been achieved, the pilot site partners will be prepared to undertake the long-term goal of Initiative 2. That long-term goal is for the pilot site partners to assess themselves and then make changes based on the assessment, with assistance from the IEAC partners. The pilot site partners will have committed to completing this task in their re-commitment agreements. After the end of the grant period, the IEAC partnering organizations will remain in contact with the pilot site organizations via email and telephone to monitor progress and answer questions about implementing the self-assessment. Upon completion of the self-assessment, the IEAC partnering organizations will provide assistance to the pilot site partners to make identified changes. Assisting in the enhancement of services at each pilot site partner's organization, will support the continued development of a strong collaboration that will positively affect the entire community.

INITIATIVE 3: Build the Internal Capacity of IEAC Organizations to Provide Long-Term Technical Assistance to Enhance the Safety and Accessibility of Pilot Site Partnering Organizations

The IEAC chose this initiative to support the long-term sustainability of our efforts in the pilot communities. Following the end of our grant-funded period, the staff of our respective agencies must be well-prepared to continue supporting the pilot sites in their efforts to enhance their safety and accessibility. The IEAC also wants to move the pilot site partners from thinking of the IEAC Co-Directors as the sole points of contact for our organizations.

Initiative 3 will ensure that the IEAC partnering organizations have integrated the goals of this grant and are able to continue providing technical assistance to pilot site partners through membership avenues after the grant period ends. Second, initiative 3 will ensure that the IEAC partnering organizations incorporate safety and accessibility into every project for years to come. The work of this grant must be carried forward on the collective shoulders of each IEAC partner, rather than the shoulders of a few individuals participating on the grant project. Finally, initiative 3 will specifically train the staff of the IEAC partner organizations on the safety and accessibility self-assessments (and the changes that may be indicated) so that they are well-prepared to support the pilot sites in implementing the tools and the changes that are recommended. To accomplish this, the IEAC set a short-term goal leading to five (5) measurable outcomes demonstrating accomplishment of this initiative:

Goal A. Train IEAC partners' staff and boards on intersection of domestic and sexual violence and women with disabilities

To provide effective technical assistance to support systemic change in the pilot site organizations, the IEAC must develop a process to increase its own capacity. The IEAC's capacity building process will then be used as a replicable model for pilot site partners to achieve this goal within their own organizations.

The IEAC partners have already committed to building their capacity through implementation of the following five measurable outcomes and currently possess the necessary capacity, experience, and resources to accomplish each of these. In addition, each of the IEAC partners is experienced in providing technical assistance, training, and cross training. Each of the IEAC partners has begun to incorporate the issues of safety and accessibility into other projects.

Goal A, Initiative 3 will be completed in months one, four and five of the implementation period.

Measurable Outcomes

1. Provide training on the grant project

Goal A, Initiative 3 will require that IEAC partners form training teams to train their own staff and board members on the intersection of violence against women (safety) and disability (accessibility), project initiatives, the selected pilot sites, and lessons learned throughout the grant-planning phase. The purpose of comprehensive training is to thoroughly ground staff and board members in the history, planning, and implementation of the project. This education and training will enable the organizations to carry the work forward and incorporate safety and accessibility into other projects.

Measurable Outcome 1, Goal A, Initiative 3, will be completed in months one and five of implementation.

Each IEAC partner already provides continuous updates regarding the project to their boards and staff. They will continue this practice to maintain each organization's understanding of the history, planning, and implementation of the project in each of the pilot sites.

Within the first month of implementation, the IEAC partners and staff of ICASDV will complete training on the ADA, which will include the broader definitions of physical, attitudinal, and programmatic accessibility. An expert in the ADA and accessibility will provide the training.

Within the first month of implementation, the SILC Staff will complete Domestic Violence Training, which will include information on the intersection between domestic violence, disability, and survivor issues regarding safety. Training will be provided by the IEAC Co-Directors. The IEAC partners have completed Domestic Training through various ICASDDV, SILC and OVW sponsored events.

Due to the SILC Board's predetermined schedule, in the fourth month of implementation, SILC board will complete domestic violence and sexual assault training, which will include information on the Violence Against Women Act and the intersection between domestic violence and sexual assault, disability, and survivor issues regarding safety. Training will be provided by the ICASDV Co-Director and Trainer.

Due to the ICASDV Board's predetermined schedule, in the fifth month of implementation, the IEAC partners and the ICASDV staff and board will complete disability training, which will include guidance on serving individuals with disabilities. Training will be provided by the SILC Project Co-Director and Executive Director.

2. Provide training on resources

Each pilot site partner within each region has created its own network of resources. This information will be compiled together and updated to include full name of organization, contact information, address, and phone number. The information will be categorized by region and made available in alternative formats to allow for the broadest accessibility. Training on how to access and reference the resources will be provided to the staff and boards of each IEAC partner.

Measurable Outcome 2, Goal A, Initiative 3 will be completed in month five by all IEAC organizations.

In the fifth month of implementation, the IEAC partners and the SILC staff and board will complete training on available resources. Training will be provided by the IEAC Co-Directors.

In the fifth month of implementation, the IEAC partners will add the list of resources to their websites and the IEAC partners and the ICASDV staff and board will complete training on available resources. Training will be provided by the IEAC Co-Directors.

3. Provide training on conducting safety and access assessments

The SNAP indicated the need for a full review of safety and accessibility standards within each pilot site organization. The IEAC partners believe that a critical step in addressing the education and training of staff, boards, and pilot sites is to create two uniform assessment tools to be used for all organizations to assess their abilities to serve all women who have been affected by violence regardless of ability. Assessment tools for accessibility will include physical, attitudinal, and programmatic barriers. Assessment tools for safety will include encompass physical, attitudinal, or programmatic accessibility.

Measurable Outcome 3, Goal A, Initiative 3 will be completed in months one and five.

As explained in Initiative 2, during the first month of implementation, the IEAC Co-Directors will research Access and Safety Assessment Tools and create an assessment tool for use by Idaho pilot sites. Both organizations are networked with other organizations and technical assistance providers on the local and national level and through these networks have access to existing assessment tools. These existing assessment tools can be retooled for use by the IEAC partners. The SILC Project Co-Director will research and draft an accessibility tool and the ICASDV Project Co-Director will research and draft a safety tool.

The IEAC Co-Directors will conduct assessment trainings to pilot sites in month five of implementation. Following training the pilot sites will then conduct their own assessments, utilizing the tools provided.

4. Train staff on the Access and Safety Assessment Tools

Training staff and boards of IEAC partners on the use and purpose of assessment tools will create buy-in and enthusiasm of staff and boards. By ensuring that they fully understand the tools and how to use them, we will guarantee lasting support to the pilot sites as they work to implement the tools. Additionally, the staff will be prepared to help the pilot sites synthesize the information uncovered from the assessments and develop a plan for addressing gap and barriers.

Measurable Outcome 4, Goal A, Initiative 3 will be completed in month five.

In the fifth month of implementation, the IEAC Co-Directors will provide Access and Safety Review Assessment Tool Training to the SILC staff and board and the IEAC Co-Directors will provide Access and Safety Review Assessment Tool Training to the ICASDV staff and board.

5. Share work plans from pilot sites with staff members

The IEAC desires to create a comprehensive and detailed plan to organize meetings and cross-trainings between pilot sites in each region to facilitate collaboration and trust. Using the SNAP as a guide, the IEAC Co-Directors will draft goals and objectives for each pilot site region. Staff of each IEAC partner will become familiar with the work plans to ensure the capability of each organization to assist when and where necessary.

Measurable Outcome 5, Goal A, Initiative 3 will be completed in month two.

In the second month of implementation, the IEAC Project Co-Directors will review the SNAR to refresh memory and understanding of the strengths and needs in each

pilot site and develop a work plan for regional meetings and trainings. Work plans shall include initial collaborative meeting schedules and agendas.

Goal B. Infuse safety and accessibility into all of our projects

The mission of the Idaho Equal Access Collaborative is to promote attitudinal and systemic change to achieve equal access to services for all women with disabilities who are seeking safety and protection from sexual assault and/or domestic violence through the collaborative efforts of domestic violence, sexual assault, and disability organizations. This mission was derived through careful consideration of the three partner organizations and mirrors the mission and vision of each individual organization. The safety of individuals with disabilities and accessibility to receive services by individuals with disabilities is already a foundation of each IEAC partner organization. The education obtained by IEAC partners because of this grant opportunity allows each partner to clarify and solidify the education into the very fiber of each organization.

Measurable Outcomes

1. Obtain commitment from staff and boards

Measurable Outcome 1, Goal B, Initiative 3 will be completed in month five.

In month five, the Executive Directors of the SILC and the ICASDV will obtain committed buy-in from staff and boards through appropriate board action to include safety and accessibility in all current and future projects. The SILC will be requested to add safety and accessibility in all current and future projects to its State Plan for Independent Living (“SPIL”), which guides all activities and budget in three-year increments. The ICASDV will be requested to add safety and accessibility in all current and future projects to its annual Board of Directors meeting, which establishes its activities and budget annually.

2. Provide staff and board with resources and Access and Safety Review Tools

Measurable Outcome 2, Goal B, Initiative 3 will be completed in month five.

In month five, the Executive Directors of the SILC and the ICASDV will provide staff and board members with copies of the resources and safety and access review tools. The resources and safety and access tools will assist with the decision to incorporate safety and accessibility in all current and future projects and to provide each with information that will allow them to help someone or some organization in need of this information at any time.

Goal C. Each IEAC organization will periodically review their own policies and procedures

In order to provide effective technical assistance to pilot site organizations for establishing a protocol for periodic review and assessment of capacity, the IEAC

partners must commit to the same protocol. If such a policy does not already exist within each IEAC partner, either formally or informally, a policy to periodically review all internal policies and procedures will be added.

Measurable Outcomes

1. When changes are made to existing policies within IEAC partner organization, they will consult with each others' organization

Measurable Outcome 1, Goal C, Initiative 3 will be completed on an "as needed" basis.

Each IEAC partner will consult the other when changes to policies and protocols involving safety and accessibility are made to ensure full compliance with the philosophies, intent, and potential legal implications of the changes.

Initiative 3: Long Term Goal

The intent of the IEAC has always been to ensure the safety and accessibility of all services for all women, regardless of ability. Therefore, it is critical that the IEAC partners build into their organizations the steps above to ensure that the training, protocols, procedures, and resources do not fall into disrepair and neglect. By committing to continued annual training of staff and boards, the IEAC will accomplish the goal of education and propagation of information. With the commitment of IEAC partners to work with pilot sites to provide updates on resources the IEAC partners, pilot sites and other service organizations will have consistent and accurate information to provide to their clientele ensuring that the mission of the IEAC is achieved.

1. IEAC partners hereby commit to provide annual education and training of all IEAC partner staff and board members.
2. IEAC partners hereby commit to the periodic review of policies, protocols, and physical and attitudinal accessibility of their individual organizations.
3. IEAC partners hereby commit to work with pilot sites to actively and regularly review and update available resources and contact information to ensure that information provided to women affected by violence and service organizations have current information. The updates will be immediately available to IEAC partners, original pilot sites, and updated on IEAC partners' websites.

SECTION IV. CONCLUSION

The IEAC partners are excited to have reached the implementation phase and are poised for action. The integral planning phase is successfully behind us and produced a collaborative team that is prepared to undertake the grant initiatives. IEAC partners have taken action to improve the safety and accessibility of their own organization. We are now prepared to take action to improve the safety and accessibility in our three pilot

site partners' programs by undertaking the same systems change approach. And, we will help foster this change throughout each pilot site community.

A systems change approach involves extensive, on-going collaboration among all partners, especially women with disabilities. The ultimate goal of systems change is to integrate sustainable change into the service delivery system that has been a positive impact on the quality of life for women with disabilities. Our strategic plan embodies this approach. The IEAC's first initiative is to build enhances its own capacity, which will support the second initiative. The second initiative places primary focus on building sustainable collaborations in each pilot site community. And the third initiative provides the pilot sites with the tools that their collaborations can use to focus their own efforts at creating systemic change in their own communities. Like the three-legs of a stool, each initiative is dependent on the other. Together, they create a solid platform upon which we can realize our vision that any victim, regardless of ability, has equal access to the comprehensive services the individual chooses, no matter where the individual accesses the integrated network of services.

APPENDIX A - Activities Charts

INITIATIVE 1: Foster Collaborations among Pilot Site Organizations

Activity/Goal	Who is Responsible	Month 1	Month 2	Month 3	Month 4	Month 5
Introductory Collaboration Meetings						
Finalize explanation of planning phase and Executive Summaries of Needs Assessment Report	IEAC partners	X				
Create recommitment agreement	IEAC partners	X				
Provide executive summaries to OVW	IEAC Co-Directors	X				
Provide Executive Summaries to pilot site partners' Executive Directors 2 weeks before one-day meeting	IEAC Co-Directors	X				
One-day meeting with pilot site partner Executive Directors and staff. <ul style="list-style-type: none"> • Articulate expectations and benefits • Review work plans • Sign recommitment agreement 	IEAC Co-Directors	X				
Sponsor Resource and						

Knowledge Sharing Meetings at Local Level						
Schedule collaboration meetings with pilot site partners	IEAC Co-Directors	X				
Develop agenda for collaboration meeting	IEAC partners		X	X	X	X
Attend collaboration meetings	IEAC Co-Directors		X	X		
Conference in to collaboration meetings	IEAC Co-Directors				X	X
Provide pilot sites with follow-up technical assistance on emerging needs	IEAC partners			X	X	X
Cross-training						
Assist pilot site partners to identify cross-training objectives, delivery systems, and initial schedule	IEAC partners			X		
Assist pilot site Executive Director with establishing cross-training within organization				X		
Summit						
Plan summit.	IEAC partners	X				
<ul style="list-style-type: none"> • Agenda • Presenters 						

• Location						
Notify pilot site partners of summit	IEAC Co-Directors	X				
Send summit registration materials	SILC administrative assistant	X				
Finalize summit materials, accommodations, and alternative formats	SILC administrative assistant	X	X	X		
Host summit	IEAC partners			X		

INITIATIVE 2: Improve Access and Safety of Pilot Site Organizations

Activity/Goal	Who	Month 1	Month 2	Month 3	Month 4	Month 5
Self-Assessment Tools						
Research existing self-assessment tools	IEAC partners	X				
Adapt existing self-assessment tools to IEAC needs	IEAC partners	X				
Submit to OVW for approval	IEAC Co-Directors		X			
Develop training for use of self-assessment tool	IEAC partners			X	X	
Submit training to OVW for approval	IEAC Co-Directors				X	
Conduct training during site visit	IEAC Co-Directors					X
Conduct follow-up	IEAC partners					X

INITIATIVE 3: Build the Internal Capacity of IEAC Organizations to Provide Long-Term Technical Assistance to Enhance the Safety and Accessibility of Pilot Site Partnering Organizations

Activity/Goal	Who	Month 1	Month 2	Month 3	Month 4	Month 5
Training for staff and boards of directors						
Provide IEAC partners and ICASDV staff with training on ADA	IEAC Co-Directors	X				
Provide IEAC partners and SILC staff and Board of Directors with training on domestic violence and sexual assault, safety, and VAWA	IEAC Co-Directors	X Staff				X Board
Provide ICASDV Board of Directors with training on ADA	IEAC Co-Directors					X
Train IEAC partners' Boards and staffs on access and safety assessment tools	IEAC Co-Directors					X
Share work plans with staffs and Boards of Directors	IEAC Co-Directors	X				X
Infuse safety and accessibility into each IEAC partner's projects						
Obtain commitment from staff and Boards of Directors	SILC and ICASDV Executive					X

	Directors					
Provide staff and Boards of Directors with access and safety review tools	SILC and ICASDV Executive Directors					X
Review policies and procedures						
Each IEAC partner commit to reviewing existing policies and procedures and consulting with each other to make changes	IEAC partners					X

APPENDIX B - Acronym List

ADA	Americans With Disabilities Act
BSU	Boise State University
CIL	Center for Independent Living
ICASDV	Idaho Coalition Against Sexual and Domestic Violence
IEAC	Idaho Equal Access Collaborative
NCIL	National Council on Independent Living
NCRW	National Council for Research on Women
OVW	Office on Violence Against Women
PCA	Personal Care Attendants
SILC	State Independent Living Council
SNAP	Strengths and Needs Assessment Plan
SNAR	Strengths and Needs Assessment Report

APPENDIX C - Sample Post Site-Visit Letter

[Date]

Dear [organization]:

Thank you for participating in the Disability Responsiveness/Safety Responsiveness Assessment training on [date]. The Idaho Equal Access Collaborative appreciates your willingness to participate in the project as a pilot site and to engage in this self-assessment.

Attached is a copy of the assessment tool we provided you with training on the use of during our recent site visit. As we discussed during the visit, this document is a tool for you to use as you enhance your agency's capacity to respond to disclosures of sexual violence/serve women with disabilities. Once you have implemented the assessment tool, we will help you identify some areas where you would like assistance in enhancing the organization's responsiveness to women with disabilities who experience domestic and sexual violence:

The Idaho Equal Access Collaborative will provide follow-up assistance as you work to enhance services. This will be facilitated by [name]. He/She may call on other members of your pilot site collaboration team and other consultants to assist you. Please call [name] at [phone number] to learn more about the opportunities for follow-up assistance.

Once you have completed the assessment, please provide any feedback you have about the assessment tool and process to [name]. We rely on your feedback to improve our work and prepare for replication in other sites.

Again, thank you for participating in this project as a model site and helping us develop a useful assessment process.

Sincerely,

Name

Cc: Robbi Barrutia
Susan Clark