

**ILLINOIS IMAGINES**

**STRATEGIC PLAN**

**July, 2008**

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# **OVERVIEW OF ILLINOIS IMAGINES**

## **I. WHO WE ARE**

In 2006, the Illinois Department of Human Services (DHS) received a three-year grant from the Office on Violence Against Women (OVW) to improve the systems responding to women with disabilities who experience sexual violence. DHS' project, called Illinois Imagines, is designed to strengthen the service delivery systems so that women with disabilities who survive sexual violence will receive a proactive, individualized, compassionate response to their experience. The project team includes key agencies and individuals working in the fields of disability and sexual assault; self advocates; members of the DHS Divisions of Community Health and Prevention, Rehabilitation Services, Mental Health, and Developmental Disabilities; representatives from the Illinois Coalition Against Sexual Assault (ICASA); Illinois Family Violence Coordinating Council (IFVCC); Illinois Network of Centers for Independent Living (INCIL); Illinois Voices, and the Blue Tower Training Center.

Upon inception, the Illinois Imagines team established a charter and achieved consensus on the project mission. All project team members share a common vision of justice, compassion, person-centered services, and the empowerment of all women with disabilities who have survived sexual violence.

The Illinois Imagines' mission is "to develop, implement, formalize, and sustain integrated systems in Illinois that will achieve the following goals.

1. Empower women with disabilities to actively shape those systems.
2. Prohibit and interrupt sexual violence perpetrated against women with disabilities.
3. Support and empower women to report sexual violence to any provider, agency or law enforcement official.
4. Provide survivor-centered crisis response, advocacy and counseling for women with disabilities.
5. Remove all obstacles faced by women with disabilities who are survivors of sexual violence."

## **II. CAPACITY AND RESOURCES**

The composition of the Illinois Imagines' Team brings unique strengths and resources to this project. A statewide effort, in a state the size of Illinois – with great demographic and geographic diversity and wide variations in population density – is daunting. Yet, we are taking a statewide approach to have the

broadest possible impact. Our capacity to succeed lies in the representation of key statewide agencies in the collaborative team.

- **IDHS** - The Illinois Department of Human Services (DHS) is well represented, including representatives of the Division of Community Health and Prevention, Division of Rehabilitation Services, Division of Mental Health and Division of Developmental Disabilities. DHS is charged with designing, coordinating, monitoring and funding a comprehensive and coordinated community-based social service system which includes both disability and sexual assault services. In short it has the statewide administrative authority to support system change through policy development, contractual requirements, and resource allocation.
- **ICASA** - The Illinois Coalition Against Sexual Assault (ICASA), the statewide association of rape crisis centers is comprised of 33 community-based sexual assault crisis centers working together to end sexual violence. ICASA advocates for public policy that prevents sexual violence and guarantees sensitivity to victims. ICASA assists with healing from the trauma of sexual violence through creation and support of community programs that provide advocacy, counseling and education.
- **IFVCC** - The purpose of the Illinois Family Violence Coordinating Councils (IFVCC), at both the state and local/circuit level, is to establish a forum to improve the institutional, professional and community response to family violence including child abuse, domestic abuse, and elder abuse; to engage in education and prevention; the coordination of intervention and services for victims and perpetrators; and, to contribute to the improvement of the legal system and the administration of justice. IFVCC has extensive experience in partnering with local communities and facilitating change in existing systems on a local and state level.
- **INCIL** - The Illinois Network of Centers for Independent Living, the statewide association representing the 23 Centers for Independent Living (CILs) in Illinois. INCIL is an authoritative source of information about the accomplishments and needs of Illinois CILs and about issues most critical to promote independent living for all persons with disabilities. CILs throughout Illinois assist organizations with conducting accessibility reviews and developing action plans to better meet the needs of people with disabilities.
- **Illinois Voices** - Illinois Voices is a statewide self-advocacy initiative, started in January 2005 and funded by the Illinois Department of Human Services. Illinois Voices is designed to empower people with developmental and other disabilities to make their own decisions, stand up for their rights and speak for themselves based on their strengths and desires. Throughout the grant planning process, Illinois Voices has helped the collaborative team stay

grounded in a person-centered approach.

- **Blue Tower Training** - Blue Tower Training has a rich history of working with people with disabilities and disability service providers. As a leader in the field, they have developed programs and resources to support self-advocacy. The “We Can” curriculum, developed by Shirley Paceley of Blue Tower is an innovative curriculum which addresses sexual violence against people with disabilities through a peer education approach. Shirley has worked with many communities across Illinois to implement the model and promote good practice and policy supporting prevention, intervention, and response to sexual violence against people with disabilities.
- Other self-advocates and family members have been integrated into the Illinois Imagine team to keep us grounded in the vision and mission.

As evidenced above, team members bring considerable resources and statewide reach to build support and investment at multiple levels across many systems. We believe this diverse representation, combined with the resources we can each leverage within our respective agencies/constituencies positions us to be successful.

Illinois Imagines will use this capacity to improve sexual assault services for women with disabilities and to work to establish the framework to continue well into the future.

### III. **OUR PLANNING PROCESS**

The Illinois Imagines team has met at least monthly since January 2007. Since our first meeting, we have engaged in planning – thinking together about what needs to be done, what can be done and how to make it happen.

We began our planning by getting to know one another and the systems we each represent. This process of forming relationships and learning together is the critical foundation of our work. Because we have spent time building trust and establishing many levels of connection, we have been able to remain engaged even when we struggle to find agreement. Attention to our charter, our commitment to consensus decision-making and to our shared values and vision have kept us all at the table, devoted to achieving outcomes that will out last all of us.

With this tightly knit collaborative team in place, the work of the needs assessment furthered our planning. Through the process of devising our needs assessment plan, we learned even more deeply about the people and systems we each represent. While considering who and how to ask, we all became steeped in the key questions that would help us identify the problems we faced and the universe of practical remedies. We exchanged ideas, debated and

ultimately agreed on the questions, the processes and the work plan to assess need. Then we volunteered for tasks and undertook the work of surveys, interviews, focus groups and report writing.

Again, the work brought us together – we trained needs assessment teams, scheduled, traveled, met and met, analyzed data, interpreted findings, wrote and rewrote our needs assessment report. Each member of the team offered time and talent to some aspect of the needs assessment phase of the project.

All of this laid the groundwork for our strategic planning work. We have learned so much about each other, the work we each do and the level of commitment of each team member that we approached planning with the sure knowledge that we could create a plan all of us could endorse. The pragmatists and the idealists were all able to concur because of the process we had been through together. We can see each other's agencies with open minds and see our own with new awareness. We have come to the place of action with our shared vision intact and a clear, mutual understanding of the realistic opportunities to achieve lasting changes that will aid women with disabilities who experience sexual violence.

As we reflect upon the lessons learned from our planning phase of the project one core theme emerges – intentionality around collaboration building is the key support necessary for true systems change. Change in and of itself can feel risky and threatening, even if change is for the better. Without having established a climate of trust, authentic commitment to change would have likely been superficial, short-term and possibly undermined. It is with this in mind that we approached the needs assessment and strategic planning phases.

In the next section, we share the main findings from our needs assessment. Feedback received from women with disabilities, rape crisis centers, and disability service providers was the driving force behind the development of our strategic plan. Following the needs assessment section, we jump into the heart of this document: the strategic plan. The goals which support our vision were carefully crafted to move us toward a place where *“All women with disabilities will be guaranteed an environment free from sexual violence, where they are empowered to speak and act for themselves. Survivors of sexual violence will be assured a proactive, individualized, compassionate response to their experience.”* The strategic plan sections lay out our goals, initiatives, supportive steps and available resources for the remaining grant period as well as our path for the future. The remaining pieces in the document are designed to paint a picture of what we imagine Illinois could be for women with disabilities who experience sexual violence. It is a welcome challenge for the collaborative team and the systems we represent.

# **ILLINOIS IMAGINES' NEEDS ASSESSMENT**

After completing the critical foundation work of creating a collaboration team, mission and charter, Illinois Imagines conducted a needs assessment to learn more about the current status and gaps in the Illinois response to women with disabilities who experience sexual violence.

## **I. NEEDS ASSESSMENT PROCESS**

Through its Needs Assessment, the team sought information at the individual level (women with disabilities), the community level (rape crisis centers and disability service providers) and the state level (ICASA and DHS staff). Additionally, we sought to ensure that we reached individuals from many different areas in Illinois, to support our statewide change efforts.

The Needs Assessment process collected data through focus groups, individual telephone or in-person interviews, and electronic surveys.

### **A. WOMEN WITH DISABILITIES – INDIVIDUAL LEVEL**

The Needs Assessment process reached 133 women with disabilities through 20 focus groups, and three women through individual interviews. Individual interviews were conducted with women who were unable to attend a focus group or preferred an interview.

We recruited approximately equal numbers of women with mental illness, women with developmental disabilities and women who utilized vocational rehabilitation services and/or Centers for Independent Living (CILs).

### **B. SEXUAL ASSAULT SERVICE PROVIDERS – COMMUNITY AND STATEWIDE LEVEL**

We collected information from rape crisis centers through three focus groups with 24 participants and electronic surveys completed by staff of 27 rape crisis centers. Individual interviews were conducted with four staff members at the Illinois Coalition Against Sexual Assault.

### **C. DISABILITY SERVICE PROVIDERS – COMMUNITY AND STATEWIDE LEVEL**

The collaboration reached 88 staff in disability service agencies through eight focus groups, and 137 more of those staff through electronic surveys. Surveys were e-mailed to the network managers of the Division of Mental Health and Division of Developmental Disabilities within DHS. The network managers then e-mailed those surveys to community providers.

Within the Division of Rehabilitation Services (DRS), surveys were e-mailed to direct-line staff members. These counselors and case managers located in local offices across the state serve in a similar capacity as community-based providers.

To gain the state level perspective, individual interviews were conducted with 15 non-direct service staff in all three divisions of DHS. These staff included training coordinators, bureau chiefs and network managers.

## II. **NEEDS ASSESSMENT MEASURES**

Survey and focus group questions varied depending on the target audience. The questions for women with disabilities focused on factors influencing disclosure of sexual violence, the desired response to that disclosure, and barriers that prevented the women from getting that desired response. Questions for rape crisis center staff and disability service providers focused on awareness of the issues, current response practices around sexual violence, obstacles they faced in improving their response to women with disabilities and barriers to collaboration with other key players in the response system.

In addition to themes covered in focus groups and surveys for disability service providers and rape crisis centers, the individual interviews for state system staff included questions about contractual requirements, monitoring services, and involvement of people with disabilities in policy making.

## III. **NEEDS ASSESSMENT FINDINGS**

Needs assessment findings center around 4 key areas across every target population: Disclosure, Response, Connection to Services, and Policy/Rules. Common themes and recommendations emerged across groups and are central to our findings. Each group – women with disabilities, rape crisis centers and disability service providers – made recommendations to Illinois Imagines.

### A. **WOMEN WITH DISABILITIES**

Women with disabilities identified recommended strategies for improving the service delivery system for survivors. Their priorities, in order based on number of responses (most to least), follow.

- Women with disabilities, their families and their service providers need to be aware of sexual violence
- Rape crisis centers and staff of disability service agencies should be aware of sexual violence and rape crisis centers.
- Women with disabilities need to be able to identify sexual violence, to tell, to call a rape crisis center for help and to seek counseling.

- Services need to reach women with disabilities where they are, i.e. groups held at disability provider agency.
- Responders to women with disabilities who experience sexual violence should focus on the incident of sexual violence rather than the disability.
- Responders should listen, make eye contact with a woman and ask her what she needs.
- Rape crisis centers should be trained regarding survivors with disabilities, and their services should be fully accessible.

## **B. DISABILITY SERVICE PROVIDERS**

The following recommendations were given by disability service providers in multiple venues (surveys, focus groups, and individual interviews).

- Provide tools for providers to aid in identification and response to women with disabilities who experience sexual violence.
- Formalize collaboration between disability providers and rape crisis centers.
- Develop referral protocols, training resources and options for sexual assault services to be provided on-site at disability service agencies.
- Clarify definitions and guidelines to improve shared understanding regarding guardianship and confidentiality for both disability providers and rape crisis centers.
- Provide tools for women with disabilities to promote awareness of sexual violence, their rights and how to access services.
- Provide transportation for women with disabilities to rape crisis centers.
- Ensure that local agencies have the resources to develop effective collaborative responses (training, communication, etc.).
- Provide immediate access to resources/services when a woman with a disability experiences sexual violence.
- Develop and conduct public awareness campaigns to make women with disabilities more aware of sexual violence and rape crisis centers
- Provide information lines/hotlines/Internet, information about sexual violence and services for women with disabilities and disability providers.
- Involve women with disabilities in decision-making and systemic changes.
- Develop training and print material to increase workers' awareness of sexual violence.

### C. **RAPE CRISIS CENTERS**

The following recommendations were given by sexual assault service providers in multiple venues (surveys, focus groups, and individual interviews).

- Change policy so that a woman with a disability does not need a guardian's permission to access services.
- Clear up confusion about how guardianship affects the survivor's confidentiality rights.
- Hire women with disabilities to be on staff at rape crisis centers and ICASA.
- Get the input of women with disabilities in developing trainings, policies, and resources.
- Develop formal networking agreements and cross training plans between rape crisis centers and disability service providers.
- Educate each other on what the various providers do and their respective responsibilities.

### IV. **NEEDS ASSESSMENT CONCLUSION**

These recommendations from women with disabilities, rape crisis centers and the disability service systems have many commonalities, as do the responses at the individual, community and state levels. The areas of commonality between the two service systems point to the need for:

- mutual awareness and understanding of services and roles;
- confidence and comfort in providing services;
- coordination of service systems; and
- models for collaboration, accompanied by policy and training guidelines.

A key theme of the Needs Assessment relates to lack of connection: 1) women with disabilities are not connecting to rape crisis centers and 2) disability service providers and rape crisis centers are not connecting with each other to serve women with disabilities. Though both service systems provide a comprehensive menu of services for the population they serve, we learned that we must capitalize on the strengths of each system to create an integrated response to women with disabilities who experience sexual violence.

The Needs Assessment helped us see the need for community-level collaboration models that foster connection to ensure that rape crisis centers and disability providers work together to serve women with disabilities who experience sexual violence.

Based on the Needs Assessment, we approached our strategic planning process with key outcomes in mind.

1. Build a survivor-centered, best practice, collaborative response system that engages both the disability provider and the rape crisis center in responding to a woman with a disability who reports sexual violence.
2. Include and empower women with disabilities in every aspect of the systems' changes to be achieved through this project.
3. Identify key elements of response protocol to women with disabilities who experience sexual violence, and develop models for implementation in local communities. Embed models within local collaborations via technical assistance and/or mandates/standards.
4. Adopt training requirements and policies to build confidence and competence of rape crisis centers in responding to women with disabilities in partnership with a disability provider agency to meet the presenting needs of the survivor.
5. Adopt training requirements and policies to build confidence and competence of disability service providers in recognizing sexual violence and responding in partnership with a rape crisis center to meet the presenting needs of the survivor.
6. Promote universal access to rape crisis services via removal of barriers related to physical access, communication, attitude, and transportation.

These outcomes guided our process of thinking and prioritizing and became the framework for our strategic planning process.

# **ILLINOIS IMAGINES STRATEGIC PLAN**

## **I. INTRODUCTION**

Illinois Imagines met with Amy Loder, OVW, Nancy Smith and Jackie Chernicoff of VERA Institute on June 17 and 18 to build a strategic plan of action based on the Needs Assessment. The strategic plan includes: short-term initiatives to accomplish by the September 30, 2009 contract end date and longer term initiatives that will sustain the project in the future.

Prior to the planning retreat, the Illinois Imagines team created a list of possible initiatives to respond to Needs Assessment findings. During the retreat, the team focused on prioritizing and sequencing the initiatives and related activities. Much attention was given to consideration of outcomes, both planned and unintended. The team made every effort to sequence initiatives and activities to ensure that each step led to a logical next step and that no activity resulted in a need that we were not prepared to meet.

An overarching theme of all planning efforts was to create synergy toward sustainable change. We want all the initiatives and related activities to respond to identified needs, to complement one another and to achieve systems changes that create broad impact over a long period of time. If we are successful, project activities will achieve change and build a foundation to sustain continued changes and improvements into the future.

## **II. OVERVIEW OF SHORT TERM GOALS AND INITIATIVES (August 2008 – September 2009)**

As previously mentioned on page 9, the needs assessment process brought us to six key outcomes. We further defined and narrowed our focus during the strategic planning process. At one point, the team proposed five goals; however, after much discussion it was determined that one of those goals was actually more reflective of one of our core values than a separate initiative. Specifically, the goal “to ensure that women with disabilities are included and empowered throughout the Illinois Imagines project.” While we originally conceived this as a goal, with associated initiatives and tasks, we ultimately decided it is the daily practice to be woven into each of the other goals, initiatives and tasks. Therefore, throughout the implementation phase of this strategic plan, Illinois Imagines will ensure that women with disabilities are included and empowered throughout the Illinois Imagines’ project. We will retain and expand representation by women with disabilities in all work groups, test sites and initiatives.

For each of the four remaining goals, Illinois Imagines identified one short-term key initiative and associated activities. Some of the activities will happen concurrently; others are sequenced to build on one another over the months of

the contract period and beyond. The short-term initiatives were selected from a range of choices, based on several criteria. Criteria included:

- empowerment of survivors and service providers;
- positive change in experience of survivors;
- realistic opportunity to be successful;
- likelihood of being able to sustain the activities over time;
- low possibility of negative consequences; and
- relationship among all the initiatives.

A brief overview of the goals and associated short-term initiatives follows:  
(Goals are listed in random order.)

**GOAL 1: Foster collaboration among disability service agencies and rape crisis centers in Illinois communities.**

Collaboration – Develop collaborative teams in five test sites to work collectively on local responses to women with disabilities that experience sexual violence, and to test/evaluate Illinois Imagines’ products.

We chose this initiative as it supports the greatest lesson learned through our planning process: collaboration is key to successful systems change. Despite its importance it is often the most neglected aspect of systems work as discovered in our needs assessment process. Establishment of response protocols, cross-training efforts, allocation of resources, and development of administrative supports will have minimal effect in the short-term and negligible impact in the long-term if not anchored in collaboration on both the state and local levels. After much discussion and debate, the team decided to begin the implementation by narrowing our effort from the statewide to a measurable size and to create local “laboratories” to test models for replication. These sites will permit testing of Illinois Imagines’ accessibility reviews, service models, outreach materials and policy concepts and can model successful approaches for replication in other areas throughout the state.

By September 2009, we will have:

- Established collaborative teams in five test sites across the state;
- Established technical assistance teams for test sites;
- Tested policies and protocols guiding response to sexual violence against women with disabilities;
- Created collaboration toolkit including support tools, processes, and best practice protocols for collaboration building; and
- Identified needed administrative supports, such as, administrative rule changes and training requirements.

We believe we can accomplish this because:

- DHS has existing networks and partnerships with local communities and a rich history of creating successful models;
  - Illinois Imagines collaborative team members have committed to providing needed support to 5 test sites;
  - Remaining grant budget will be utilized for development of resources to implement test models and support transition to statewide roll-out; and
  - DHS current structure and focus upon service integration compliments proposed short-term initiative as well as long-term sustainability.

**GOAL 2: Ensure best practice response to women with disabilities who experience sexual violence by ensuring: accessibility of rape crisis centers and trauma informed response by disability agencies.**

Activity 1: Accessibility Reviews – Conduct accessibility reviews with rape crisis centers in five test sites and subsequently with all Illinois rape crisis centers.

We want rape crisis centers to improve their accessibility in relation to all aspects of disability services. This includes physical access, communication, attitude, comfort and competence of workers and geographic access.

Activity 2: Trauma-informed reviews – Conduct trauma-informed reviews with disability service providers in five test sites and begin roll-out of statewide review with all disability service providers.

We want disability service agencies to develop a more trauma-informed response to women with disabilities. “Trauma-informed” refers to workers’ awareness of sexual violence, indicators of sexual violence and impact on survivors; appropriate initial response to disclosure; positive relationships with rape crisis centers and willingness to make a referral, provide recommendations and technical assistance to remedy deficits.

We chose this two prong approach to promote self-evaluation and enhance accessibility in both the rape crisis centers and disability service agencies through guided technical assistance. Both service systems need to become aware of their internal barriers and the changes necessary to better serve women with disabilities who experience sexual violence. Through this balanced approach we will improve the service experience of women with disabilities who are survivors of sexual violence.

By September 2009, we will accomplish the basic enhancements needed to prepare rape crisis centers to improve services to women with disabilities. We believe this because:

- some disability accessibility assessment tools already exist;

- there are only 33 rape crisis centers; and
- rape crisis centers are already interested and motivated to improve access for women with disabilities.

We are taking a more moderate pace with disability service agencies because:

- more foundation work is needed to develop an assessment tool related to trauma-informed responses;
- there are approximately 1,000 agencies to assess; and
- though basic awareness of sexual violence is prevalent among staff in these agencies, workers need more information about impact and how to respond to disclosures of sexual violence.

Though we will not complete trauma reviews with all disability agencies by September 2009, we will prepare quick reference materials for workers (e.g., checklist) to use in the event of disclosure of sexual violence.

**GOAL 3: Make women with disabilities who experience sexual violence aware of their rights and options.**

Outreach – Develop, distribute and promote outreach messages and strategies for service providers to use to make women with disabilities aware of their rights and options in the event of sexual violence.

We set out with a vision in mind: to empower women with disabilities and to respond effectively when they experience sexual violence. This initiative, which will begin at the end of the project, will open the door for women with disabilities. This is the point where we say, “Our service systems are ready to respond to women with disabilities who experience sexual violence.” It is not enough to build capacity of the system. We must address the issue reported by women across the state during our needs assessment: many women with disabilities do not know about sexual violence and available resources.

At this point, we will have:

- tested our ideas and products in the test sites;
- evaluated and enhanced access for women with disabilities in all rape crisis centers; and
- created quick reference/checklist tools for all disability providers to use in the event of disclosure of sexual violence by a woman with a disability.

This outreach effort will begin our work of informing women with disabilities who experience sexual violence about their rights and the services available to them. Our inclusion of women with disabilities throughout the project will help shape the messages and outreach efforts. Disability service providers and rape crisis centers will be our “hands and feet” as it relates to reaching women with disabilities. We will provide them with the needed tools to inform and empower

women with disabilities who are survivors of sexual violence. This is the point of action to aid women with disabilities who experience sexual violence. Local disability service agencies and DHS workers will be prepared to inform women with disabilities about sexual violence, their rights, and services available to them. Workers will also become more proficient at recognizing sexual violence, responding effectively to disclosure and connecting women rape crisis services. Through their efforts, more and more women with disabilities will become aware of their rights and options and ultimately more will seek services. The increased collaboration between the systems will make rape crisis centers more visible to women with disabilities. Simultaneously, rape crisis centers will infuse strategies to reach women with disabilities into their existing outreach efforts.

By September 2009, we will have accomplished the following:

- Identified message and communication strategies;
- Tested, evaluated, and produced outreach products; and
- Distributed outreach products to rape crisis centers and disability providers

**GOAL 4: Develop public policy changes and initiatives to enhance safety and trauma recovery for women with disabilities who experience sexual violence.**

Policy – Research and review current policy (including statutes, rules, policies, standards and other guidelines). Identify areas to change and to develop new policy.

This initiative will poise us to continue the work of improving access through systematic change. Bringing focus to the myriad of systems and policies affecting women with disabilities will enable Illinois Imagines to:

- assess policy that is effective and policy areas with redundancies, contradictions and gaps;
- propose strategies to enhance or replicate effective policy. Remove barriers and promote accessibility/readiness to respond to women with disabilities who experience sexual violence throughout the disability and rape crisis service systems; and
- ensure the strategies are trauma-informed, victim-centered and shaped by women with disabilities who participate in this initiative.

We expect that policy work will yield few actual policy changes by September 2009. However, we do expect to:

- recommend new and revised policy;
- build consensus and the momentum toward change; and
- establish a sustainable collaborative group(s) to continue policy review/change into the future.

We chose to direct substantial efforts into policy change and other administrative supports as they influence the daily practice of both rape crisis centers and disability service providers throughout the state. They are instrumental to ensuring that women with disabilities who are survivors of sexual violence receive a proactive, individualized, compassionate response. Embedding foundational changes into the service delivery system is the key to sustainability, which is not contingent upon this project team nor grant resources.

### III. **RATIONALE: WHY WE CHOSE THE GOALS AND INITIATIVES**

Each of the initiatives outlined above, address key issues identified through our needs assessment process and will result in significant accomplishments. Individually, they are indeed substantial. Collectively, they are powerful and support true systemic change.

As a statewide initiative, we are driven to build the infrastructure which will support capacity building in communities as well as enhancement of state level systems. That can only be accomplished through a two-tiered approach. Goals one and two focus primarily on the community level. With the support of state resources, five sites will have the opportunity to create an enhanced service response to sexual violence against women with disabilities. They will benefit from the same collaborative planning process that our Illinois Imagines team has undertaken. We (Illinois Imagines), will learn from these “local laboratories” gaining valuable insights to guide state level change.

The sustainability of any systems change, especially a state level one, is contingent upon embedding supports into the system. Illinois Imagines primarily through goal four will take the necessary steps to fully integrate systemic change into the framework. Administrative rules, contractual language, monitoring processes, data collection and performance measures heavily influence the daily practices of the service providers. These foundational supports can guide the right work and make a difference in the experience of women with disabilities who experience sexual violence.

This reciprocal relationship between communities and state entities forms the basis of our plan. Practice and policies strengthened by collaborative relationships holds the key to the service delivery system. But this picture is not complete. Women with disabilities must be at the heart of our systems change initiative. “Nothing about us, without us” reminds us that at each step of the way, women with disabilities are to be our partners in this change effort. Goal three addresses our belief in empowerment directly. However, even more important than this goal is our commitment to infuse this value into the team’s work. Each initiative from the brainstorming phase to evaluation of results will be approached through this lens. Women with disabilities who are survivors of sexual violence will take us to a place we can only imagine.....

#### IV. **OVERVIEW OF LONG-TERM INITIATIVES (October 2009 – onward)**

In addition to the short-term plan, Illinois Imagines developed several long-term initiatives that align with project goals and build upon the short-term work.

The long-term initiatives are as follows:

Collaboration – Expand collaborative model in communities statewide.

This initiative will expand the collaborative approach. The lessons learned from test sites will become teaching tools for statewide implementation. The tool kit we develop for and with the five test sites will be distributed statewide to promote local collaboration in all communities.

Accessibility Reviews – Expand accessibility review, report and remedy process to all disability agencies, DHS offices and rape crisis centers.

This initiative will build on the accessibility reviews we develop for disability agencies. The tools to assess and promote trauma-informed response will be packaged and distributed statewide for use by disability service providers. Concurrent development of training curriculum, training guidelines/rules and other policy changes will enable agencies to become more aware of sexual violence trauma and develop a more trauma-informed response.

Ongoing accessibility review and technical assistance to remedy barriers will continue with rape crisis centers to ensure continuous enhancement of barrier-free services for women with disabilities receiving services from a rape crisis center.

Outreach – Continue and expand outreach efforts.

Outreach efforts to inform women with disabilities about their rights and available services will continue into the future using the communication resources of both ICASA and DHS (e.g., web sites, newsletters, etc.). Additionally, as the disability service systems improve the trauma-informed response and rape crisis centers improve disability access, workers in both systems will be more likely to participate in the critical work of informing women about the services and promoting their use of the services.

Policy – Achieve policy changes and implement changes.

This initiative holds the most promise for sustainable change. Building and institutionalizing a collaborative group to assess policy will be the foundation for future systems change. Looking at policy in the broadest way – from state law to the intake policy of a local agency – will yield the changes that shift Illinois toward a barrier-free, victim-centered response.

While these are the areas of interest we have currently identified for post-grant work, new initiatives may emerge as we pursue our short-term plan. The future work groups for post-grant collaboration may also change based on the need for new or different allies and emerging priorities.

## **STRATEGIC PLAN – IMPLEMENTATION GUIDE**

The following pages constitute the Illinois Imagines' implementation guide for its strategic plan. It includes both short- and long-term initiatives, with a detailed implementation plan for each. A budget is being developed that will be closely aligned with the plan and designed to support accomplishment of all activities.

Illinois Imagines expects that achievement of each short-term initiative will lead to continued efforts on our long-term plan after the grant period ends. The collaborative team is committed to recruiting new allies as the work of changing systems moves forward. Each achievement will cement another block in the foundation we are building for a system designed to respond effectively to women with disabilities who experience sexual violence.

To accomplish the work of this plan, Illinois Imagines will develop working groups, which will specialize in different aspects of the project. Membership in these groups may overlap, and new allies, not currently part of the Illinois Imagines' team, may participate in work groups.

The four primary groups, referenced in the following pages, are the Best Practice Response Committee, Technical Assistance Teams, Outreach, and the Policy Committee. Internal resources will be utilized whenever possible, such as the DHS Communications Office and Central Management Services Illinois Information Services and DHS Regional staff. Additionally, we will likely hire consultants to aid in specific research, writing and technical assistance projects. We may also utilize the services of a public relations/graphic design firm (referred to throughout as PR firm) to support the work of the state communications office and complete specific products

## SHORT-TERM STRATEGIC PLAN

**GOAL #1 – Foster collaboration among disability service agencies and rape crisis centers in Illinois communities.**

**Short-Term Initiative:** Develop collaborative teams in five test sites to work collectively on local responses to women with disabilities that experience sexual violence, and to test/evaluate Illinois Imagines’ products.

Activities	Who	When	Resources	Outcome Measures
<p>Establish criteria for selection of five test sites.</p> <p>Survey DHS and ICASA local offices regarding interest and capacity.</p> <p>Secure agreement of disability agencies, rape crisis centers, women with disabilities and other allies to participate in each site.</p>	<p>Illinois Imagines Team with approval from DHS office of the Secretary and the ICASA Governing Body (Board of Directors).</p>	<p>Develop criteria and survey tool. September 15, 2008</p> <p>Survey providers. September 15-30, 2008</p> <p>Select sites. October 1-15, 2008</p> <p>Secure DHS approval for sites. October 15-30, 2008</p>	<p>DHS Regional map</p> <p>List of rape crisis centers</p> <p>List of Selection criteria</p> <p>Survey tools</p>	<p>Signed, written agreements with five test sites.</p>
<p>Develop orientation agenda &amp; packet for local collaborative teams with samples of: collaborative charter, vision/mission, suggested membership roster, decision-making process, networking agreement. Tips for recruitment and orientation of collaborative members.</p>	<p>Illinois Imagines Team</p>	<p>September 1 – 30</p>	<p>Illinois Imagines’ Charter</p> <p>Samples of community level charters from VERA</p> <p>“Your on Board” manual</p> <p>DHS Communications</p> <p>Collaboration tools: project workbooks</p>	<p>Completed orientation packet.</p>

<b>Activities</b>	<b>Who</b>	<b>When</b>	<b>Resources</b>	<b>Outcome Measures</b>
Identify technical assistance teams to assist test sites. Teams will include disability providers, rape crisis centers and women with disabilities.	Illinois Imagines Team, DHS staff, and consultant(s), as needed	Identify team members. September 1-30, 2008  Train teams. October 1-30	Consultants  TA packets	Technical assistance teams ready to begin by November 1.
Host one day orientation and planning meetings with the collaboration team at each test site.	Technical assistance teams comprised of Illinois Imagines' team members, DHS staff, and contractual consultant(s)	November 1-30, 2008	Access to local meeting sites, training materials Sample working agreements	Orientation meetings occur at each site with attendance by key team members in each local collaborative. Signed agreements within 45 days
Promote mutual access to existing trainings: e.g., rape crisis center workers attend disability trainings and disability workers attend training on sexual violence.	Illinois Imagines DHS/local providers ICASA/rape crisis centers Allied agencies	September 2008 – September 2009	Newsletters/web sites/ Training calendars	Increased participation. Rape crisis center training by disability agencies and vice versa.
Identify & work with test sites to test draft policies, protocols and other products created by Illinois Imagines.	Technical Assistance Teams	January 1 – September 30, 2009	Sample policies and procedures	Report on outcomes of tests with revised products.
Test co-location of services (rape crisis workers providing services on site at disability service agencies) at appropriate test sites.	Test sites	January 1 – September 30, 2009	Sample models from existing collaboratives	Test sites report on outcomes of co-location.
Document successes and lessons learned to include in collaboration tool kit.	Illinois Imagines team and contractual consultant(s)	March 1 – September 30, 2009	Lessons learned template	Written summary of lessons and tips based on test site experiences.

Activities	Who	When	Resources	Outcome Measures
Continue development of tool kit to add accessibility review tools. *	Illinois Imagines' team, test sites, consultant(s)	Development. January – June 30	Consultant(s) Amy Judy	Final tool kit ready for distribution by September 15, 2009.
Develop counselor/advocate models for rape crisis centers tailored to fit various communication styles and capacities.	ICASA, Blue Tower Training	Submit to OVW for approval. July 1, 2009	Illinois Voices accessibility survey	
Check/quick reference tool for disability agencies regarding informed response after disclosure	ICASA, Blue Tower Training	Revise & Print. August 15 – September 15, 2009	INCIL accessibility survey	
Develop training materials on sexual violence against women with disabilities.	ICASA, Blue Tower Training	Distribute. September 2009	Sample checklists  Educational materials for counselors and advocates	

NOTE: The tool kit will be developed in phases. Phase I will be an orientation packet focused on the nature of collaboration, recruitment of a team, charter development and other fundamentals related to purpose, structure and function of an evaluation team.

Information and tools related to service delivery and action steps to improve the service systems will be crafted, tested, finalized and approved throughout the project period. By the end of the project on September 30, 2009, all the materials will be gathered into one kit, available in multiple formats (e.g., paper, flash drive, Internet) which can be duplicated and distributed to communities statewide.

**Results:** It is anticipated that as a result of nurturing relationships at the community level, the foundation for creating a local response system which meets the needs of women with disabilities who are survivors will be in place. Through the process of developing a mission, mutual respect and trust will be established. This fosters a climate where test communities are willing to examine current practices, share resources, and embrace change. Lessons learned from this initiative as well as other systems work has taught us that while administrative supports and/or mandates can point toward change, they may have a limited impact on the day to day practice if not supported at the local level. Communities working together to create solutions and enhance services will make a bigger difference in the experience of individuals who seek services. We believe that test communities will use this as a starting point for systems change. They can take this model (the one they created) and apply to other arenas. Illinois can take this model and roll-out to communities across the state.

**GOAL #2 – Ensure best practice response to women with disabilities who experience sexual violence by ensuring: accessibility of rape crisis centers and trauma informed response by disability agencies.**

**Short-Term Initiative:** Conduct accessibility reviews with five test collaboration sites and all Illinois rape crisis centers. Review current accessibility review practices/tools and use other resources to develop and/or expand accessibility review tool(s).

**Activity Area A: Rape Crisis Center Accessibility Reviews**

Activities	Who	When	Resources	Outcome Measures
Develop tools& related protocols to assess accessibility of rape crisis centers, including physical access, communication, attitude, comfort and competence of workers, and geographic accessibility.	Illinois Imagines' Best Practice Response Committee includes representatives from rape crisis centers, disabilities service providers, and women with disabilities. May include contractual consultant(s).	Development. August 1, 2008 – September 30, 2008  Submit for OVW approval. October 1, 2008	Existing accessibility tools (e.g., Disability Rights Wisconsin, INCIL, ADA materials)	Accessibility review tools written and ready to use by October 30, 2008.
Train existing community CIL accessibility review teams to conduct revised accessibility reviews with rape crisis centers in five test sites.	Best Practice Response Committee	October 1 – 30, 2008	Tool and related protocols  Consultants  INCIL	Teams ready to conduct reviews.

Activities	Who	When	Resources	Outcome Measures
Train additional existing community CIL accessibility review teams to conduct revised accessibility reviews with remaining rape crisis centers.*	Best Practice Response Committee	January – early February, 2009	Tool and related protocols  Consultants  INCIL	Teams ready to conduct reviews.
<p>Conduct accessibility reviews with 33 rape crisis centers. Report findings to providers.</p> <p>Provide follow up technical assistance to remedy deficits.</p>	Best Practice Response Committee and contractual consultant(s)	<p>Assess five test sites. November 1 – December 30, 2008</p> <p>Fine tune assessment review tools. January , 2009</p> <p>Assess remaining 28 rape crisis centers February – April, 2009</p> <p>Follow-up technical assistance. May –September, 2009</p>	<p>Contractual consultant(s)</p> <p>ICASA</p>	<p>Written report completed for each rape crisis center.</p> <p>Written plan of action to address remedies</p>

\* Accessibility reviews will be led by local CILS. This approach helps promotes building of relationships and system enhancement on an ongoing basis.

**Activity Area B: Disability Service Provider Trauma Approach reviews**

<b>Activities</b>	<b>Who</b>	<b>When</b>	<b>Resources</b>	<b>Outcome Measures</b>
Develop tools and related protocols for disability service providers to assess trauma informed response.	Best Practice Response Committee	Identify contractual consultant(s). September 1, 2008  Research & develop tools to assess trauma-informed response. October 30, 2008  Submit to OVW. November 30, 2008	Consultant(s)  Other OVW demonstration sites	Accessibility review tools written and ready to use by December 30, 2008.
Conduct trauma response reviews with disability agencies in five test sites. Report findings to providers.	Best Practice Response Committee  INCIL, DHS staff	January – February, 2009	Accessibility review tool	Reports completed for five test sites.
Provide technical assistance to agencies at test sites to remedy any concerns/deficits cited in report.	Best Practice Response Committee  INCIL, DHS staff	January 1 – September 30, 2009	Action plan template  Accessibility resource materials	By September 30, 2009 all issue areas in access report have been remedied or a plan is in place to achieve a remedy.
Finalize and package trauma response review tools for statewide roll-out to disability service providers.	Best Practice Response Committee and consultant(s), if needed	June, 2009	Contractual consultant(s)  DHS Communications	Accessibility tools packaged and ready for distribution by June 30, 2009.

**Activity Area C: Joint strategies**

Activities	Who	When	Resources	Outcome Measures
Produce training DVDs, featuring women with disabilities, teaching disability service providers and rape crisis centers how to respond if they disclose sexual violence and/or request services.	Illinois Imagines Team, women with disabilities, DHS Communications, and PR firm  OVW	Write script/outline. October 30, 2008  Secure media support November 30, 2008  Identify participants. January, 2009  Produce DVD. January – April, 2009  Distribute. June 30, 2009	DHS Communications, CMS Illinois Information Services, PR firm, Women with Disabilities'	Completed training DVD.
Develop reference cards to give rape crisis centers and DHS providers. Package with DVD and distribute to disability agencies and rape crisis centers statewide.	Illinois Imagines Team, DHS Communications/ print shop and PR firm	November 2008 – February 2009	DHS Communications PR firm  DHS Print Shop & Mailroom	Information distributed to all disability providers and rape crisis centers statewide by September 30, 2009.

**Results:** It is anticipated that process of examining accessibility will lead to several outcomes. First of all, there will be an increased awareness of staff and programs of accessibility issues. Service agencies intend to serve everyone and think that they do a good job of meeting individual needs; however, they may not be truly understand accessibility. The process of reviews, development of action plans, and provision of technical assistance will help agencies discover their limitations, areas of strength, and potential to enhance their services. In short, they don't know what they don't know and this process will move them toward making changes in their organizational structure, policies and procedures, staff recruitment and development, and allocation of resources. It sets the stage for rape crisis centers and disability providers to transform they way they do business and shift toward a more integrated, comprehensive services which meets the needs of women with disabilities who experience sexual violence. Disability service providers will become more confident and competent in their ability to appropriately respond to disclosures and connect women with disabilities to rape crisis centers as a result of this initiative. Conversely, rape crisis center staff through this initiative will become more confident and competent in their ability to serve women with disabilities who are survivors of sexual violence. It is essential that this foundational systemic change be in place before outreach efforts are made to increase services to women with disabilities.

**GOAL #3 – Make women with disabilities who experience sexual violence aware of their rights and options.**

**Short-Term Initiative:** Enable DHS disability providers and staff to inform women with disabilities about sexual violence by developing, distributing and promoting outreach messages and strategies.

Activities	Who	When	Resources	Outcome Measures
Based on leadership from women with disabilities, identify messages and communication strategies to inform women with disabilities who experience sexual violence about their rights and options.	Illinois Imagines' Outreach Committee, DHS Communications and possibly a contractual PR firm	October – December 2008	Self-advocacy organizations	Development of messages to test.
Use focus groups to test messages with women with disabilities. Ask focus groups for guidance about delivery strategy(ies) for the messages.	Illinois Imagines' Outreach Committee and four focus groups	January – February 2009	Self-advocacy organizations  Network meetings	Completion of four focus group meetings.
Produce messages.	DHS Communications Contractual PR firm	March – May, 2009	DHS Communications Contractual PR firm	Draft revisions of all outreach materials complete.
Test final drafts with women with disabilities in focus groups.	Illinois Imagines' Outreach Committee and same focus groups	May – June, 2009	Self-advocacy organizations  Network meetings	Completion of four focus group meetings.
Produce final messages and secure OVW approval	DHS Communications Contractual PR firm	July, 2009 - August, 2009	DHS Communications Contractual PR firm	All outreach materials complete and ready for distribution.
Distribute messages statewide via disability provider agencies.	DHS and rape crisis centers	September 2009	Partner agencies libraries, web sites, clearinghouses, trainings	All outreach materials distributed statewide to DHS office, local service providers and rape crisis services.

**Results:** This initiative focuses upon the initial development of messages and materials during the grant period; however, the plan is to embed the educational outreach into the practice of rape crisis centers and disability service providers. For example, for DHS Rehabilitation counselors the materials could be distributed to all individuals at the point of intake or policy could direct DHS offices to have materials available in all lobbies. ICASA and local rape crisis centers may integrate the developed products and strategies into their outreach efforts at the state and local levels. Tapping into existing training and staff development activities offered by state partners promotes the continued outreach to women with disabilities who may be dealing with sexual violence. In the long-term, the success of sustainability rests with integrating education and outreach efforts for women with disabilities into the existing system. This initiative begins the groundwork for accomplishing that goal.

**GOAL #4 – Develop policy changes and initiatives to enhance safety and trauma recovery for women with disabilities who experience sexual violence.**

**Short-Term Initiative:** Research and review current policy (including statutes, rules, policies, standards and other guidelines). Identify areas for change and for new initiatives.

Activities	Who	When	Resources	Outcome Measures
Establish Illinois Imagines Policy Committee.	Illinois Imagines team members recruit women with disabilities and representatives of existing groups and individuals who work on public policy related to disabilities and/or sexual violence	October 2008	Advocacy web sites	Establishment of Illinois Imagines Policy Committee
Orient group to issues and strategies identified by Illinois Imagines (e.g., needs assessment, strategic plan).	Illinois Imagines team members	October – November, 2008	Orientation packets,	Group consensus and agreement on mission and tentative strategy.
Engage group in public policy review. Discuss barriers created by current policies, policy gaps, changes to policy that could resolve barriers.	Illinois Imagines' Policy Committee	Monthly meetings from October 2008 - September 2009 At least quarterly meetings thereafter	Relevant policy documents	Written report that identifies needs for change and recommended changes.
Recommend policy changes and new initiatives.	Illinois Imagines' Policy Committee	August – October 2009	Policies, statutes, rules	Policy proposals.  Written recommendations.

Activities	Who	When	Resources	Outcome Measures
Change ICASA Service Standards to reflect best practices based on literature, input from women with disabilities and preliminary outcomes of test collaboration sites.	ICASA staff, ICASA Program Committee and ICASA Governing Body (Board of Directors)	January – June , 2009	Service standards	Revised standards complete.
Change ICASA training requirements for rape crisis center workers to address broad range of accessibility issues.	ICASA staff, ICASA Program Committee and ICASA Governing Body (Board of Directors)	January – June , 2009	Current training requirements  Sample standards (VERA, WI, others)	Training standards revised.
Change DHS training requirements for disability provider agencies to address trauma-informed response.	DHS Executive Staff	January – June, 2009	Sample standards (VERA, WI, others)	Training standards revised.
Ensure access to mutual training among disability providers and rape crisis centers.	ICASA Training Institute, local rape crisis centers, DHS and local disability agencies	October 1, 2008 – September 30, 2009	Communications tools (e.g., training flyers, agency newsletters, web sites, scholarships for trainings)	Increase in participation in disability training by rape crisis workers and vice versa.

**Results:** This initiative holds the most promise for sustainable change. The daily work of the providers is heavily influenced by the administrative rules and regulations by governing bodies. These authoritative entities can support the right work or produce negative unintended consequences. Illinois Imagines has the partners at the table that can impact the system. After careful consideration, recommended administrative changes will be made. Contractual language, administrative rules, statutes and other guidelines may be changed to promote change in the service delivery system that does not rely upon the partners in Illinois Imagines or continuation of the grant. These changes will address identification and response to sexual violence against women with disabilities. This initiative also addresses the organizational practices of collaborative partners to support safety and trauma recovery through a wide variety of existing functions, i.e. funding, monitoring, and technical assistance.

## **LONG-TERM STRATEGIC PLAN**

The long-term plan will emerge more fully over the contract period (September 30, 2009). For now, we have identified four key initiatives that build on our short-term initiatives. We have identified some tentative tasks associated with each initiative. As we work from now through September 30, 2009, we will expand, revise and refine our long-term plan to ensure the work continues into the future.

Throughout the work, we will continue to ensure that women with disabilities are included and empowered throughout the Illinois Imagines' project. We will retain and expand representation by women with disabilities in the all committees and work groups, collaborative sites and other allies of Illinois Imagines.

### **GOAL #1 – Foster collaboration among disability service agencies and rape crisis centers in Illinois communities.**

**Collaboration:** Expand collaborative model to communities statewide.

- Institutionalize expectations regarding local collaboration by including language in contracts (Department of Human Services with disability agencies, Illinois Coalition Against Sexual Assault with rape crisis centers) to require participation in local collaborative teams.
- Expand and build capacity of Technical Assistance teams to local collaborative teams statewide. Regional teams will include representatives from DHS, Illinois Voices and ICASA. Protocols will coordinate technical assistance efforts and ensure local access to prompt technical assistance, as needed.

### **GOAL #2 – Ensure best practice response to women with disabilities who experience sexual violence by ensuring: universal accessibility to rape crisis centers, accessibility of rape crisis centers and trauma informed response by disability agencies.**

**Accessibility Reviews:** Expand the accessibility review process to all disability agencies and DHS regional offices.

- Using the tool developed by Illinois Imagines, assess DHS regional offices and provider agencies regarding capacity to provide trauma-informed response.

**GOAL #3 – Make women with disabilities who experience sexual violence aware of their rights and options.**

**Outreach:** Continue and expand outreach work.

- Develop curricula for delivery in transitional special education classes.
- Engage rape crisis centers and other members of collaboration team in outreach to audiences in schools and other venues.

**GOAL #4 – Develop public policy changes and initiatives to enhance safety and trauma recovery for women with disabilities who experience sexual violence.**

**Policy:** Write, adapt and implement changes to policy and new policies, to improve responses to women with disabilities who experience sexual violence.

- Work with allies to propose policy changes via the legislative process, rulemaking (JCAR) and/or agency policies/guidelines (e.g., DHS, local providers).
- Build support for implementation of changes via advocacy, education and technical assistance with agencies affected by changes.

## **CONCLUSION**

The Illinois Imagines' team is excited to have reached the point of action. We believe our commitment to creating a viable, engaged, informed team has led us to a place of clarity and readiness. The gritty work of developing and conducting our needs assessment opened our eyes to the critical need for a collaborative response to women with disabilities who experience sexual violence. The Needs Assessment confirmed some of what we believed and revealed truths we were not aware of and did not expect. Processing the feedback and findings was sobering – about the need, the work before us, the size and scope of the task.

As defined in the Illinois Imagines collaboration charter, systems change is grounded in the belief that growth and change is good. The past system is valued and provides the foundation for future efforts. The goal of changing the system to be more responsive to the changing needs of individuals, families, and communities is a core element of this collaborative.

Systems change is a comprehensive planning and program development approach that focuses on strengthening the service delivery system infrastructure in order to enhance the effectiveness and efficiency of services to people with disabilities. A systems change approach involves extensive, on-going collaboration among all partners, including women with disabilities. The ultimate goal of systems change is to integrate sustainable change into the service delivery system that has a positive impact on the quality of life for women with disabilities.

Our strategic plan embraces the definition and scope of systems change. This document reflects a plan on a smaller scale than we originally desired. We reined in our enthusiasm – to make sure we get it right, to be certain of success, to lay the groundwork for our next steps and the work of those who come after us. We allowed time to test our knowledge, ideas and beliefs and to document strategies that work. This will permit and promote replication on a broader scale in the future. We are ready to begin the work of creating a service system that responds effectively to women with disabilities – a system that is trauma-informed and survivor centered.

We conclude where we began our journey, with our vision: “All women with disabilities will be guaranteed an environment free from sexual violence, where they are empowered to speak and act for themselves. Survivors of sexual violence will be assured a proactive, individualized, compassionate response to their experience.”