

SurviveAbility

Strategic Plan

September, 2008

This project is supported by Grant No. 2006-FW-AX-K007 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.

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I. INTRODUCTION

Background

In October 2006, our collaborative was awarded funding by the Department of Justice, Office on Violence against Women. This collaborative, since named SurviveAbility, is a partnership between Lane County Department of Children and Families, Womenspace, Siuslaw Outreach Services (SOS), Sexual Assault Support Services (SASS), Lane Independent Living Alliance (LILA), Direction Service, Community Sharing Program of Cottage Grove, ShelterCare, and the Lane County Domestic Violence Council (DVC). Additionally, we have six Community Consultants, women who bring a diverse range of life experiences around violence, abuse, and disabilities.

During the planning phase of this three-year project, the collaborative focused on assessment and planning activities. To this end, SurviveAbility focused on developing a Collaborative Charter, a Needs Assessment Plan, a Needs Assessment Report, and a Strategic Plan. This document describes the strategic plan and key initiatives to be undertaken in the implementation phase.

Who We Are

Since 1993 Lane County has had a strong, proactive DVC with broad-based participation ranging from DV and sexual assault advocacy groups to law enforcement and the DA and others. In 2003 the DVC formed the VALID (Violence and Abuse in the Lives of Individuals with Disabilities) Task Force. VALID included survivors, consumers, advocates, and leaders from DV organizations and groups addressing issues of people with disabilities. VALID offered a venue to explore issues of violence against people with disabilities, educate each other on violence and access, identify resources, and work to fill gaps in those resources. It was from this work that SurviveAbility emerged.

II. OVERVIEW OF PLANNING PHASE

Over the past 2 years, the members of SurviveAbility focused on accomplishing the elements of the assessment and planning phase, as outlined by the funder. These activities were undertaken in consultation with the liaisons from the Vera Institute's Accessing Safety Initiative.

Collaborative Charter

The first order of business was conceptualizing our working relationships, in order to develop a Collaborative Charter. The charter is intended to be our guide, outlining our roles and responsibilities, communication and decision-making agreements, jointly created values and definitions, and laying out our

timeline for the planning phase. During this stage, we defined our mission and vision, shared values, roles and responsibilities of collaborative members, and created communication, decision-making and confidentiality guidelines. Our shared vision guided our work throughout the planning phase and will continue to guide our efforts through implementation as we work to create permanent changes to our service delivery system:

Vision

Women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. The services women seek will be accessible, responsive and informed because agencies throughout Lane County will understand and address the vulnerabilities, barriers and challenges that survivors encounter and will embrace the important role each plays in promoting safety for women with disabilities and Deaf women.

Based on our vision, each of our collaborative partners agreed to dedicate resources and staff to our collective goal of changing our systems to provide more accessible and responsive services to women with disabilities and Deaf women who experience violence. Additionally, each of our organizations agreed to participate in an intensive assessment of our agencies' strengths and needs.

Our collaborative crafted our needs assessment plan to help us better understand the barriers and facilitators of our current service system. Our process emphasized a qualitative approach, seeking to bring forward the voices of women with disabilities, and the direct service providers working in our partner agencies. The following broad questions guided our needs assessment and will help shape our subsequent strategic planning:

1. What happens within our system that impedes the help-seeking behavior of survivors with disabilities when reaching out, and all that they try to do to get help fails?
2. What are the capacities, strengths and limitations of the partner agencies in addressing the needs of women with disabilities who experience violence in their lives?
3. What are the experiences of women with disabilities in reaching out to and in receiving services from either disability-oriented services or victims' services?
4. What are the experiences of direct service staff in working within their system and across systems and agencies?

5. What are the opportunities for change within our systems?

Implementation of Needs Assessment

Information gathering activities of the Needs Assessment were carried out during the months of May, June and July. Outreach and recruitment activities, scheduling and other logistics dictated the timeline.

Outreach efforts extended beyond clients served by our primary partners to include agencies, services, faith community, transportation services, and others. The depth of information we received through the discussion groups included diverse perspectives across disabilities, age, help-seeking behaviors and experiences, and urban/rural residents.

Participants in discussion groups for women with disabilities were asked to talk about their experiences seeking help and support. We asked participants to share their experiences of accessing services: both positive and negative. Additionally, we crafted questions to encourage women to share their ideas about what would help women reach out for help and to brainstorm where women they know receive help or support. Questions also focused on women's awareness of and perceptions about the seven primary partners of SurviveAbility. We conducted five discussion groups and one 1:1 interview; a total of 14 women participated.

Discussion groups were held within the seven partner agencies. Agency Staff Discussion Groups began with a short introductory survey. All participants of the discussion groups returned the survey. During discussion groups, staff were asked to identify instances where they felt successful in working with a woman with a disability who experienced violence. Participants described their agency's process and response, barriers faced, and brainstormed strategies for improving the response and overcoming barriers. Questions then focused on agency involvement with the coordinated community response, and how participants felt their agency could support other partner providers within the collaborative. These discussion groups gathered responses from across organizational levels, for a total of 42 participants.

AGENCY	NUMBER OF GROUPS	PARTICIPANTS	
		Supervisory	Line Staff
Community Sharing Program of Cottage Grove	1	1	4
Direction Service	1	1	4

LILA	2	3	8
SASS	1	1	2
ShelterCare	1	1	3
SOS	1	0	3
Womenspace	2	4	7
TOTAL	9	11	31

III. SUMMARY OF NEEDS ASSESSMENT FINDINGS

Overview of Process

Outreach and recruitment of women with disabilities was planned with safety and respect firmly in mind. Given this, we focused our outreach on women with disabilities through agency staff from the primary partners as well as a broader network of agencies and groups, natural contact points for women with disabilities. To prepare the staff of each agency or group for this recruitment, we explained the nature of our discussion groups and the goals of our Needs Assessment. In turn, the staff of each agency considered their case loads and recruited appropriately. To guide them in this, we created a handout with frequently asked questions. Participants for discussion groups with women with disabilities were recruited through word of mouth and frequently-asked-question handouts distributed to staff at our partner agencies, our broader provider network, and members of the Lane County Domestic Violence Council. The handouts were not intended for public posting, rather as reminders and information for agency staff to use to help recruit participants. Members of SurviveAbility met with staff or contacts from the broader network to discuss outreach and recruitment details, such as notification of accommodations, scheduling, incentives, and other support available (i.e., transportation).

The broader outreach included Senior and Disabled Services, Laurel Hill Center, support groups/offices at the University of Oregon and Lane Community College, Full Access Brokerage, Pearl Buck, City of Eugene Recreation’s specialized recreation program, Oregon Department of Human Services’ Vocational Rehabilitation and Self-Sufficiency (TAN-F) programs, faith groups, South Lane Wheels, and Lane Transit District. These agencies provide services and supports to a much broader range of Lane County residents.

Participants for the agency staff discussion groups were recruited from our seven primary partner agencies. Project staff coordinated with the SurviveAbility agency representative and each agency’s management team to facilitate recruitment and participation.

Summary of Findings

Overall, the activities implemented in the Needs Assessment appeared to successfully capture information to guide our planning process. By combining the feedback, perspectives, and suggestions of agency staff and women with disabilities, we are able to craft a picture of the system currently in place amongst our partner agencies.

Findings were grouped by the major categories of: ***Coordination and Networking, Person-Driven Philosophy and Approach, Policy and Practice, and, Increase Knowledge and Skill Base Around the Intersection of Disabilities and Violence/Abuse.*** Under each key finding an explanation of variables within that category are explored and supported with examples from the data. It is important to realize that the barriers, gaps and challenges listed below are hugely amplified for women from immigrant and/or non-English speaking communities.

Global Category #1 - Coordination and networking: Findings from both women with disabilities and agency staff indicate that, while there are examples of fairly good coordination amongst the members of SurviveAbility, and other service providers in Lane County, there is a need to strengthen relationships and improve inter-agency cooperation. Key to this finding are challenges to communication, both between partner agencies and within each agency.

Discussion group participants voiced the importance of developing a “web of services”. While some participants in the discussion groups reported that Lane County has fairly good coordination of services, respondents did not consistently indicate that this translated into a coordinated or seamless system of services for consumers. Participants often spoke of the need to work with staff from other agencies more often, and more effectively. When asked “When working with another agency to support a woman with a disability who has experienced violence, what works well and what doesn’t?” participants of staff discussion groups consistently identified two perspectives of the same problem. Staff described an issue in referring a woman to another agency, and feeling cut off from continuing to work with the woman; conversely, staff also described contacting agencies that referred women for services to discuss joint planning, and experiencing a “closed door” response. Both of these experiences speak to a need to address a lack of coordination of services.

Both women with disabilities and agency staff noted a need for a consistent mechanism to update provider community on program details. Most of the partner agencies, as well as most social service providers in Lane County, are

facing budget cuts and program cutbacks. This, combined with staff turnover, makes keeping information up to date particularly challenging. The current budget climate amplifies the need to establish a “user-friendly” way to keep each other informed of agency or program changes such as (but not limited to): program or staff changes, policies and procedures, wait lists, reminders of program eligibility, openings, fees, etc.

In addition to programmatic updates, participants also noted the need to create networks that will allow regular feedback between agencies. Currently, there is no consistent, county-wide forum or protocol/process in place between agencies to encourage, or allow, a feedback loop. Because of this, feedback from one agency to the other about referrals, co-advocacy, etc either does not consistently happen, or happens when there is a problem or a crisis. With this communication, staff will not know the outcome of the referral, and won't know what next steps they need to take. This can lead to duplication of services, unnecessary burden on staff time, less effective outcomes, and potentially less safety for women. Another repercussion of inconsistent feedback is the potential for increased misunderstandings, misperceptions, or feelings of blame or defensiveness. What is lacking is a commitment to follow up on referrals made or received with feedback about what went well and what could be improved. Such a communication loop must be developed in the spirit of good faith and accountability to be effective and to build relationships.

Finally, within this global category, participants noted a need for systemic ways to share information internally. This challenge was particularly noted amongst the larger partner agencies, or when an agency experienced significant and sudden growth. Both staff and WWD group participants noted issues related to lack of communication between agency staff and programs. Supports and services could be enhanced by developing internal processes for staff to share their perspectives and expertise in a way that enhances all staff's knowledge. While discussion group participants often noted a need for 'go-to' people within the agencies, there was also consistent feedback that all staff would benefit from sharing information and resources. At a minimum, staff should be aware of their agency's mission, structure, and general guidelines for service provision

Also related to internal communication is the issue of training, monitoring and support of volunteers staffing initial entry points for agencies. Participants across groups noted the importance of volunteers, particularly in providing crisis line and I/R services. However, there was a wide range of experiences expressed regarding interactions with volunteers. Given the important role they play in initial response and in referring to supports, volunteers benefit from

clear understanding of agency mission, values, and programs. Agencies will benefit from including volunteers in considering strategies to increase internal information sharing.

Global Category #2 - Person-Driven Philosophy and Approach:

Women with disabilities want to be seen as people first. They see themselves as part of the solution, and desire ways to be involved in both their individual service planning and in agency and community change in general. Women also highlighted the importance of language, and asked that agency staff look beyond the diagnosis, the presenting need, and be ready to work together.

Participants in the discussion groups challenged agencies to take a holistic view that includes strengths as well as challenges and needs. Participants of WWD discussion groups felt very strongly that the strengths they bring as individuals are not always noticed or valued. Participants in staff groups generally agreed with the need to focus on strengths as well as needs of clients/consumers, however consistently “doing the work” in this framework was seen as challenging. Because agencies tend to be driven by forms and reporting requirements, interactions can often be more focused on the presenting issues than on creating relationships. Staff working in agencies with crisis lines, drop-in centers, or I/R phone services noted the additional struggle created by one-time connections.

Women also emphasized the importance of a Person-driven approach, recognizing they are a part of the solution. While the concept of a web of services was strongly endorsed, there was equal strength given to the view that goal-setting, service planning, assessments, or other processes typically associated with service providers must include the woman herself. Perhaps the principle of “Nothing About me Without Me” best captures this notion. A key to a person-driven approach is the importance of listening, and for women to be heard. This was expressed at both a theoretical and practical level. Participants in groups talked about the importance of feeling heard when sharing information with staff; their perceptions on being heard or not impact their sense of being able to receive real help from that individual, and for some, from the agency as a whole.

Women discussion group participants spoke of the value of peer support. This refers to someone who has gone through similar experiences, and has a good deal of knowledge, and yet is not perceived as so organized around system requirements and eligibilities. Being able to connect with peer support was seen as critical for breaking isolation and for connecting more effectively with systems and agencies.

Global Category #3 – Policy and Practice:

Participants across discussion groups recognized the need to examine agency policies and practices, particularly around assessment and identification, referral processes, and agency- and self-care.

Focus group participants agreed that agency assessment and identification processes need to be revamped. Agency participants spoke of the need to balance intake and assessment procedures with a desire to have a more holistic approach. The process of moving the conversation beyond the presenting issue is important, and particularly challenging for staff working on crisis or I/R lines.

Both women with disabilities and agency staff agree that intakes and assessments that are completed without listening, and without taking time to establish some level of rapport, are likely to be shallow, are likely to miss the real point of the person coming to the agency, and may even be a reason for the person to not come back to the agency. In addition, materials need to be presented in accessible ways. This means concrete language, alternative formats if written materials, and ability to present information in picture or taped format, and other flexible procedures to allow for the different ways people process information. And it may mean changing how and when the information that is required to be entered on the form is actually collected; instead of filling out an entire form in one meeting, it may be more effective to take several meetings, using a discussion format rather than question/answer style.

Participants also spoke of the need for a holistic and realistic approach to the referral process. It is important for staff to have good information about other agencies. Participants noted the importance of being able to give a full picture of the agency to which referring. This should include information about eligibility requirements, hours, intake processes, and a general picture of what to expect. At the same time, this is to be balanced by accurate information to avoid setting up unrealistic expectations. Staff struggle with strategies to offer information without setting up unrealistic expectations.

Finally, participants recognized the need for agency- and self-care. Doing this type of work can have an impact on staff, women seeking support, and relationships with other agencies. Staff noted the importance of debriefings and staffings, appropriate and realistic training, and supportive supervision. When asked to describe successful examples of working with women with disabilities who have experienced violence, staff often listed such

communications as key agency support; conversely, lack of these opportunities were noted in discussions about what doesn't work, or barriers to effective work. Agencies need to examine policies around self-care and support, working to create an environment that values staff asking for support.

Participants in staff discussion groups noted the need to recognize and empathize with other agency staff around these same issues. Being able to recognize each others' limitations and struggles can improve inter-agency relationships and understanding. Women also reported that they can tell when a staff person is feeling overwhelmed or burned out. Some women noted this impacts their willingness to access services.

Global Category #4 – Increase Knowledge and Skill Base Around the Intersection of Disabilities and Violence/Abuse:

Both women with disabilities and agency staff recognize a need to increase the capacity of the broader community to identify, support and connect women with services. At the same time, SurviveAbility recognizes the need to increase partner agencies' preparedness to respond to increased referrals from the community.

Participants identified the need for agencies to increase their knowledge and skill base, particularly around response to disclosures, appropriate safety planning, mandatory reporting requirements, confidentiality policies, and ADA requirements. Staff also reported needing basic information as a framework for developing skills to better support women with disabilities who have experienced violence in a person-centered approach. Staff participants said the need to increase their knowledge of, and improve their capacity to respond to, other types of family violence or sexual assault. Some staff participants noted the need to improve how they support survivors of DV and/or Sexual assault who are mothers – both women with disabilities who are mothers, and mothers of children with disabilities.

An area frequently noted is the need to avoid creating advocacy or services that are too prescriptive or inflexible. Participants noted that such an approach can have negative impacts on both staff and women. Agencies would do well to create environments and debriefings for staff, supporting them to maintain their effectiveness with women who may not consistently follow "case plans" or "service plans". Group participants identified a need for increased awareness by staff of differing goals, timelines, and realities. This related to both clients and other agencies or systems.

Women reported needing information about domestic violence, sexual assault, and disabilities, as well as information about the services available when they experience domestic and/or sexual violence. Women report not identifying barriers, situations, experiences, or relationships as domestic violence, sexual abuse, or disabilities. For some women, definitions of sexual abuse or domestic violence were limited to physical assaults; many did not define coercive control, harassment, withholding of basic needs as violence. Likewise many women reported they or women they knew might not necessarily identify as women with disabilities unless they had a medical diagnosis or other eligibility statement.

Both women with disabilities and agency staff discussed the need to improve the response by members of the police, medical community and faith community. These systems are often a first point of contact for women with disabilities who have experienced violence. Discussion group participants felt that if these first responders could improve service delivery, connections to healing supports could be increased. While such activities are not supported by our grant, we intend to address their concerns with specific initiatives outlined in our long-term plan for sustainability.

IV. DEVELOPMENT OF STRATEGIC PLAN

In order to most effectively filter through the Needs Assessment findings and potential areas for action, SurviveAbility had included in our Needs Assessment plan an initial list of criteria, as follows:

- € fit with collaborative and agencies' mission statements,
- € feasibility,
- € fit with legal mandates and/or restrictions,
- € urgency of the need or gap,
- € level of priority indicated by women with disabilities,
- € sustainability.

These criteria served as a starting point for SurviveAbility's strategic planning retreat. Facilitated by Sandra Harrell from ASI, the retreat agenda focused on reviewing the information from the Needs Assessment. During this process, we developed an additional set of guiding principles to help us determine the sequence of our initiatives and to ensure that those we undertake with our current grant will position us to achieve our long-term vision. We determined that the initiatives that we will undertake over the next year will:

- € be supported by grant parameters,
- € be feasible,
- € will respond to what women say they need,

- € will create sustainable change,
- € will fit with collaboration's and agencies' missions and visions,
- € will be person-driven,
- € will position us to fulfill our larger vision,
- € will result in changes that can be documented and celebrated,
- € will be user-friendly and streamlined during implementation,
- € will have obvious benefits to the staff and agencies,
- € all SurviveAbility partner agencies can commit to supporting the initiatives.

Applying our original criteria and our guiding principles we identified the following initiatives:

- € strengthen and further develop the collaboration to support partner agencies to provide “better” services for women with disabilities who have experienced violence or abuse,
- € increase the capacity of the provider agencies to serve women with disabilities who have experienced violence,
- € increase the knowledge and skill base for serving women with disabilities who have experienced violence,
- € develop a model for co-advocacy and,
- € develop strategies to improve the response by law enforcement, the medical community, and the faith community.

The group again applied the selection and sequencing criteria to the five areas, selecting the first three for specific work over the implementation phase of this grant program. These initiatives are strongly connected to the vision and mission of SurviveAbility; as such, successfully moving forward will result in accessible, responsive, and informed services within and between our provider agencies. Finally, successfully implementing these initiatives will position SurviveAbility to achieve our longer-term initiatives.

Moving to action:

The attached work plans illustrate key activities, steps, responsibility, and timeline for each of the three short term initiatives. With the consultation of ASI, SurviveAbility members, during the strategic planning retreat and subsequent work sessions, identified the steps needed for each initiative and sequenced the three areas to best position SurviveAbility for success. As the detail below will highlight, the bulk of SurviveAbility activities will occur in the first two initiatives. The process of implementing the work plans, shown below, will most certainly result in strengthened relationships and understanding between partner agencies. Together, these initiatives will build momentum towards our

vision of accessible, responsive, and informed services, designed to empower women to disclose abuse and access services and safety.

In the process of reviewing findings from the Needs Assessment, and moving those to strategic planning, a key foundational step emerged. As SurviveAbility moves from assessment and planning to the implementation phase, the collaboration will review and update the Collaborative Charter, to better define the roles of the provider partner agencies and the non-direct service partners. It will be important for SurviveAbility to clearly articulate which agencies are engaging in capacity building and change efforts to improve response in direct services to women with disabilities who have experienced violence. To this end, the roles of the Lane County Domestic Violence Council, Lane County Department of Children and Families, and the Community Consultants will take on more of a consultation and support focus.

As the charts show, SurviveAbility anticipates the three initiatives to be undertaken in an overlapping timeframe. Given the interconnectedness of the activity areas, this seems an appropriate flow of the work plans.

Initiative #1: Increase the knowledge and skill base for serving women with disabilities who have experienced violence.

This initiative will focus on improving the response by staff and volunteers of the provider agencies. As noted in the Needs Assessment, staff and volunteers stressed the importance of increasing agency knowledge and skill base. Findings from the Needs Assessment indicate a need for knowledge on both a theoretical and a “hands-on”, skill-based level. This initiative also aligns with SurviveAbility’s mission and vision in that the activities will be designed to provide information as well as create opportunities for cross-learning amongst agency staff. By completing the steps outlined below, we will also begin preparing the collaborative to accomplish our longer-term initiatives. By increasing knowledge and skill-base amongst partner agencies, we will have in place the foundation to build our co-advocacy model, and we will be ready to act as trainers and technical assistance providers to the broader community of service providers.

Key steps to accomplish this initiative were identified for action-planning. These are: **Develop & Implement a technical assistance plan for provider agencies to identify and act upon strategic options for cross-populated learning/training opportunities** and; **Develop an electronic database/library of training and reference materials.** To align with

SurviveAbility's mission and vision and to facilitate the success and sustainability of this initiative, we hold a commitment to basing these activities on a coaching model. Thus, the steps will include evaluation of the impact and effectiveness of activities, and follow-up support to move learning into practice.

In order to move on the first step, we will use the findings from the Needs Assessment to develop training modules to be presented to relevant provider agencies. Each agency will self-identify their most pressing training needs. These will be reviewed by the full SurviveAbility collaborative, which will offer perspective and expertise to ensure the completeness of the training needs. The collaborative will use this information in conjunction with the needs Assessment to define technical assistance needs for either cross-training or agency-specific activities. The resulting TA plan will include training modules, created to address the areas of need as defined by the Needs Assessment and the additional information from the agencies. We anticipate providing up to five modules of training.

We intend to build upon existing training and expertise within our collaborative. To this end, we will begin the development of the TA plan by first identifying the resources, materials, and training modules already existing, both locally and nationally. Where needed, we will work with ASI to design and develop new modules for inclusion. All modules will be reviewed and vetted by the collaborative. Scheduling for training/technical assistance events will be the responsibility of the agency representatives. These opportunities will be designed and scheduled to be meaningful, relevant, user-friendly, and effective for the staff and volunteers.

The next step, developing an electronic database, will provide a mechanism for on-going support to agency staff, provide a mechanism to document the lessons learned from SurviveAbility's collaborative efforts, and supports sustainability and connections. This task will be accomplished by first researching and defining the structure of the database, identifying critical content for the database, and finally actually developing the actual tool. Materials and processes developed in the course of the implementation phase will be included in this database, as will lessons learned from SurviveAbility's work together. The structure of the database will be developed primarily for the key audience of direct service providers. In the spirit of universal design, we will plan the design of the database to include sections that can be sorted by level of material (i.e. Journal/Research articles versus family-friendly Frequently Asked Questions sheets). We will also develop a plan for SurviveAbility members to regularly review and refresh the database. This tool will continue to support agency staff, not only individually but also as we move

towards developing a model of co-advocacy, and as we begin efforts to improve the response of other systems (see description below, Long-Term Initiatives).

{{{INSERT INITIATIVE #1 CHART HERE}}}

Initiative #2: Increase the capacity of the provider agencies to serve women with disabilities who have experienced violence

As the title suggests, this initiative focuses on examining and improving the protocols and policies that guide the work of the provider agencies. Such changes to protocols & policies will ultimately drive practice changes. As noted above, this initiative was selected based on information from the Needs Assessment. The opportunity for partner agencies to increase accessibility and responsiveness for women with disabilities who have experienced violence is central to SurviveAbility's Vision and Mission.

The key steps for this initiative are: **Conduct and evaluate access and responsiveness reviews** and; **Conduct and evaluate policy reviews**. Implementing change informed by the reviews will include technical assistance and training to support the activities; these needs will be added to the technical assistance plan developed in the preceding initiative. In our strategic planning process, we defined these steps as sequential, rather than as a single activity. Approaching these as separate steps will allow depth of planning to support change in policies and protocols, and highlight strategies to implement elements of Universal Design. We also anticipate requesting technical assistance site visits by ASI Associates to support the access and responsiveness reviews. To support sustainability of efforts, we will work with ASI to plan those site visits not as reviews, but as Train the Trainers; we will then have a cadre of trained individuals in our community.

Activities within the access and responsiveness reviews begin with consulting with ASI to develop the process and tools needed. To facilitate sustainability of this process, we will work with ASI to organize, develop, and schedule Train the Trainers site visits with appropriate Associates. A work group will develop review processes and materials, which will be reviewed and vetted by the full SurviveAbility executive committee. Given our interest in supporting capacity building across systems, particular attention will be given to balance access and responsiveness, across agencies. As a first step, the workgroup will consult with ASI to determine the feasibility of creating one tool and a single process that can be applied for agencies in both systems.

Once these processes are completed, the full collaborative will examine the results and prioritize and sequence areas for change. To assist in this step, the work group will develop a rubric for use in prioritizing and sequencing change activities. This will include elements such as feasibility, resource/funding needs, and coordination with any on-going overall agency planning activities. In developing plans for policy/protocol changes, the work

group will identify technical assistance and training needs to support the movement. These will be included in the Technical Assistance plan.

The second step, reviewing policies will include similar steps as described above. In addition, we will use the information gleaned to identify where policies and/or protocols across agencies appear to be in conflict, or to set up barriers to effectively working together. This information will be available to assist in identifying additional future work. Finally, we will develop a process to document the impact of the change efforts of both steps.

{{INSERT INITIATIVE #2 CHART HERE}}

Initiative #3: Strengthen and further develop the collaboration to support partner agencies to provide “better” services for women with disabilities who have experienced violence or abuse

As we move from the assessment and planning phase to the implementation phase, the purpose of our collaborative relationships will shift, with more focus on the purpose of the collaborative: to support each agency to successfully undertake the capacity building and change efforts as described, in order to provide “better” services. In the course of our planning process we defined “better” to reflect values of seamless services, agencies equipped to meet the needs of women with disabilities who have experienced violence, and increased responsiveness, accessibility, and knowledge/skill base amongst agency staff. As noted above, shifting from planning to implementation will require us to clearly delineate roles and responsibilities of SurviveAbility partners. In addition, it is clear that the bulk of project activities will occur within the first two initiatives, and as we accomplish the activities and steps included in the work plans, above, we will in fact also be deepening our relationship within the collaborative.

A secondary purpose of the collaboration is to position us to be successful in our longer-term mission, vision, and initiatives. While all the short-term initiatives are overlapping, both in activities and in sequence and timeline, it is our intent that the first two initiatives will pave the way for strengthening the collaborative relationships between agencies. To this end we identified the key steps for this initiative: **Review, Modify, and Reaffirm SurviveAbility’s vision, mission, goals, and Collaborative Charter** and; **Define and modify the mechanisms of the collaboration to support on-going connections and success with longer-term initiatives**. These steps will help us further create the fabric of our collaboration, and strengthen our integrity.

The first step requires us to reconfigure the governance and operating procedures to focus SurviveAbility’s efforts on the short-term initiatives. This may move us to update and revise elements of our Collaborative Charter. It will also be important to the success of our initiatives, both short- and long-term, to further shift the collaborative relationships from the individual representatives to broader segments of the direct service provider agencies. This will be supported by the activities related to the initiatives outlined above. In addition, SurviveAbility agency representatives will seek user-friendly, effective strategies for increasing intra-agency communication and engagement. In particular, we will focus on changing meeting structure and agendas to focus on the work plans; we will update the roles and

responsibilities section of the Collaborative Charter, to reflect distinctions between the seven direct service partner agencies and the three supporting entities as described above; and we will identify steps for each agency representative to undertake to infuse SurviveAbility more broadly within their home agency.

The second step leads us to plan for the future, developing a structure to support the on-going work. One specific area of work is the development of a consistent mechanism and process for a proactive feedback loop, creating communication venue grounded in a value of “safe accountability” between agencies. This will require identifying and developing any necessary interagency agreements, among other tasks. This step is scheduled to begin later in the implementation phase, in order to allow SurviveAbility to move forward on the first initiatives, building the foundation to support the development of this process.

The two steps outlined are also intended to increase the collaborative’s ability to leverage resources. By consulting with ASI, we will seek to improve the coordinated response, reduce duplication of services, and more clearly identify gaps in services; this will also position the collaborative, either as a whole or as reconfigured groupings, to be positioned to seek increased funding/support. To support sustainability, these activities also position SurviveAbility to accomplish our long-term initiatives, specifically: Develop Co-Advocacy Model and Improve Response by police, medical community, and faith community.

{{INSERT INITIATIVE #3 CHART HERE}}

Long-term initiatives:

It is our intent that the three initiatives described above will position our collaborative towards future success in key long-term initiatives. By restructuring our collaboration in order to expressly support the capacity building of the direct service providers, we will be positioned to embark on the efforts needed to move forward on two specific longer-term initiatives. By increasing knowledge, skill-base, and capacity of the direct service providers, SurviveAbility will be prepared to undertake new efforts together.

The first long-term initiative identified is to develop a model for co-advocacy; the second is to develop strategies for improving the response by law enforcement agencies, the medical community, and the faith community. These areas will be addressed after the life of this specific funding source.

Included within the first initiative, develop a model for co-advocacy, are the following key areas:

- € create multiple points of entry;
- € position agency staff to provide meaningful referrals;
- € develop model of shared volunteer training.

As noted above, clarifying roles and responsibilities of collaborative partners will be a key positioning strategy. This includes clarifying direct service partner roles and the supporting roles, as well as clearly identifying which of the direct service providers will be continuing together in the implementation of this co-advocacy model.

Once the structure of the co-advocacy model is developed, SurviveAbility will be ready to act as a community technical assistance resource. Providing consultation, training, and support to entities within law enforcement, the medical community, and the faith community will allow SurviveAbility to move the lessons learned from this collaborative to key points of contact with women with disabilities. Successfully addressing the three short-term initiatives and developing a model for co-advocacy are critical first steps towards achieving this long-term initiative.

V. CONCLUSION

Since we first came together in October, 2006, SurviveAbility has been focused on building our inter-agency relationships in order to effect relevant, informed change. Our strategic plan sets forth a road map for the upcoming years, setting forth the activities and tasks to improve the response to women with disabilities who have experienced violence. The areas we have

committed to address will improve the practice and protocols across the partner provider agencies, and will serve as a model for other providers in Lane County.

The partners of SurviveAbility understand the responsibility and the opportunity this strategic plan represents. As we move forward, our direct service providers, with the support of the Lane County Domestic Violence Council, Lane County's Department of Children & Families, and our Community Consultants, will utilize this plan to achieve the values expressed in our Vision and Mission statements. And, we are fortunate to be able to use this project to work towards access, responsiveness, and safety within the broader Lane County community.