

**Strategic Plan**  
**Pennsylvania Collaboration**

**Disability Grant Program**

**April, 2010**

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## **1. Introduction**

In October of 2007, with the overall goal of improving services for survivors with disabilities and D/deaf survivors, the DRN, PCADV and PCAR received a three-year grant, the Disability Grant Program, from the U.S. Department of Justice, Office on Violence Against Women. As part of the work under this grant, our collaboration conducted a comprehensive assessment of the strengths and needs of selected communities in the central region of the state. The focus areas of our needs assessment process were accessibility of services for women with disabilities and D/deaf women and the response to violence by disability services providers and organizations serving persons with disabilities and D/deaf or hard of hearing individuals.

One of the most important elements of this grant for our collaboration consisted of assessing our own organizations (DRN, PCAR and PCADV) in regards to accessibility and safety. We followed a process similar to what took place within the selected communities. Honoring such a process provided critical information that will influence how we modify our policies and procedures in regards to accessibility and safety during this final phase of the grant. Additionally, subjecting our organizations to a process similar to that of the pilot sites assisted us in relating to these communities on a much closer and concrete level. Our collaborative appreciated this opportunity particularly because of the statewide focus that characterizes the work of our organizations.

The following pages of this document contain the Strategic Plan that will guide our work in the last phase of our project. The overall goal of is to improve these communities' response to women with disabilities and D/deaf women who have experienced domestic and sexual violence and to increase access to services. The same overarching goal applies to our collaborative partner organizations. To that end, the work is expected to take place on both levels, pilot sites and partner organizations.

## **2. Overview of Collaboration and Pilot Sites**

The Pennsylvania collaboration or *Collaborative* consists of the Disability Rights Network (DRN), the PA Coalition Against Domestic Violence (PCADV) and the PA Coalition Against Rape (PCAR). These three organizations are the primary partners in this grant.

Approximately 15 years ago, the Disability Rights Network of Pennsylvania (DRN) joined efforts with the Pennsylvania Coalition Against Rape (PCAR) with the intent to eliminate sexual violence in the lives of persons with disabilities. In the summer of 2004, DRN and PCAR joined efforts again, this time in conjunction with other organizations including the Pennsylvania Coalition Against Domestic Violence (PCADV), who became a member of the team a year later. Our work together has focused on improving physical, programmatic and attitudinal accessibility to victims' services for people with disabilities. Additionally, it has focused on raising awareness on the part of disability services providers of the prevalence and higher risk to violence of persons with disabilities and the existing community resources available to the individuals they support.

Our work during the planning phase of this grant focused on formalizing our collaboration by documenting our process, shared values and shared vision for our work. Our shared vision will guide and direct the work of our collaboration throughout implementation and for years to come:

## **Vision Statement**

People with disabilities and D/deaf individuals in Pennsylvania who have experienced sexual or domestic violence will receive appropriate, responsive and accessible supports and services.

Our funding also afforded us the opportunity to assess the needs and strengths of selected Pennsylvania communities around the issue of violence against persons with disabilities, D/deaf or hard of hearing. Based on our shared vision for Pennsylvania, our collaborative decided for our work to be cross-disability and cross-violence against women. Additionally, we developed a set of criteria that assisted us in selecting the communities in which we worked. Some of the elements taken into account included geographic and cultural diversity, willingness among community members to take part in this process and areas where collaboration among disability and victims' services providers was already in existence or about to occur. Ultimately, we decided to conduct our needs assessments in Dauphin/Perry and Lancaster counties.

While the work of our organizations takes place at the state level, this grant required us to limit the number of participating communities in this project. In addition to the requirements of the grant, considering the size of the state of Pennsylvania made it impossible for our collaborative to assess the needs and strengths of all the communities within the timeframe of the grant. However, based on the selection criteria stated above, these pilot sites exhibited demographic characteristics representative of our state. An analysis of their strengths and needs, as well as the strengths and needs of the collaborative partners, around the delivery of services to victims/survivors with disabilities and D/deaf or hard of hearing persons provided us with the opportunity to utilize the results of the needs assessment in the future. These findings will continue to inform our work for many years to come. The information and data collected from the assessment of the strengths and needs of these communities and collaborative partners has been used to develop the strategic plan that will guide our work throughout the implementation phase of this grant, contained in the following pages of this document.

## **3. Needs Assessment Goals**

The ability to assess the strengths and needs of some communities in Pennsylvania provided our collaborative with valuable information and the opportunity to learn of barriers encountered by survivors, persons with disabilities and D/deaf persons when trying to access victims' services. Our collaborative also learned about what worked well and reinforced how inclusive and accessible environments promote healing and respect.

During our planning for the assessment of the strengths and needs of the selected communities and collaborative partners, our collaborative arrived at a series of questions that guided our work when collecting information from these participating organizations. What follows are the general themes our team explored with these communities/collaborative partners:

- What are the strengths and barriers that victims/survivors with disabilities experience within victims' services and disability service providers when seeking safety?

- What do persons with disabilities and victims/survivors need from victims' services and disability providers to experience welcoming, comfortable and responsive environments? What exists and what is still needed? How do persons with disabilities know an organization is welcoming and comfortable?
- What are the strengths, challenges and barriers experienced by disability and victims' services providers when serving victims/survivors with disabilities?

#### **4. What we already knew**

Our collaborative embarked on the assessment of the above-mentioned communities and partner organizations in areas related to accessibility and responsiveness to survivors of violence with disabilities and D/deaf survivors. We began conducting our needs assessment process with several ideas and information, gathered through the work of all the partner organizations from the lens of their respective disciplines. The following sections explain some of the information we were aware of before starting our data collection process.

For the past several years, through cross-systems work and collaboration among members of the disability and anti-violence communities at the state level in Pennsylvania, we have gathered some useful information about victims/survivors with disabilities. There is increased awareness on the part of violence against women services' providers of the needs of women with disabilities and D/deaf women. Along the same lines, there is also a gradual increase in understanding of the roles and responsibilities on the part of disability services in their response to victims/survivors with disabilities. However, much more needs to be done and improved in both fields to enhance the responsiveness and access to services for persons with disabilities and D/deaf individuals who experience violence in their lives. Although there are some programs in the state that model best practices in both fields, the work continues to be in the early stages for many of our violence against women and disability services' providers.

For persons with disabilities, the availability of services and access to them vary greatly, depending on the region of the state. For example, rural areas face the majority of challenges related to transportation issues and limited or lack of options. Additionally, obstacles resulting from lack of attitudinal access on the part of service providers across the board contribute to these challenges. Nevertheless, the existing collaboration among some disability and victims' services entities serves to provide a model for best practices.

In the case of D/deaf individuals, work is still needed in the areas of establishing and fostering partnerships between D/deaf and hard of hearing organizations and victims' services groups. However, although that effort is in its infancy at this point, a commitment and the desire to move in this direction are present in some communities.

#### **5. Needs assessment overview of pilots and partner organizations**

This section delineates the process that our collaboration followed to collect information from the selected communities and collaborative partners. We include here the data collection methods that were utilized and all the elements that made possible the completion of this phase of our project.

**Focus groups** took place at each pilot site and averaged one hour to an hour and a half in length. Depending upon the size of the organization, one to three focus groups were conducted for each audience. There were two kinds of focus groups conducted: those comprised by non-management staff and those with consumers/survivors. This data collection method gave us the ability to collect qualitative information from numerous participants in a relatively short amount of time. However, this data collection method was not utilized with the collaborative partners due to feasibility and confidentiality reasons.

**Interviews** were conducted when gathering information from the leadership of all the participating organizations, including the partners. Two phone interviews were conducted with the leadership from one partner organization due to scheduling difficulties.

During our needs assessment plan phase, we decided that interviews were also going to be used in the case of consumers and/or survivors who requested this data collection method for privacy or other reasons. Although no one specifically requested this method, we interviewed survivors from Perry County as we were unable to conduct focus groups in the rural County due to transportation and scheduling conflicts. Members of our collaborative met with survivors at places of their choosing to conduct interviews. Additionally, an interview was conducted with a D/deaf/blind consumer in Lancaster County.

**Surveys** were administered for the partner agencies (DRN, PCAR and PCADV) to assess accessibility and safety. Members of our staff and our boards of directors received electronic surveys. We used "Survey Monkey". Additionally, surveys were administered to obtain information from larger numbers of individuals belonging to the pilot sites' organizations, serving in the capacity of members of the Board of Directors.

## **6. Summary of Key Findings**

This section highlights the overall themes collected from our assessment of the strengths and needs of the selected communities and partner organizations after analyzing the data. These themes are reflective of the information collected and assisted our collaborative in prioritizing initiatives for the implementation phase of this project.

The bolded points illustrate the major areas where work is still needed to increase access and responsiveness for survivors with disabilities and D/deaf survivors:

**Training-** This area reflects the needs on the part of the organizations involved in this project related to educational opportunities to increase capacity and strengthen competencies to better respond to the needs of survivors with disabilities and D/deaf survivors.

**Policies and Procedures-** This area was a critical issue present across all the participating organizations in this project. It was clear to our collaborative that the lack of consistent policies and procedures to address accessibility, confidentiality and safety needed to be prioritized during

implementation.

**Values-** The need to examine personal values regarding safety, abuse, disabilities, mental illness, Deaf culture, etc. among SA/DV and disability organizations' staff members was another theme present throughout our needs assessment process. Values drive most practices and permeate cultures, shape processes and policies whether or not we are aware of them.

**Community Collaborations-** Another theme shared by all participants related to the need for the establishment of community partnerships among SA/DV, disability, D/deaf/HoH and consumer-run organizations. It was a shared sentiment, across the board, that addressing accessibility, safety and abuse were tasks that could not be effectively handled in isolation.

**Violence against Deaf Women and Other Issues Affecting the Deaf Community-** Although some of the issues affecting this community are very specific, our collaborative believes that the challenges faced by D/deaf survivors are compounded by all the issues stated above. To this end, our collaborative will devote several resources to address the needs of the D/deaf community during this phase of the grant.

**Funding-** The lack of sufficient funding to address some of the needs prevalent among the communities studied in our needs assessment process was another tangible challenge faced by most organizations. This was particularly prevalent in light of current economic challenges affecting our nation at large. Securing funding to provide accommodations, particularly ASL interpreters, was something that most victims' service organizations struggled with at the time.

It is important to note that many of these areas are deeply connected, as they are required to work in concert with one another in order to affect systemic and sustainable change. Some of these areas are also embedded within the others. Following that criteria, our collaborative has concentrated on three main areas where our work will be taking place.

The following three areas will be prioritized during implementation because of their interconnection and consistency for both pilot sites and partner organizations: **policies and procedures, training, and collaboration**. Another element that will be present in each of these areas as a constant is the ongoing **consultation** provided by the collaborative partners to the pilot site organizations and will serve as a cohesive agent to all parties involved.

## **7. Short Term Initiatives**

Our collaborative arrived to numerous findings, as stated in the previous sections of this document however, the needs assessment process took much longer than anticipated. This issue was also another contributing factor in helping us prioritize some initiatives over others. Although all of our findings were crucial and require attention, we acknowledge that addressing all of them is not feasible given the time we have left under this funding cycle. During our strategic planning retreat with the Vera Institute of Justice, Accessing Safety Initiative, we were able to organize these potential initiatives and separate them between short and long-term activities. This section of our strategic plan focuses on the "Short-Term Initiatives", those activities that we expect to complete by the end of September of 2010.

The following set of criteria played a crucial role in helping us prioritize our initiatives. Our collaborative views the following points as common elements present in all the selected activities:

- Fall within the requirements of our grant program
- Most logical place to start based on our findings from the assessment of needs and strengths of selected communities
- Consistent with our mission, vision and values
- Enhance collaboration among partner organizations
- Promote sustainable systems change
- Consistent with what was learned from our needs assessment process
- Feasible given our time constraints and tangible resources
- Will maximize the work starting at this point while maximizing the impact
- Will create the foundation for more work in the future and will foster sustainable change

In an effort to organize the information we have listed our initiatives in the following section. Of crucial importance is to understand that each initiative has two levels of implementation occurring simultaneously:

- At the partner organizations level
- At the pilot sites organizations level

Although at times very specific work will be occurring at each level, the collaborative partners will provide ongoing consultation to the respective pilot sites throughout each initiative, as detailed in the following sections of this written plan.

#### Collaborative configuration:

The collaborative has added one more member to the team. This person will serve as the project co-director. This individual is an advocate from DRN who will be devoting almost her full attention to this project. Having two co-directors will also make possible to accomplish all of our goals and activities in the short available time. Collaborative partners will continue communicating with each other weekly and sharing resources on an ongoing basis. Project co-directors have a set weekly meeting. These meetings are also expected to coincide with our bi-monthly calls with VERA when they take place.

#### **Initiative # 1: Policies and procedures**

As generated from the needs assessment process, the lack of policies and procedures that addressed accessibility and responded to the needs of survivors with disabilities and D/deaf survivors was prevalent across participating organizations and disciplines. Although the points of view expressed by participants varied somewhat depending on the audience, it was clear to our collaborative that the lack of consistent policies and procedures to address accessibility and safety needs to be prioritized during the implementation phase of our project. What follows are the main policies and practices development areas shared by focus groups and interview participants during the assessment of the strengths and needs of our selected communities:

- The development of policies and procedures related to addressing violence against persons

- with disabilities and D/deaf persons
- The creation of policies to provide accommodations when necessary
- The development of policies and procedures for responding to abuse within the workplace
- The development of an agency wide process to communicate new and revised policies and procedures to current and new staff as well as consumers/survivors

However, considering our time constraints, our collaborative had to prioritize specific activities to begin addressing these very important areas. Besides regular in-person monthly meetings with the pilot sites, the collaborative partners will offer bi-weekly conference calls to provide assistance and “check in” with each individual organization at the table with this process. The collaboration has assigned specific organizations to each collaborative partner to ease the communication process, maximize each other’s resources and share equal responsibility among the partners. A new co-director has been added to the collaborative team.

The following sections of this plan highlight the specific activities that will allow our collaborative and pilot site organizations to begin our work in addressing the needs expressed by survivors with disabilities and D/deaf survivors during our assessment of the pilot communities.

#### **Activities:**

##### **Activity 1 A:**

**Research best policies and practices across existing disability and violence against women organizations in regards to accessibility and safety.**

Our collaborative will focus on researching within our own organizations, through the lens of accessibility and safety, policies and practices related to recruitment and hiring, intake, personnel policies; staff orientation and training, mission statements, core values and strategic planning priorities. These policies and practices will be reviewed by a work-group consisting of key staff from the partner organizations, including human resources and contract personnel as identified by members of our core team. This process will be also expanded by looking at existing policies elsewhere and seeking information from our colleagues across the country who are also recipients of the Disability Grant Program for additional guidance. This process will take place at the partners’ level as a starting point with the purpose of providing pilot sites’ organizations with concrete guidance when they embark on a somewhat similar process in the following months of our implementation.

##### **Activity 1 B:**

**Assess current policies and practices regarding safety and accessibility.**

Once the collaborative partners are able to locate several policy samples reflective of inclusive and responsive practices, as stated in the previous paragraph, they will be shared with the pilot site organizations. Each partner brings areas of strength to the table regarding accessibility and/or safety. Merging both areas will provide model policies that can be adopted in the future and provide a guide for the pilot sites to begin their work in this area. This process will occur in constant exchange to allow for active participation among all parties involved. Our collaborative understands that additional time might be needed to develop or modify existing policies, as these processes require the involvement of

the Board of Directors. On the other hand, modifying existing practices or developing new ones is a more feasible goal in light of our time constraints.

### **Activity 1C:**

#### **Work with pilot sites to review their materials and prioritize practices feasible for modification**

The following paragraphs provide more detailed information with the intent to capture what activities will be taking place at each level, for partners and pilot sites' organizations. A very similar process is expected to take place for all organizations involved in this project.

#### Partner organizations:

A work group consisting of members of our core team and other key staff as identified by the collaborative from partner organizations will be created to begin the process of analysis and revision of existing policies and practices. This workgroup will be charged with reviewing existing inclusive and responsive policies and practices with the intention of combining the elements that enhance accessibility and safety. This process will begin from researching existing language within each partner organization as each brings a different area of strength to this work. This process will be supplemented with ongoing exchange with other grantees that might have embarked on a similar process in the preceding months and would be willing to share their newly created policies and practices. Partners hope to complete this initial step during the first month of our implementation phase of this grant. While this process is occurring, pilot sites would be starting to examine their policies and practices with a similar objective. Once the partners are able to gather enough policy samples and inclusive language, they will share this information and resources with the pilot sites. Partners then will be ready to begin modifying one or more of their existing practices regarding recruitment and hiring, intake, personnel policies; staff orientation and training, mission statements, core values and strategic planning priorities

#### Pilot Sites:

A workgroup consisting of key staff as identified by pilot site representatives will take the lead in this activity of modifying one or more of their current practices related to accessibility and safety. This process will take place with ongoing technical assistance provided by the collaborative partners. Pilot sites will then begin to study the proposed sample policies, as provided by the collaborative partners, and identify concrete areas where changes may be needed within their specific organizations. Regular meetings will be taking place to facilitate discussions on this topic and to promote collaboration among pilot site members and enhance the technical assistance provided by the partners. Meetings will be set in advance and will be supplemented by ongoing technical assistance provided by the collaborative partners either via email or phone as requested by the pilot sites. The overall goal at this stage of our project is to modify or develop ONE or more practices that promote accessibility and responsiveness to survivors with disabilities and D/deaf survivors in a tangible manner. The areas of focus are the same as those for the collaborative partners: recruitment and hiring, intake, personnel policies; staff orientation and training, mission statements, core values and strategic planning priorities.

Consultation: the collaborative partners will serve as the primary technical assistance entity to the pilot sites identifying immediate needs (in terms of access and responsiveness.) Regular guidance will be provided to pilot sites by request and during scheduled in-person and phone discussions. Additionally, partners will generate a list of recommendations for language and best practices for guidance to the pilot sites.

### **Goals for partner agencies and pilot sites agencies:**

- Modify ONE or more existing practices or develop ONE or more new ones with the purpose of fostering sustainable and systemic change at all levels
- Enhance capacity to respond to the needs of survivors with disabilities and D/deaf survivors.

## **Initiative # 2: Training and Resource Development**

During our needs assessment process, the issue of training came up consistently regardless of the audience. Our collaborative understands that training in isolation will not result in cultural or systems change but could certainly be utilized as a tool towards making possible the necessary changes. One of the positive aspects of training is the need for cross training. The expertise of our pilot site members will be actively utilized under this initiative. Each organization has a specific area of expertise based on services provided to the community they serve. Every time we discuss issues that relate to the lack of awareness and knowledge about disabilities, violence against women, and the D/deaf community, we will refer to the organizations already at the table to share what they know on these topics. Doing so in an organized and intentional fashion will be one way to respond to this need in the future; at the same time, fostering relationships that lead to ongoing teaching moments thus speaking to the sustainability of this initiative. For example, victims' service providers have tremendous strength in the areas around safety; conversely disability service providers have in-depth knowledge in the areas of accessibility. The D/deaf and hard of hearing organization focuses its efforts on providing services to the D/deaf community, giving this organization knowledge and expertise in issues related to the D/deaf culture. As stated earlier, beginning to coordinate the delivery of training that includes relevant topics early on in the implementation phase will assist us in establishing a self-sustaining mechanism for the future.

Below, we point out the areas where training is needed as highlighted during the assessment of the strengths and needs of these communities.

Need for cross-training/training on the following topics:

- Disability
- Safety and abuse
- Deaf culture
- Stigma (mental health, other disabilities, sexual and domestic violence survivors)
- Violence against women
- Assistive Technology
- Mandates under ADA, Fair Housing Statutes, etc.

One of the beginning activities during implementation consists of prioritizing these specific training topics with the assistance of our pilot sites organizations. In order to accomplish this goal, training workgroups will be formed within both the partner organizations and the pilot sites agencies. These workgroups would be made up of key staff from the participating organizations and will be tasked with the following activities under this initiative:

**Activities 2A & 2C:**

**Develop and conduct baseline training to identified staff by partners and pilot sites.**

In light of our time constraints and the results from the needs assessment process, our collaborative would like to focus on the provision of baseline training sessions that will include staff members from both partner organizations and pilot sites agencies. The training topics will relate to violence against women, values of the disability rights and the anti-violence movements, disability awareness, mental health, Deaf culture and others as recommended by our pilot sites' workgroups. Taking a human rights stance to address these issues will be the overall message provided during the training sessions. Staff from the partner organizations will be trained as well as pilot sites staff.

Training workgroups consisting of key staff identified by partners and pilot sites organization will be created. These groups will be charged with developing training goals and objectives, designing training content and recommending presenters when necessary. A training schedule will also be developed to ensure staff participation. This process is expected to begin within the first month of implementation activities.

Partners and key pilot sites staff will be responsible for the delivery of these baseline- training sessions.

**Goals:**

- Establish the foundation and promote consistency across disciplines related to issues of disability, Deaf culture, and violence against women.
- Disseminate this information in a consistent and uniform way.
- Integrate this kind of training into existing staff and volunteer development activities.

The following provides a more detailed account of the expected training activities that will take place at both levels with partners and pilot sites alike:

**Activities 2B & 2D:**

**Develop and conduct topic-specific training activities for identified staff within pilot sites and partner organizations.**

The training workgroups within the partners and pilot sites organizations will also be charged with the task of developing topic specific training as recommended by the pilot sites. A list of topics generated during the assessment of the needs and strengths of the selected communities and partner organizations will be shared with the pilot sites. Based on that list and the input provided by key staff from the training workgroups, the topic-specific training sessions will be prioritized. A series of training sessions (at least three different sessions) will be provided for the duration of the grant period

on these selected topics with the intention of enhancing competencies and skills at all levels to better respond to the needs of survivors with disabilities and D/deaf survivors.

Additionally, training on plain language will also be provided to all the publication related personnel within the participating organizations. This training will be presented by Helen Osborne, via webinar. In addition to the webinar session, Ms. Osborne will also offer consultation to pilot sites on this topic. She will be provided with publication samples from all organizations for review and recommendations.

Uniquely, this training session with Helen Osborne will involve staff from the collaborative partner organizations and pilot sites. This will not be the case in other meetings and other training sessions.

In addition to the training activities proposed above, our collaborative anticipates the delivery of training related to assistive technology as part of the “accessibility and safety upgrades” (see “accessibility and safety upgrades” section on page 16) that will be taking place at all levels. Disability service providers will be trained on technology safety tips while victims’ services organizations will enhance their knowledge about assistive technology devices that enhance communication and inclusion of survivors with disabilities and D/deaf survivors in their agencies and services.

#### **Goals:**

- Enhance skills and knowledge of participating staff.
- Contribute to capacity and collaboration building among participating organizations.

Consultation: Partner organizations and key identified staff will be providing the baseline training to participating staff. Both partners and pilot sites’ staff will deliver topic- specific training activities.

The developed training tools approved by OVW will become part of a “bank of information” that is expected to grow overtime. More information about this resource appears in the following paragraphs.

#### **Resource development-**

##### **Activity 2E:**

##### **Develop a DVD of individuals’ stories with a focus on ‘values’**

In addition to continuing to add resources to the “bank of information” our collaborative will develop a video that will be used as a training tool related to “*values*”. We learned, through the needs assessment process, that examining personal values regarding safety, abuse, disabilities, mental illness, Deaf culture, etc. among sa/dv and disability organizations’ staff members was another issue that required attention. Values drive most practices and permeate cultures, shape processes and policies whether or not we are aware of them. How to measure the existing values of an organization is something that cannot always be done in a tangible way. However, our collaborative anticipates an exploration of personal values through training, as well as other avenues.

The values- focused DVD will be developed for use as a training tool. This DVD will explore the values of our movement and individuals’ values regarding disability, violence and D/deaf culture. This DVD will be produced using an accessible format to meet the needs of a diverse audience.

Collaborative partners will develop a script for OVW's approval that would be submitted during the first month of implementation. Identifying "actors" will be a process that would require the guidance of the pilot sites, as these organizations would offer the necessary support through this important stage. This DVD is going to be utilized as a training tool that will be distributed among all pilot sites organizations and partners.

Selected DRN staff and other partners, possibly from the training workgroup, will take the lead on this task because this organization will be utilizing previous experience and connections already established that resulted from a similar project in the past.

**Goals:**

- Contribute to the development of training tools that can be used in the future.
- Invite exploration of personal values through discussion of situations presented in the video.
- Invite the sharing of value related issues through informal discussions when possible.

Consultation: Partners will provide expertise in the development of the video, such as writing the scripts, and assist in recruiting actors from diverse backgrounds.

**Activity 2 F:**

**Create an on-line site to house the sample policies and other resources collected and developed by the collaborative (also referred to as the "information bank").**

This "information bank" is an online resource that will be housed on DRN's website. This idea mirrors what the Accessing Safety Initiative is offering grantees on its website. This section of the DRN's website will be password protected only allowing access to pilot sites members and collaborative partners. All developed materials and researched best practices, such as policies, new procedures, MOU samples, approved training tools, etc. will be housed on this site. DRN's IT specialist will be responsible for maintaining this area of the website. DRN's website already has the capacity to add this section. Representatives from DRN will be responsible for overseeing the work of the IT specialist. Project co-directors are responsible for providing this person with information on a regular basis. During the first month of implementation, the collaborative partners will establish the criteria for the review and acceptance of information into this site. Additionally, emails alerting pilot sites of updated information will be sent by the project co-directors when necessary.

**Goal:**

Create an online library with relevant information for pilot sites and partner organizations that is easily and readily accessible.

**Initiative # 3: Collaboration**

We learned from our needs and strengths assessment of the respective communities and collaboration partners that the establishment of community partnerships among SA/DV, disability, D/deaf/HoH and consumer-run organizations was of critical importance in contributing to the success

of the work of this grant. It was a shared sentiment, across the board, that addressing accessibility, safety and abuse were tasks that could not be effectively handled in isolation. Most service providers admitted to not knowing much about each other but recognized that making those connections was necessary. However, there were major differences amongst our two pilot sites which will impact this initiative. The collaborative partners will take such differences into account when providing technical assistance to the specific community organizations. In this capacity, the pilot site organizations in this project will assume a leadership role in the next phases of our work while our collaborative will serve to provide ongoing assistance and support when necessary. This approach will facilitate a process and relationship building that will continue developing overtime while promoting a sense of ownership among the pilot sites' organizations. In the end, we are working with their communities and their embracing of this work is the avenue to continue fostering sustainable change in the years to come.

### **Activities 3A & 3B:**

- **Develop memorandums of understanding (MOUs) between the partners and pilot site members.**
- **Develop MOUs between pilot sites members.**

Partners will take the lead in designing MOUs delineating responsibilities and roles of all parties involved (see Appendix). Partners and pilot sites will enter into this agreement during the first month of implementation. Meetings with pilot sites have taken place explaining the general ideas contained in the MOUs to guarantee buy-in and allow for questions in case clarification was needed. The drafted MOU between partners and pilot sites will be provided to pilot organizations as a sample that will assist them in drafting their own MOUs with one another. This MOU will also be stored in the information bank once this is created.

These activities will be accomplished utilizing the guidance provided by the collaboration.

Collaborative partners will be responsible for facilitating meetings among pilot site organizations. As stated in earlier sections of this plan, in-person monthly meetings will be taking place among all parties involved. Bi-weekly conference calls will also be offered to review the progress of all agencies from the pilot sites. Regular communication via email will continue between collaborative partners and pilot sites' members. Additionally, video conferencing technologies will be purchased to provide this new means of communication to all agencies involved and enhance collaboration among all organizations. The use of video conferencing will also facilitate the participation of Deaf individuals who will be able to experience a conference with a visual added component not present with regular conferencing calls. In other words, once video conferencing is available, group conference calls will be replaced by this technology.

**Goal:** Enhance collaboration among pilot site members and partner organizations.

**Consultation:** Partners will provide guidance during the development of the MOUs in terms of assisting in delineating the roles and responsibilities of all parties involved. Partners will also model this practice by utilizing their own MOUs as reference. The partners will also facilitate ongoing informal discussions among pilot site organizations and joint activities that will contribute to fostering and enhancing collaboration and the sharing of resources and expertise, as stated in earlier sections of this plan.

### **Activity 3C:**

#### **Provide consultation and technical assistance to the pilot sites in the development of action plans delineating prioritized activities for the balance of the grant period**

This is an activity where the collaborative will provide ongoing consultation to the pilot sites in the development of action plans that will guide their work during the duration of this grant and for years to come of ongoing collaboration. At the end of our funding cycle, the pilot sites agencies are expected to have developed a concrete plan of action with the potential to be utilized when pursuing other funding opportunities.

#### **Goals:**

- Develop written plans of action to use as reference that can potentially be utilized for pursuing future funding opportunities.
- Share resources and expertise during these activities.
- Facilitate opportunities for collaboration building.

#### **A note on accessibility and safety upgrades**

As part of our work with the pilot sites, the collaborative will be providing funding to these agencies with the goal of purchasing technology and/or conducting accessibility reviews to enhance safety and accessibility. (A detailed description of how the funds will be allocated appears in the budget submitted as a supporting tool to this plan.) However, it will be at the discretion of the pilot sites to determine what kind of technologies each individual agency needs to purchase or what options to pursue for the enhancement of accessibility and safety within their individual agencies. For example, video- phones, accessibility kits, revising publications and websites, accessibility and safety reviews of individual buildings among other possibilities, are some of the options available to the pilot sites and partner organizations. In the case of accessibility reviews, our collaborative expects to hire external consultants from the disability and violence against women fields to conduct these reviews of existing organizations. The partner organizations will pursue existing relationships with other professionals in those fields who have shared their expertise in a similar capacity in the past. A training component will accompany some of the accessibility upgrades. For example, purchasing video- phones will require training on how to use this technology. This particular training will be delivered by DHHS to all pilot sites that express a need to receive this information. As with the case of video- phones, the collaborative partners will plan additional training time in the event more is required related to accessibility and safety upgrades.

## **Conclusion**

All of our proposed initiatives have several common threads. They promote relationship building and resource sharing. They build upon existing knowledge and skills and propose the enhancement of those where necessary. They encourage change and sustainability. By the end of our funding cycle in September of 2010, the way will be paved for more initiatives to come. Our collaborative and pilot sites will have created a solid foundation that promotes access and responsiveness to survivors with disabilities and D/deaf survivors. Although time is an issue of concern for our collaborative, the commitment exists to put in motion several activities that will have implications for many years to come as they are expected to foster sustainable and systemic change among all parties involved.

# APPENDICES

PA Strategic Planning Project Initiatives							
Initiative # 1 Policies and Practices							
Activity #1A Research best policies and practices across existing disability and violence against women organizations in regards to accessibility and safety				Timeline 2010			
1	Convene work group consisting of partners and other key staff in partner organizations.	4 x	5 X	6 x	7 x	8 x	9 x
2	Contact former grantees for sample policies.	x					

Initiative # 1 Policies and Practices							
Activity #1B Assess current policies and practices regarding safety and accessibility with partner organizations				Timeline 2010			
1	Review current policies within the partner organizations with an eye towards addressing/increasing safety and/or accessibility	4 x	5 x	6	7	8	9
2	Compare/combine existing partner policies for best practices		x	x			
3	Develop list of recommendations for language and best practice for sharing with pilot sites			x			
4	Convene work groups among the partners to begin a process of review of organizational policies/practices related to safety and/or accessibility		x	x	x		

Initiative # 1 Policies and Practices							
Activity #1C Work with pilot sites to review their materials and prioritize practices feasible for modification				Timeline 2010			
1	Policies/procedures to be reviewed: Recruitment & hiring policies, interview questions, personnel policies; staff orientation & training, mission statements & core values, strategic plans, etc.	4	5 x	6 x	7 x	8	9
2	Provide assistance in the review of existing materials with and eye towards addressing/increasing safety and/or accessibility		x	x	x		
3	Share sample materials with sites reflecting recommendation in language and best practice			x	x		
4	Pilot sites will modify one or more existing practices <u>or</u> develop one or more new ones addressing accessibility and/or safety				x	x	x

<b>Initiative # 2 Training and Resource Development</b>							
<b>Activity #2 A Develop and Conduct Baseline Training to staff as identified by the partners in the collaborative (Training Goal 75% of staff)</b>		<b>Timeline 2010</b>					
1	Convene training work groups of partners and pilot site members	4	5	6	7	8	9
		x	x	x	x	x	x
2	Develop training goals and objectives	x	x				
3	Develop content of training	x	x				
4	Secure OVW approval of training content		x				
5	Determine who will train on each topic area	x	x				
6	Determine length of training session	x	x				
7	Address logistics of time, space, meals, etc. for training day	x	x	x			
8	Work with leadership in partner organizations to identify training audience	x	x	x			
9	Deliver the training	v		x	x	x	x
11	Integrate baseline training into training & orientation goals of each organization					x	x

<b>Initiative # 2 Training and Resource Development</b>							
<b>Activity #2 B Develop and conduct topic-specific training for staff of partner organizations (Training Goal: 50% of staff)</b>		<b>Timeline 2010</b>					
1	Prioritize training topics	4	5	6	7	8	9
		x					
2	Identify potential trainers	x					
3	Develop and finalize training content	x					
4	Develop training calendar		x	x			
5	Finalize logistics of time, place, etc.		x				
6	Conduct trainings		x	x	x	x	x
7	Secure OVW Approval		x				

<b>Initiative # 2 Training and Resource</b>							
<b>Activity #2 C Develop and Conduct Baseline Training to staff identified by the pilot sites (Training Goa: 75% of staff)</b>				<b>Timeline 2010</b>			
1	Convene training work group	4	5	6	7	8	9
		x	x	x	x	x	x
2	Develop training goals and objectives	x	x				
3	Develop content of training	x	x				
4	Secure OVV approval of training content		x				
5	Determine who will train on each topic area	x	x				
6	Determine length of training session	x	x				
7	Address logistics of time space, meals etc. for training day	x	x	x			
8	Work with leadership in pilot sites to identify training audience	x	x	x			
9	Deliver the training			x	x	x	x
11	Integrate baseline into training goals of each organization					x	x

<b>Initiative # 2 Training and Resource Development</b>							
<b>Activity #2D Develop and conduct topic-specific training for staff of pilot site organizations (Training Goal: 50% of staff)</b>				<b>Timeline 2010</b>			
1	Prioritize training topics	4	5	6	7	8	9
		x					
2	Identify potential trainers	x					
3	Develop and finalize training content	x					
4	Develop training calendar	x					
5	Finalize logistics of time, place, etc.		x	x			
6	Conduct training		x	x	x	x	x

<b>Initiative # 2 Training and Resource Development</b>							
<b>Activity #2 E Develop a DVD focused on values</b>				<b>Timeline 2010</b>			
		4	5	6	7	8	9
1	Outline the content of and develop a script for the DVD		x				
2	Submit script to OVW for approval of content		x				
3	Identify "actors"		x				
4	Contract with production company to produce the DVD			x			
5	Organize rehearsals and videotaping sessions			x	x		
6	Utilize DVD in baseline training						x
7	Distribute DVD to Pilot sites and make available to others on-line via Website						x

<b>Initiative # 2 Training and Resource Development</b>							
<b>Activity #2 F Create an on-line site to house the sample policies and other resources collected and developed by the collaborative (also referred to as the "information bank")</b>						<b>Timeline 2010</b>	
		4	5	6	7	8	9
1	Establish criteria for review and acceptance of material for the website/information bank		x	x			
2	Create on-line site for housing the information bank			x	x	x	x
3	Maintain and update the information bank as new materials are identified and develop			x	x	x	x
4	Disseminate information about the new resource throughout the partner organizations and the pilot sites			x	x	x	x

<b>Initiative # 3 Collaboration</b>							
<b>Activity # 3A Develop memorandums of understanding (MOUs) between the partners and pilot site members</b>							<b>Timeline 2010</b>
		4	5	6	7	8	9
1	Convene meetings with each of the organizations making up each pilot site *	x					
2	Describe the purpose of the MOU	x					
3	Jointly determine content and prepare the MOU with the organization	x	x				
4	Secure appropriate signatures from all parties			x			
5	Secure approval of MOUs from OVW		x				

\*This activity began in March.

<b>Initiative # 3 Collaboration</b>							
<b>Activity #3 B Develop MOUs between pilot sites members</b>				<b>Timeline 2010</b>			
		4	5	6	7	8	9
1	Assist in convening meetings among pilot site organizations	x	x	x	x	x	x
2	Share sample MOUs gathered from VERA and other OVW grantees	x	x				
3	Identify key areas to be included in the MOUs (protocols, liaisons, referral processes, releases of information, etc.)	x	x				
4	Provide assistance in the preparation of the MOUs, including the roles and responsibilities of the parties involved	x	x				
5	Encourage each organization to share their confidentiality policies and release of information processes with the other organizations	x	x				
6	Assure appropriate signatures (Directors) are in place to finalize the MOUs	x	x				

<b>Initiative # 3 Collaboration</b>							
<b>Activity 3 C Provide consultation and technical assistance to the pilot sites in the development of action plans delineating prioritized activities for the balance of the grant period</b>		<b>Timeline 2010</b>					
1	Designate a partner to serve as primary contact for each organization	4 x	5	6	7	8	9
2	Convene a series of meetings with the pilots	4 x	5 x	6 x	7 x	8 x	9 x
3	Facilitate planning sessions	x	x	x	x	x	x
4	Finalize action plans specific to each pilot site	x	x	x	x	x	x
5	Utilize each activity as a collaboration opportunity (sharing policies, releases of information, etc.)	x	x	x	x	x	x
6	Assist in preparation of action plans that reflect prioritized activities to take place during the balance of the grant period		x	x	x		

## Appendix B- Long Term Initiatives

This section of our strategic plan contains information related to the long-term initiatives. As defined by our collaborative, the time required for the completion of these initiatives goes beyond the duration of this current grant program cycle. Our collaborative views the initiatives that will be implemented by the end of this funding cycle, as activities that will pave the way for long term initiatives. However, our collaborative believes that all of the proposed initiatives, short and long-term, are crucial to improve access to services and responsiveness to survivors with disabilities and D/deaf survivors. Therefore, aspects of many of these proposed long- term initiatives are expected to begin before the end of the current funding cycle.

What follows are our proposed long-term initiatives:

### Policy

#### Policy Change:

- **Modify existing policies related to safety, accessibility and responding to abuse (among the partners and pilot sites' organizations)**

How to consistently respond to abuse cases is an area where improvements are still necessary. The development of policies that outline the process to handle these incidents is crucial to accomplish this important goal. Knowing that responding to abuse is something the organization does is not enough in light of our findings generated from the needs assessment of these communities. The development of policies as well as the delivery of training on how to reduce shelter rules and provide accommodations to survivors with disabilities and D/deaf survivors is critical to this process.

#### Policy Development:

- **Development of policies to respond to sexual, domestic violence and/or stalking within the workplace**

In the case of developing policies to respond to violence, our collaborative feels that disability services providers (including the partner organization, DRN) can benefit from focusing their attention on specific policies to address sexual, domestic violence and stalking in the workplace. This is something that such providers could possibly learn from their pilot sites partners, the victims' services organizations. We learned from speaking with providers during our needs assessment process, that there was nothing in the way of policies to address these forms of violence in the workplace or how to respond to disclosures from their own staff. In terms of safety, victims' services organizations were consistent and deliberate about addressing abuse and providing safety within their organization. For example, several safeguards were put in place to screen visitors and provide safety as a regular practice. Additionally, policies were in place to address abuse in the workplace and with provisions specifically deigned for survivors of violence. Such policies and practices can serve as a model for disability services' organizations.

- **Development of policies to provide accommodations when necessary**

We learned during the needs assessment process that persons with disabilities and D/deaf persons encountered a variety of challenges when trying to access services in the community. Such challenges varied depending on the culture of the organizations. Most individuals did not know whether they could request accommodations when needed or how to access services to the full extent possible. In particular, there was a generalized lack of faith among individuals with disabilities and D/deaf individuals when trying to access 'mainstream' services.

## **Training**

- **Development of a curriculum and corresponding Training of Trainers that can be utilized statewide on issues of violence against persons with disabilities and D/deaf persons covering the following aspects for both victims' services and disability services providers:**

## **Stigma**

Stigma around mental illness and other disabilities negatively affected many survivors who had chosen to disclose their disability. This has severe implications for both sides of the spectrum of service provision (disability and victims' services), which often got in the way of providing an atmosphere conducive to relationship skills building and healing. In some cases, little was done to provide proper referrals to victims' services organizations or counseling to address violence or trauma.

## **Recovery**

Training sa/dv programs and disability organizations have little to no training on "Recovery" from a mental health perspective. *(A self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members. A paradigm supporting that it is possible to recover from mental illness and the experience of such occurs as a continuum, where the person travels through different stages of this process. In other words, the individual is always at some phase of his/her recovery.)*

## **Assistive Technology**

Becoming familiar with assistive technology devices or how to access or prepare an accessibility toolkit should be addressed as training activities for victims and disability services' providers.

## **Safety and Abuse**

Knowledge, awareness and consistency about safety and abuse varied greatly among participating organizations. However, there was a clear need for training in the areas of safety and responding to violence. Raising knowledge and awareness about these issues are needs expressed either directly or indirectly by staff from disability services' organizations.

## ***Violence Against Women***

Understanding sexual and domestic violence in terms of their definitions and available services for survivors, among other topics, are areas that require education of disability services providers. Increasing knowledge about the prevalence of violence and abuse against persons with disabilities will also assist disability service providers in understanding that, oftentimes, the individuals they serve are at a higher risk for sexual assault, domestic violence, stalking and other forms of violence.