



# First State Equal Access to Safety Strategic Plan

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by the  
Delaware Disabilities Project Core Team

## The Delaware Collaboration Partners

The Center for Disabilities Studies at the University of Delaware

Delaware Coalition Against Domestic Violence

National Alliance on Mental Illness in Delaware

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# FIRST STATE EQUAL ACCESS TO SAFETY STRATEGIC PLAN

## TABLE OF CONTENTS

<b><u>SECTION I: INTRODUCTION</u></b>	<b><u>3</u></b>
OVERVIEW OF THE COLLABORATION	3
COLLABORATION PARTNERS	3
VISION AND OBJECTIVES	4
OVERVIEW OF THE GRANT PHASES	5
<b><u>SECTION II: SUMMARY OF THE NEEDS ASSESSMENT AND KEY FINDINGS</u></b>	<b><u>5</u></b>
NEEDS ASSESSMENT GOALS	5
METHODOLOGY	6
KEY FINDINGS	7
<b><u>SECTION III: THE STRATEGIC PLANNING PROCESS</u></b>	<b><u>8</u></b>
<b><u>SECTION IV: STRATEGIC PLAN OVERVIEW</u></b>	<b><u>9</u></b>
SUMMARY OF INITIATIVES	9
INITIATIVE IMPLEMENTATION PROCESS	10
<b><u>SECTION V: INITIATIVES, OBJECTIVES AND ACTIVITIES</u></b>	<b><u>11</u></b>
INITIATIVE 1:	11
INITIATIVE 2:	15
INITIATIVE 3:	18
<b><u>SECTION VI: STRATEGIC PLAN SUMMARY</u></b>	<b><u>21-22</u></b>
<b><u>SECTION VII: LONG-TERM INITIATIVES</u></b>	<b><u>23</u></b>
<b><u>SECTION VIII: CONCLUSION</u></b>	<b><u>25</u></b>

## SECTION I: INTRODUCTION

### Overview of the Collaboration

The First State Equal Access to Safety Collaboration consists of the Delaware Coalition Against Domestic Violence (DCADV), the Center for Disabilities Studies (CDS) at the University of Delaware, and the National Alliance on Mental Illness in Delaware (NAMI Delaware). The Collaboration formed in October 2010 with a grant from the *Office of Violence Against Women* (OVW) to identify and implement statewide changes necessary to create a system that is welcoming and responsive to the needs of survivors of domestic violence who have disabilities and/or mental illness.

Early in our grant process it was determined that the state-wide Collaboration would not select pilot sites, but instead would act as a Technical Assistance (TA) provider on the intersection of domestic violence, mental health, and disabilities, with an emphasis on the use of trauma-informed approaches, for direct service providers throughout the state.

### Collaboration Partners

Each of the Collaboration Partners is a statewide organization that brings its expertise and unique perspective to the work of the Collaboration.

- The **Delaware Coalition Against Domestic Violence** is a federally recognized statewide, domestic violence coalition with a membership that includes domestic violence agencies and programs providing shelter and direct services to adult victims of domestic violence, allied organizations, and supportive individuals. Since its founding in 1994, DCADV has engaged in a variety of activities, including public education efforts, training and prevention initiatives, and systems advocacy. DCADV works closely with direct service providers, government officials, and business and community partners to facilitate the creation of effective policies and programs for victims of domestic violence and their children, to promote equality in relationships, and to alter the social conditions that cause violence and abuse.
- **The Center for Disabilities Studies** at the University of Delaware is one of 67 University Centers for Excellence in Developmental Disabilities (UCEDDs) in the country. The center supports the well-being, inclusion and empowerment of people with disabilities and their families—through education, prevention, service and research related to disabilities—so they can fully participate in the life of their communities. CDS assumes a lead role or is a collaborative partner on a wide array of projects that influence policy and practice for persons with disabilities, including: promotion of inclusive education and accessible instructional materials for school age children; education and employment initiatives that prepare youth for the transition to adulthood; initiatives that promote health and wellness; assistive technology programs; dissemination of information about living with a disability; advocacy; and more.

- **The National Alliance on Mental Illness in Delaware** is a statewide organization of families, individuals with mental illness, friends, and professionals dedicated to improving the quality of life for those affected by life-changing brain diseases such as schizophrenia, bipolar disorder, and major depression. NAMI Delaware has a number of programs including:
  - Support: Free weekly recovery and monthly support groups for both individuals and families; the telephone Helpline providing support, information and coping strategies.
  - Education: Increasing the public’s understanding of mental illness and its causes and treatments through programs and presentations. NAMI DELAWARE’s free signature education programs, Peer-to-Peer and Family-to-Family, help individuals and families deal with mental illness.
  - Advocacy: Working in collaboration with others with governing and advisory committees to analyze and recommend mental health policy changes and educate policymakers on mental health issues.
  - Housing: NAMI Delaware is a key developer of safe, affordable housing for adults with mental illness in partnership with the State Division of Substance Abuse and Mental Health, The Delaware State Housing Authority and the U.S. Department of Housing and Urban Development.

## **Vision and Objectives**

The Collaboration’s vision is to create a system in Delaware in which domestic violence is recognized in the lives of individuals with disabilities, including mental illness, and is responded to by service providers using trauma-informed approaches.

As statewide organizations with considerable influence, at many levels throughout the state, we believe that we can help develop such a system. Through consultation with staff at the Vera Institute of Justice and OVW, we determined that the Collaborative would first explore the intersection of domestic violence, disability and mental illness in Delaware through a thoughtfully crafted process, expand our own understanding and expertise with information gained from the needs assessment, and ultimately provide technical assistance to other organizations, individuals and agencies in Delaware who work with people with disabilities and/or mental illness who may experience domestic violence. This technical assistance may take the form of trainings, consultations, development of model policies, procedures or other resources. The Delaware Collaboration is statewide and operates as a catalyst for change. It will not create change via local level pilot sites as originally envisioned.

## Objectives

- Providers of services to those with disabilities, mental illness and victims of domestic violence will have the knowledge, skills, capacity, resources and organizational support to feel comfortable and confident serving survivors of all abilities and capacities.
- Survivors with disabilities and/or mental illness and their advocates will better comprehend the dynamics of domestic violence and the range of options and services available to them.
- Survivors of intimate partner violence who have disabilities and/or mental illness will be provided accessible and welcoming services that are responsive to their unique needs and circumstances.

### **Overview of the Grant Phases**

This grant is a three-year project with two phases. The first phase is the *Planning and Development Phase*, which results in the development of the following deliverables:

- Collaboration Charter outlining the vision, mission, values, organizational contributions/commitments, and guidelines for doing the work of the Collaboration
- Needs Assessment Plan for collecting information on existing policies, procedures, practices, knowledge and attitudes at our organizations that impact people with disabilities and/or mental illness
- Needs Assessment Report which informs the development of the Strategic Plan
- Strategic Plan for achieving the Collaboration's goals and objectives.

The second phase of the grant is the *Implementation Phase* during which the Collaboration partners build their capacity to provide technical assistance to agencies providing services to victims with disabilities and/or mental illness.

## **SECTION II: SUMMARY OF THE NEEDS ASSESSMENT AND KEY FINDINGS**

### **Needs Assessment Goals**

The Collaboration conducted a needs assessment from February to May 2013. The goals were to:

1. **Assess the capacity of each organization to provide technical assistance at the intersection of domestic violence, disabilities and/or mental illness.**
  - a. Identify current practices of organizations related to technical assistance – including training, consultation, education, and policy and advocacy activities.

- b. Identify existing policies, practices and resources that affect the ability of the organization to provide technical assistance to other agencies or organizations.
- 2. Assess the knowledge, comfort, confidence, attitudes, and awareness of staff affiliated with collaboration members and their partners that affect our ability to deliver technical assistance to organizations that serve survivors with disabilities and/or mental illness.**
  - a. What is the Collaboration's and allied organizations' understanding of access and safety (disability and violence/abuse) and how is this demonstrated in policy, practice, training, budgets, community connections etc.?
  - b. What do survivors need to feel safe? What can agencies do to make them feel safe?
  - c. What do people with disabilities and/or mental illness need to feel welcomed and understood by an organization? What can agencies do to make them feel welcome?
- 3. Assess connections between partner agencies and identify alternate paths/connections.**
  - a. Assess the connections and relationships between the Collaboration Partner agencies and identify other relationships and linkages among Delaware agencies that are currently or could be used when serving survivors with disabilities and/or mental illness.
- 4. Identify elements of policies, practices and procedures that enhance, restrict or inhibit services to survivors.**
  - a. Identify existing policies, practices and resources that affect the ability of the organization to provide appropriate and effective services to survivors with disabilities and/or mental illness. These policies, practices and resources may enhance, restrict or inhibit the provision of services to a survivor with a disability and/or mental illness.
- 5. Assess capacity and readiness for change.**
  - a. Assess the ability and willingness of the individual Collaboration agencies to change, including funding, resources, and attitudes that may enhance or inhibit change in response to findings in the needs assessment.

## **Methodology**

To realize the goals of the needs assessment, we sought to learn from a wide variety of sources: Collaboration staff and board members, domestic violence service providers, domestic violence survivors, program participants with disabilities and/or mental illness, self-advocates, and Deaf individuals. The needs assessment activities consisted of focus groups, interviews, and electronic surveys. There were thirteen (13) focus groups conducted with fifty-five (55) participants. Seventeen

(17) individual interviews were conducted and forty-five (45) electronic surveys were completed. These activities were conducted from February to May 2013 throughout the state of Delaware.

## **Key Findings**

Through the needs assessment process we identified strengths and areas in need of improvement in both the Collaboration partner agencies as well as service providers.

### **1. Accessibility/Safety**

Organizations must become more accessible and provide safe environments for victims with disabilities and/or mental illness.

### **2. Welcoming Point of Entry**

The “point of entry” and the “front line staff” are where quality of services initially becomes evident. Services at the point of entry must be of high quality for victims with disabilities and/or mental illness to engage fully in services. People with disabilities and/or mental illness, Deaf and hard of hearing individuals and survivors of domestic violence, like everyone else, want to be treated with dignity and respect by service providers. Services that are welcoming, accommodating, and responsive to the individual’s needs are essential to achieving “equal access to safety” in Delaware.

### **3. Staff Knowledge/Responsiveness**

In order to respond appropriately to the unique needs of victims at the intersection, the Collaboration partners and service providers must have a deeper knowledge and understanding of domestic violence, disabilities, mental illness and trauma-informed approaches to service delivery.

### **4. Policies and Procedures**

Collaboration partners and service providers’ existing policies and procedures are varied and limited in addressing victims’ needs at the intersection. There is a need to identify best practices and move toward consistency in policies and procedures at the intersection.

### **5. Advocacy/Collaborative Relationships**

The Collaboration partners are actively involved in an array of statewide relationships with service providers, advocacy organizations, self-advocacy groups, and task forces relevant to their respective missions. Bringing these collective relationships to the intersection and building upon our common ground will strengthen the Collaboration’s ability to create equal access to safety in Delaware.

**6. Organizational Culture/Sustainability**

Collaboration partners bring a diversity of perspectives, philosophies and values to the intersection that will strengthen the design and sustainability of service models addressing the needs of victims with disabilities and/or mental illness.

In addition to the key findings, the Collaboration’s Needs Assessment Report included implications and suggested strategies for change to enhance service delivery at the intersection. The initiatives in the Strategic Plan are in alignment with the key findings, implications, and proposed strategies for change.

**SECTION III: THE STRATEGIC PLANNING PROCESS**

Following the approval of the Collaboration’s Needs Assessment Report, the Full Collaboration Team had a one and a half day strategic planning session facilitated by our Vera consultant. The Full Collaboration Team consists of the following:

Center for Disabilities Studies, University of Delaware	Delaware Coalition Against Domestic Violence	National Alliance on Mental Illness in Delaware
Director  Project Director, Healthy Delawareans with Disabilities  Disabilities Project Coordinator*	Executive Director  Director of Advocacy and Policy  Disabilities Project Manager*  Domestic Violence, Trauma and Mental Health Associate	Executive Director  Disabilities Project Coordinator*

*\* Member of the Core Collaboration Team*

The Full Collaboration Team agreed to the initiatives and activities to be included in the strategic plan. The initiatives were selected based on the Collaboration’s Needs Assessment Report and its vision to create a system in Delaware in which domestic violence is recognized in the lives of individuals with disabilities and/or mental illness, and is responded to by service providers using trauma-informed approaches.

Initiatives were framed to impact organizational change, systemic change, and sustainability. The initiatives are focused on developing the capacity of each Collaboration partner to provide technical assistance to domestic violence, disabilities, and mental health service providers. The Collaboration’s

identification of three initiatives is considered feasible to implement during the period remaining in the approved no-cost extension (December 1, 2013 – September 30, 2014).

Achievement of the initiatives will result in the Collaboration being the leading resource in Delaware for service providers who want to improve services for people with disabilities and/or mental illness who are victims of domestic violence. The initiatives will continue beyond the grant as Collaboration partners incorporate the initiatives into their on-going operations.

## **SECTION IV: STRATEGIC PLAN OVERVIEW**

### **Summary of Initiatives**

The Collaboration selected three initiatives to address in the Strategic Plan. These initiatives were identified as themes throughout the needs assessment process. These initiatives are focused on building the capacity of each Collaboration partner to provide meaningful and effective technical assistance to domestic violence, disabilities, and mental health service providers throughout Delaware, leading to enhanced services to victims of domestic violence who have a disability and/or mental illness. The three initiatives the Collaboration has chosen to address in the Strategic Plan and the Implementation phase of the grant are:

**Initiative 1:** Promote enhanced service providers' response to the unique needs of survivors with disabilities and/or mental illness through increased awareness and deeper knowledge of the intersection and trauma-informed approaches to service delivery.

**Initiative 2:** Enhance the Collaboration's ability to support direct service providers in reviewing their attitudinal, communications, and physical environments in order to eliminate barriers to access and safety, thus providing welcoming and engaging environments.

**Initiative 3:** Develop our collective abilities to support direct service providers in identifying and addressing gaps in their policies and procedures at the intersection of domestic violence, disabilities, and mental illness to ensure consistency and congruency within and across organizations.

Each initiative is distinctive, yet interrelated, and works in unison with the other initiatives. This interrelatedness is essential to achieving the desired goal of systemic, sustainable change in statewide service delivery for victims with disabilities and/or mental illness.

### *Short-Term and Long-Term Initiatives*

All three initiatives will be implemented simultaneously and include a variety of activities outlined in *Section V: Initiatives, Objectives and Activities*. The Strategic Plan consists of short-term and long-term initiatives. Upon approval of the Strategic Plan, the short-term initiatives will be completed during the implementation phase of the grant that continues through September 30, 2014 as part of

the no-cost extension. Long-term initiatives are those that will sustain our provision of technical assistance, advance the training and development of Collaboration staff and through additional funding, expand services to reach victims at the intersection from other marginalized communities.

## **Initiative Implementation Process**

The Collaboration has developed a detailed outline of the specific objectives and key activities necessary to achieve each initiative. The Collaboration team members, with support from the Vera consultant, discussed the key activities to ensure all essential activities were included in the plan and identified who should be involved in the work groups. The objectives and key activities are included in *Section V: Initiatives, Objectives and Activities*.

### *Establish Work Groups*

To achieve the initiatives outlined in the Strategic Plan, the Collaboration decided that work groups will be formed to manage the implementation of each initiative. The work groups will provide opportunities for staff and representatives from each collaboration partner agency to be involved with the implementation phase. The needs assessment process reinforced the importance of there being an array of voices involved in the design and decision making processes. One criteria for work groups agreed upon by the Collaboration is that people with disabilities and/or mental illness and survivors of domestic violence be included in the work groups. The Collaboration believes that the inclusion of these voices is critical to building our capacity to provide technical assistance to domestic violence, disabilities and mental health service providers. Each Collaboration partner has staff, representatives, and/or member agencies from which to recruit work group members.

The focus of each initiative will determine the configuration of the work group. The Full Collaboration Team will develop the criteria for membership in each work group. At least one Disabilities Project Coordinator and the Disabilities Project Manager will serve on each work group. The Full Collaboration Team is responsible for ensuring the criteria are met when organizing the work groups.

When the membership criteria have been determined, the Core Collaboration Team will outline the roles and responsibilities of work group members and recruit individuals for the work groups. Once the work groups are organized, the Core Collaboration Team will provide an orientation to the First State Equal Access to Safety Collaboration. The orientation will include a history of the Collaboration, the implementation of the Needs Assessment Plan, the key findings outlined in the Needs Assessment Report, the Strategic Plan, the timeline for the implementation of the Strategic Plan, and the desired deliverables and outcomes for the work groups.

## SECTION V: INITIATIVES, OBJECTIVES AND ACTIVITIES

**Initiative 1: Promote enhanced service providers' response to the unique needs of survivors with disabilities and/or mental illness through increased awareness and deeper knowledge of the intersection and trauma-informed approaches to service delivery.**

Rationale: From the needs assessment we learned that staff of Collaboration partners and service providers need to better understand the unique needs of victims with disabilities and/or mental illness, have an attitude of openness and respect as well as the desire to understand victims' experiences and individual needs, approach services as a partnership with the client, and incorporate an understanding of domestic violence, disabilities, and mental illness into trauma-informed work practices.

Domestic violence service providers need a better understanding of the needs of women with disabilities who are victims of intimate partner violence and the assistive technology available to people with sensory, intellectual, and/or physical disabilities. Mental health and disability service providers need training on how to approach the topic of intimate partner violence and respond to it appropriately. Domestic violence, disabilities, and mental health service providers can maximize victims' response to services by being knowledgeable of trauma-informed approaches to service delivery. Deaf and hard of hearing individuals face additional barriers due to service providers' lack of understanding of the access to communication needs of Deaf and hard of hearing individuals and ADA regulations.

To create a system in Delaware where victims with disabilities and/or mental illness have equal access to domestic violence services using trauma-informed approaches, staff must have not only the knowledge and skills necessary to provide quality services, but also an attitude of openness, respect and the desire to understand victims' experiences and individual needs. It is through service providers' increased knowledge of the intersection and trauma-informed approaches that victims' engagement and continued involvement with service organizations can be maximized.

Collaboration partners acknowledge that their expertise is predominately related to the populations they serve. Staff at each partner organization is eager to learn more about the parts of the intersection not related to its expertise. In addition, knowledge of trauma-informed approaches to service delivery varies among Collaboration partners. Each Collaboration partner has a long history of providing technical assistance to community programs/services and other stakeholders relevant to its mission; and, as each partner organization becomes better informed of the intersection and ways to better address the needs of victims with disabilities and/or mental illness, the Collaboration will be prepared to provide technical assistance to service providers statewide.

The activities for this initiative focus on identifying staff at each partner agency that will provide technical assistance; building staffs' foundational knowledge at the intersection, including trauma-informed approaches; and conducting Critical Dialogues among Collaboration partners to enhance our understanding of complex philosophical tensions and critical issues. The desired deliverables and outcomes for this initiative are:

- Each partner agency has staff identified to provide technical assistance to service providers as well as ancillary staff that serve as resources to those providing technical assistance
- Collaboration partner staffs knowledgeable of effective technical assistance techniques, foundational basics of domestic violence, disabilities, mental health, and the use of trauma-informed approaches to service delivery
- Collaboration position paper on each critical issue resulting from the Critical Dialogues that represent the Collaboration's one voice on the issue as it provides technical assistance to service providers.

The following are the key objectives and the activities based on issues identified in the needs assessment regarding building the Collaboration's capacity to provide technical assistance on the intersection and trauma-informed approaches to service delivery.

*Objective 1.1: Create a Foundational Knowledge work group*

Upon approval of the strategic plan, the Full Collaboration Team will establish a Foundational Knowledge work group to carry out the activities related to this initiative. The *Establish Work Groups* section on page ten (10) outlines the criteria for creating work groups. In addition to the criteria common to all work groups, the work group for Initiative 1 will have members who have foundational knowledge of domestic violence, disabilities, mental illness, trauma-informed approaches and workshop/curricula development. The work group will also develop a job description outlining the roles and responsibilities of work group members and recruit individuals for the work group by February 28, 2014.

Once the work group is organized, the Core Collaboration Team will provide an orientation to the First State Equal Access to Safety Collaboration. The orientation will include a history of the Collaboration, the implementation of the Needs Assessment Plan, the key findings outlined in the Needs Assessment Report, the Strategic Plan, the timeline for the implementation of the Strategic Plan, and the desired deliverables and outcomes for the work group.

*Objective 1.2: Identify Collaboration partner staff that will provide technical assistance on the intersection and trauma-informed approaches to domestic violence, disabilities, and mental health service providers.*

While all staff at each partner agency will receive training on the intersection and trauma-informed approaches, the Collaboration thinks it is critical that specific staff at each organization is designated to provide technical assistance to external service providers. By January 31, 2014, the executive directors of each partner agency will determine the staff that will be technical assistance providers at the intersection.

The staff to provide technical assistance will receive additional training to strengthen their foundational knowledge of the intersection and the use of trauma-informed approaches. This training will be conducted by partner staff with the expertise relevant to the intersection and will be completed by May 31, 2014. Technical assistance to service providers may be in the form of one-on-one consultation, a workshop and/or resource sharing. Technical assistance will be provided using a team approach in which staffs from the Collaboration partners provide more in-depth assistance relevant to the partner agency's expertise. Having a cadre of staff at each partner agency skilled in providing technical assistance on the intersection is critical to achieving the Collaboration's vision.

*Objective 1.3: Build Collaboration staff's foundational knowledge at the intersection and trauma-informed approaches to service delivery.*

In order to provide quality technical assistance at the intersection, Collaboration partner staff will develop training curricula and workshops relevant to its expertise, e.g. DCADV provides training on domestic violence and trauma-informed approaches, CDS on disabilities, and NAMI Delaware on mental illness. Each partner agency will provide information on the best practices for providing technical assistance in their respective service sector. The training materials will be completed by March 31, 2014 with the training of partner staff conducted from April 1 through May 31, 2014.

Summary of work group activities for Objective 1.3:

1. Project coordinators at each partner agency provide the work group a copy of the foundational training materials/curricula addressing their part of the intersection, e.g. domestic violence, disabilities, mental illness and trauma-informed approaches.
2. The work group reviews the training materials/curricula and fills in any identified gaps.
3. The work group develops an evaluation tool to assess the effectiveness of the training curricula.
4. The work group develops a plan for implementing the training at each partner agency.
5. Once the curricula, implementation plan and evaluation tool have been approved by the Full Collaboration Team, all three products will be sent to OVW for approval.
6. The work group implements the training plan.

*Objective 1.4: Conduct Critical Dialogues to enhance staffs' understanding of complex philosophical tensions and critical issues at the intersection.*

By April 31, 2014, the Full Collaboration Team creates a Critical Dialogues work group to select one or two critical issues to explore, determine the goals and outcomes for each dialogue, identify key staff and stakeholders to participate in the dialogues, and identify and prepare facilitators. The dialogues will be conducted in June 2014 with the outcomes documented and distributed to the appropriate initiative work group by July 31, 2014.

By August 31, 2014, the work group writes critical issues position papers that represent the Collaboration's one voice on the issues as it continues to build its capacity to provide technical assistance. The position papers will also inform the Collaboration's future technical assistance to service providers.

**Initiative 2: Enhance the Collaboration's ability to support direct service providers in reviewing their attitudinal, communications, and physical environments in order to eliminate barriers to access and safety, thus providing welcoming and engaging environments.**

Rationale: All domestic violence survivors, people with disabilities and people with mental illness who participated in our needs assessment had experienced barriers to accessing services. The major barrier for people with mental illness and/or disabilities was staff's lack of understanding of mental illness and disabilities, particularly intellectual disabilities, resulting in negative attitudinal environments. In addition, not being listened to and not being taken seriously by agency staff were common themes for people with mental illness and people with disabilities. Victims' barriers to accessing services were related to their lack of awareness of the domestic violence services available and the service providers they encountered not inquiring about violence or safety issues at home. People with physical or intellectual disabilities and Deaf and hard of hearing individuals reported that agencies too often fail to make reasonable accommodations thus limiting their access to the services they need.

People with mental illness spoke about the stigma associated with and the general lack of knowledge about mental illness as factors that limit them from seeking a wide range of services. This lack of knowledge and misconceptions about mental illness create misunderstandings and stereotypes often resulting in service providers' fear-based behaviors, e.g., not believing the person, assuming they are not able to make decisions for themselves, and ignoring or avoiding them.

During the needs assessment all program participants indicated that feeling safe is based on developing a lasting, trusting relationship with agency staff. They emphasized that the availability of agency staff knowledgeable of the types of situations, characteristics and/or unique needs of its prospective clients (survivors of domestic violence, people with disabilities and/or mental health problems, Deaf and hard of hearing individuals) goes a long way in establishing trust. They further emphasized that being listened to and treated with respect are good ways to start in developing trusting relationships and safe environments.

A positive and engaging communications environment is critical to people at the intersection when accessing services. We learned that the manner in which individuals are welcomed when they contact and/or enter an organization sets the tone for the entire visit and the duration of services. The barriers to agency access mentioned most frequently related to the poor quality of services at the point of entry. All program participants shared experiences in which agency staff behaved in ways that suggested they felt uncomfortable interacting with a person with a disability, mental illness and/or a Deaf individual. We also learned that Deaf and hard of hearing individuals repeatedly encounter the absence of an ASL interpreter at appointments when it was clear from the point of entry to services that an interpreter would be needed.

These findings reinforce the importance of using trauma-informed approaches to service delivery. Individual experience is what drives and defines trauma-informed approaches – looking at the way services are provided and the environment in which they are delivered. When a service recipient walks in, does she or he feel welcome or is the experience re-traumatizing?

Issues of safety were most prevalent among survivors who reported that many social service agencies do not provide the physical environment necessary for them to feel safe and comfortable disclosing that they are victims of domestic violence. Survivors' talking with staff in privacy is essential to their feeling safe to discuss what is happening in their lives. Survivors also reported that they did not feel safe in the parking lots of some service providers due to poor lighting and distance from the building entrance.

The activities for this initiative focus on developing/identifying an Access and Safety assessment tool and implementation process, piloting the tool in each Collaboration partner agency, developing Access and Safety Improvement Plans to remove barriers, and fine-tuning the assessment tool for future use with domestic violence, disabilities, and mental health service providers. The desired deliverables and outcomes for this initiative are:

- Identification of an appropriate Access and Safety assessment tool
- Access and Safety Assessment Reports on each Collaboration partner's attitudinal, communications, and physical environments
- Access and Safety Improvement Plan for each Collaboration partner agency
- Access and Safety assessment tool and implementation process ready for use with statewide domestic violence, disabilities, and mental health service providers.

*Objective 2.1: Create an Access and Safety work group.*

Upon approval of the strategic plan, the Full Collaboration Team will establish an Access and Safety work group to carry out the activities related to this initiative. The *Establish Work Groups* section on page ten (10) describes the criteria for creating work groups. In addition to the criteria common to all work groups, the work group for Initiative 2 will consist of members who have a working knowledge of - access and safety issues at the partner agencies, the review and selection of assessment tools, plans for barrier removal, and the use of trauma-informed approaches in service delivery. The work group will also develop a job description outlining the roles and responsibilities of work group members and recruit individuals for the work group by January 31, 2014.

Once the work group is organized, the Core Collaboration Team will provide an orientation to the First State Equal Access to Safety Collaboration. The orientation will include a history of the Collaboration, the implementation of the Needs Assessment Plan, the key findings outlined in the

Needs Assessment Report, the Strategic Plan, the timeline for the implementation of the Strategic Plan, and the desired deliverables and outcomes for the work group.

*Objective 2.2: Develop or identify Access and Safety assessment tool.*

By February 28, 2014, the work group will identify the access and safety areas to be included in the review of agency environments, identify current internal and external assessments in use, review the tools for adequacy in assessing access, safety, and welcoming environments, and modify the tool as needed. Once the assessment tool and review process are approved by the Full Collaboration Team, all documents will be sent to OVW for approval.

*Objective 2.3: Pilot Access and Safety assessments at CDS, DCADV, and NAMI Delaware.*

By March 30, 2014, the work group will form the assessment teams that will conduct the Access and Safety assessments at each partner agency and train the review teams in the use of the assessment tool and the review process. The work group will also prepare staff at each partner agency for the Access and Safety assessment. By May 31, 2014, Access and Safety assessments will be conducted at CDS, DCADV, and NAMI Delaware.

*Objective 2.4: Develop Access and Safety Improvement Plans for each Collaboration partner agency.*

By March 30, 2014, the work group will develop a process for the review and analysis of each partner agency's Access and Safety assessment results. This process will include a framework for providing feedback to each partner agency including guidance on prioritizing areas needing attention immediately versus those that can be addressed in the future. The work group will analyze the results and provide a report for each partner agency by June 30, 2014. These reports will be used by each agency to develop its Access and Safety Improvement Plan by July 31, 2014.

*Objective 2.5: Document key elements, lessons learned, and refinement of review tools.*

The work group will identify the key dynamics of the review process and lessons learned from implementing the Access and Safety assessments. It will then refine the key elements of the assessment process and the assessment tools. By August 31, 2014, the assessment tools and processes are finalized for future technical assistance to help service providers make their environments accessible, safe, and welcoming to victims at the intersection.

**Initiative 3: Develop our collective abilities to support direct service providers in identifying and addressing gaps in their policies and procedures at the intersection of domestic violence, disabilities and mental illness to ensure consistency and congruency within and across organizations.**

Rationale: The Collaboration partners have minimal formal policies and procedures that address the specific needs of victims with disabilities and/or mental illness. The formal policies and procedures are primarily focused on compliance with ADA guidelines and other traditional nondiscrimination policies related to hiring practices and service delivery.

Each organization's leadership recognizes the importance of continuing to develop their formal policies and procedures at the intersection and incorporating them into their respective cultures. By doing this, the awareness and the understanding of the intersection will be put into practice and become intrinsic in daily operations. In turn, this will increase the awareness and understanding of the intersection for partner constituents, e.g., CDS involvement with University of Delaware students and people with disabilities and their families; NAMI Delaware housing residents and peer support groups; and DCADV recipients of community education and prevention programs.

By developing formal policies and procedures at the intersection, the Collaboration will naturally build its capacity to provide TA and support to statewide programs as they change and/or create policies and procedures. Each partner has expertise in their field and is confident of its abilities to provide TA to statewide stakeholders.

This initiative's focus is on identifying gaps in policies and procedures within each Collaboration partner agency relevant to the intersection. The major activities include - creating a review tool and implementation process for the review of each agency's policies and procedures; implementing a review of each agencies policies and procedures, drafting new or enhanced policies and procedures and documenting key elements and lessons learned in order to fine-tune the review tools for use in future technical assistance with service providers. The desired deliverables and outcomes for this initiative are:

- Policies and procedures and their key elements critical to the intersection are identified
- Assessment tools and implementation processes to evaluate an agency's policies and procedures at the intersection
- Each Collaboration partner agency pilots a review of its policies and procedures
- Based on the pilot reviews, the policy and procedure assessment tools and processes are refined and finalized

- Drafts of revised or new policies and procedures that enhance each partner's services at the intersection as well as their abilities to provide technical assistance to service providers statewide.

*Objective 3.1: Create a Policy and Procedure work group.*

Upon approval of the strategic plan, the Full Collaboration Team will establish a Policy and Procedure work group to carry out the activities related to this initiative. The *Establish Work Groups* section on page ten (10) outlines the criteria for creating work groups. In addition to the criteria common to all work groups, the work group for Initiative 3 will consist of members who have a good understanding of the current policies and procedures at the partner agencies and are knowledgeable of the processes for reviewing, enhancing, and/or developing policies and procedures relevant to the intersection of domestic violence, disabilities, mental illness, and trauma-informed approaches. The work group will also develop a job description outlining the roles and responsibilities of work group members and recruit individuals for the work group by March 31, 2014.

Once the work group is organized, the Core Collaboration Team will provide an orientation to the First State Equal Access to Safety Collaboration. The orientation will include a history of the Collaboration, the implementation of the Needs Assessment Plan, the key findings outlined in the Needs Assessment Report, the Strategic Plan, the timeline for the implementation of the Strategic Plan, and the desired deliverables and outcomes for the work group.

*Objective 3.2: Identify policies and procedures within each Collaboration partner agency to address the intersection.*

By April 30, 2014, each partner agency identifies policies and procedures that are relevant to the provision of quality services at the intersection of domestic violence, disabilities, mental illness and being a trauma-informed organization. The work group identifies a sub-set of policies and procedures that does not require input from the critical dialogues in Initiative 1, e.g., accessibility and accommodations. When developing the final list of policies and procedures to address, and why, the work group will consider consistency, impact and consequences of each policy and procedure. The policy and procedure list will be final by April 30, 2014.

*Objective 3.3: Create structured process for Collaboration partners to review their policies and procedures.*

By April 30, 2014, the work group will define the key elements of comprehensive and effective policies and procedures at the intersection. Model policies and procedures from the Office of Violence Against Women and the Vera Institute will be identified and reviewed by the work group. In addition, the work group will review existing tools to create a policy and procedures assessment form. The work group will also consider any information gleaned from the Critical Dialogues for inclusion in policies and procedures.

Upon completion of the assessment tool and implementation process, Full Collaboration Team provides review, feedback and approval. The review tools and process will be sent to OVW for approval by June 30, 2014.

*Objective 3.4: Implement review of policies and procedures at each Collaboration partner agency.*

In June 2014, the Policy and Procedure work group provides training to the technical assistance staff of each partner agency on implementing the review of policies and procedures at their respective organizations. The tools will be used to review policies and procedures at each Collaboration partner agency by July 31, 2014. The work group then studies the results and provides a report to each Collaboration partner. Each partner agency will use the results to draft new or enhanced policies and procedures at the intersection by September 30, 2014.

*Objective 3.5: Document key elements, lessons learned, and refinement of review tools.*

The work group will identify the key dynamics of the review process and lessons learned from implementing the review of policies and procedures. It will then refine the key elements of the policy and procedures review process and the review tools. By September 30, 2014, the review tools and processes will be finalized for future use in the provision of technical assistance to service providers on policies and procedures at the intersection.

## SECTION VI: STRATEGIC PLAN SUMMARY

The Strategic Plan Summary on page twenty-five (25) summarizes the resources, key activities, deliverables, and short-term outcomes of the implementation phase of this grant. The summary also includes the Collaboration's intermediate and long-term outcomes to be achieved beyond this grant period. The assumption from which the summary is based is - *Completion of the Strategic Plan Initiatives will build the capacity of each Collaboration partner to provide meaningful and effective technical assistance to domestic violence, disabilities, and mental health service providers statewide.* Beyond this grant period, the Collaboration's provision of technical assistance will enhance service providers' abilities to meet the needs of victims of domestic violence who have a disability and/or mental illness.

## First State Equal Access to Safety Strategic Plan Summary

RESOURCES	KEY ACTIVITIES	DELIVERABLES	Outcomes
<p>Full Collaboration Team</p> <p>CDS</p> <p>DCADV</p> <p>NAMI Delaware</p> <p>Core Team</p> <p>Project Manager (DCADV)</p> <p>Project Coordinator (CDS)</p> <p>Project Coordinator (NAMI Delaware)</p> <p>Initiative Work Groups</p> <p>OVW No-Cost Grant Extension</p> <p>Vera Consultant</p> <p>First State Equal Access to Safety Needs Assessment Report</p>	<p><b>Initiative I: Foundational Knowledge</b></p> <p>Identify Collaboration staff that will provide technical assistance and/or ancillary resources to service providers</p> <p>Training for Collaboration partners' staff on domestic violence, disabilities, and mental illness and trauma informed approaches to service delivery</p> <p>Conduct Critical Dialogues to enhance the Collaboration's understanding of complex philosophical tensions and critical issues at the intersection</p> <p><b>Initiative II: Access and Safety</b></p> <p>Develop or identify Access and Safety assessment tool</p> <p>Pilot Access and Safety assessments at CDS, DCADV, and NAMI Delaware</p> <p>Each Collaboration partner agency develops Access and Safety Improvement Plans</p> <p>Review and finalize Access and Safety assessment tool and implementation process for future use with service providers</p> <p><b>Initiative III: Policies and Procedures</b></p> <p>Create structured process for Collaboration partners to review their policies and procedures at the intersection</p> <p>Review policies and procedures at each Collaboration partner agency to identify gaps at the intersection</p> <p>Refine and finalize Policy and Procedure review tool and process for technical assistance</p>	<p>Staff at each Collaboration partner agency designated as technical assistants at the intersection</p> <p>Workshop materials on domestic violence, disabilities, mental illness and trauma-informed approaches</p> <p>Training programs on the foundations of domestic violence, disabilities, mental illness and trauma-informed approaches completed at DCADV, CDS, and NAMI Delaware</p> <p>Critical Issue position papers that inform the future technical assistance to service providers</p> <p>Access and Safety Assessment tool and implementation procedures</p> <p>Access and Safety Improvement Plans for DCADV, CDS, and NAMI Delaware</p> <p>Policy and Procedure Assessment tool and procedures for providing technical assistance</p> <p>Drafts of revised or new policies and procedures addressing the intersection at DCADV, CDS, and NAMI Delaware</p> <p>Technical assistance toolkit: intersection training materials, environmental and policy and procedure assessment tools, resource information</p>	<p><b><u>Grant extension through Sept 2014</u></b></p> <p>Collaboration partner staffs have the foundational knowledge of domestic violence, disabilities, mental illness, and trauma-informed approaches to provide technical assistance to service providers statewide</p> <p>Collaboration partner staffs have the skill sets and toolkits to provide technical assistance to service providers statewide</p> <p>Collaboration partner agencies are welcoming, accessible, safe, and trauma-informed</p> <p>The Collaboration is the leading resource in Delaware for service providers wanting to improve services for victims at the intersection</p> <p><b><u>Oct 2014 and beyond</u></b></p> <p>The Collaboration's technical assistance results in:</p> <ul style="list-style-type: none"> <li>• Domestic violence, disabilities, and mental health service providers are knowledgeable of the intersection</li> <li>• Service providers have environments that are accessible, safe, welcoming, and trauma informed</li> <li>• Service providers enhance their policies and procedures at the intersection</li> </ul> <p><b><u>Long-Term</u></b></p> <p>All Delaware service providers are welcoming and responsive to the needs of survivors of domestic violence who have disabilities and/or mental illness</p>

## SECTION VII: LONG-TERM INITIATIVES

The achievement of the short-term initiatives and its many deliverables will prepare the First State Equal Access to Safety Collaboration to provide technical assistance on the intersection of domestic violence, disabilities, and mental illness. The following long-term initiatives, to be addressed beyond the scope of the current grant, will position the Collaboration to provide technical assistance at the intersection to service providers statewide. Through technical assistance, service providers will become more welcoming and responsive to the needs of domestic violence survivors who have a disability and/or mental illness.

The long-term initiatives will provide opportunities for Collaboration partners to continually fine-tune their internal structures and processes at the intersection. The Collaboration partners will better meet the technical assistance needs of service providers by continually enhancing their environments, refining the TA toolkit, and strengthening staffs' technical assistance skillsets.

The long-term initiatives are:

1. Introduce domestic violence, disabilities, and mental health service providers to the First State Equal Access to Safety Collaboration and the range of technical assistance opportunities available to assist them in becoming more welcoming and responsive to people with disabilities and/or mental illness who are victims of domestic violence. This will be accomplished through orientation sessions that present the findings of the Collaboration's needs assessment, define the intersection, and provide a menu of the technical assistance available, e.g., consultation, workshops, resource information, access and safety assessment tools, and policy and procedure review processes and tools.
2. Provide service providers technical assistance through consultations and/or workshops on access and safety assessment, policy and procedure review, foundational knowledge of domestic violence, disabilities, mental illness, and the importance of trauma-informed approaches to service delivery. The technical assistance will also include sharing the experiences of Collaboration partners as they assessed their attitudinal, communications, and physical environments and made enhancements accordingly.
3. Critical to the success of providing a quality point of entry and a safe and welcoming environment is the use of trauma-informed approaches to service delivery. Going forward, the Collaboration will continually expand its knowledge of trauma-informed approaches in order to assist service providers become trauma-informed in their practices. Technical assistance will include the assessment of an agency's readiness to implement trauma-informed practices and the development of an implementation plan to do so.

4. The Collaboration will be intentional and self-reflective in its work. The Collaboration understands that it is imperative that the staffs of each partner agency continually expand their knowledge of the intersection and the recommended practices for meeting the needs of victims with disabilities and/or mental illness. The Collaboration will develop mechanisms for the regular sharing of intersection related information among partners' staffs, e.g., lunch and learns, internal conversations about the intersection, and workshops conducted by partner staffs.
5. The Collaboration recognizes that knowledge acquisition alone is not indicative of a change in behavior or organizational culture. The ultimate goal is that service providers make the necessary changes in their environments and service delivery to meet the needs of survivors with disabilities and/or mental illness. Therefore, it is critical that the Collaboration develop mechanisms to evaluate service providers' progress in:
  - a) Ensuring their attitudinal, communications, and physical environments are accessible, safe, and welcoming for survivors with disabilities and/or mental illness
  - b) Revising and/or developing new policies and procedures addressing the intersection
  - c) Utilizing trauma-informed approaches in service delivery
6. Expand the Critical Dialogues to embrace a broader audience of service providers and consumers to continue the discussion of complex philosophical tensions and critical issues affecting the intersection and the work of the Collaboration. It is through the Critical Dialogues that the Collaboration can extend the scope, breath, and depth of services at the intersection.
7. Develop a relationship with the Deaf and hard of hearing communities in Delaware to explore how the domestic violence needs of these groups can be addressed. We learned from our needs assessment that service providers have difficulty meeting the needs of Deaf and hard of hearing individuals due to communication barriers, lack of understanding of the challenges Deaf and hard of hearing people face on a daily basis, and a lack of awareness of assistive technology. These issues have made it particularly difficult for domestic violence service providers to meet the needs of Deaf and hard of hearing victims. To fully address this initiative, the Collaboration will explore the addition of a partner knowledgeable of the Deaf and hard of hearing communities via service delivery and/or advocacy.
8. The Collaboration's ability to continue as the leading resource in Delaware for service providers wanting to improve services for people with disabilities and/or mental illness who experience domestic violence is dependent on each partner developing a sustainability plan. The Collaboration will assist in the development of a sustainability plan outlining strategies to

ensure the work at the intersection remains a part of each organization's culture by becoming part of daily operations.

9. The Collaboration will explore funding from a variety of sources to expand services and resources to reach victims at the intersection from other marginalized communities.

## **SECTION VIII: CONCLUSION**

The Collaboration is excited to be at the point of strategic planning and the implementation phase of the grant. The Collaboration partners and their governing bodies are committed to the achievement of the short-term and long-term initiatives outlined in the strategic plan. In the last three years, the Collaboration began the process of introspection and learning from each other regarding the intersection of domestic violence, disabilities, and mental illness.

Implementing the needs assessment made us aware of how much we did not know about the intersection and stimulated our desire to learn more. With each focus group and interview, Core Collaboration Team members gained knowledge, insight and new perspectives on domestic violence, disabilities, and mental illness. We became more aware of the uniqueness of each survivor and each person with a disability and/or mental health problem. This deeper understanding of the intersection, as well as our desire to know more, will benefit our capacity building initiatives.

Being associated with a project of this nature has opened doors for our participation on community task forces and committees, creating opportunities for educating a wider audience about the intersection of domestic violence, disabilities, and mental illness. These opportunities have also built the capacity of the Core Collaboration Team to understand the challenges in service delivery that are common to many constituencies. This project has started a rich conversation about creating integrated, trauma-informed, and fully accessible services at the intersection. Our short-term and long-term initiatives are predicated on the continuation of these conversations.

Through the needs assessment process we identified strengths and areas in need of improvement in both the Collaboration partner agencies as well as service providers. This strategic plan aims to build the capacity of Collaboration partners to provide technical assistance to create equal access to safety for people with disabilities and/or mental illness who are victims of intimate partner violence. The needs assessment enhanced our understanding of the issues that will challenge us as we work together to achieve our goals. It also identified many opportunities for expanding and enhancing our capacity to find common ground and work collaboratively to achieve measurable and sustainable outcomes.

Achieving the strategic plan's short-term initiatives focused on capacity building is a vital first step toward the achievement of equal access to safety for victims with disabilities and/or mental illness.

The approach to our on-going capacity building is multi-tiered and based on the partners continuing to learn by doing within their organizations. Capacity building will include:

- Building each partner’s foundational knowledge of domestic violence, disabilities, and mental illness and the needs of victims with disabilities and/or mental illness
- Learning what it means to be a trauma-informed service provider
- Assessing each partner’s attitudinal, communications, and physical environments in order to remove barriers and achieve access to a welcoming trauma-informed organization
- Each partner evaluating its policies and procedures at the intersection to identify and address any gaps that may exist
- Developing a Collaboration toolkit consisting of knowledge gained through experience, assessment tools and processes, resources, and position papers addressing critical philosophical issues at the intersection

People with disabilities and/or mental illness, Deaf and hard of hearing individuals, and survivors of domestic violence, like everyone else, want to be treated with dignity and respect by service providers. Services that are welcoming, accommodating, and responsive to the individual’s needs are essential to achieving “equal access to safety” in Delaware.

Our capacity building initiatives will result in the Collaboration becoming the leading resource in Delaware for service providers wanting to improve their services for victims at the intersection.