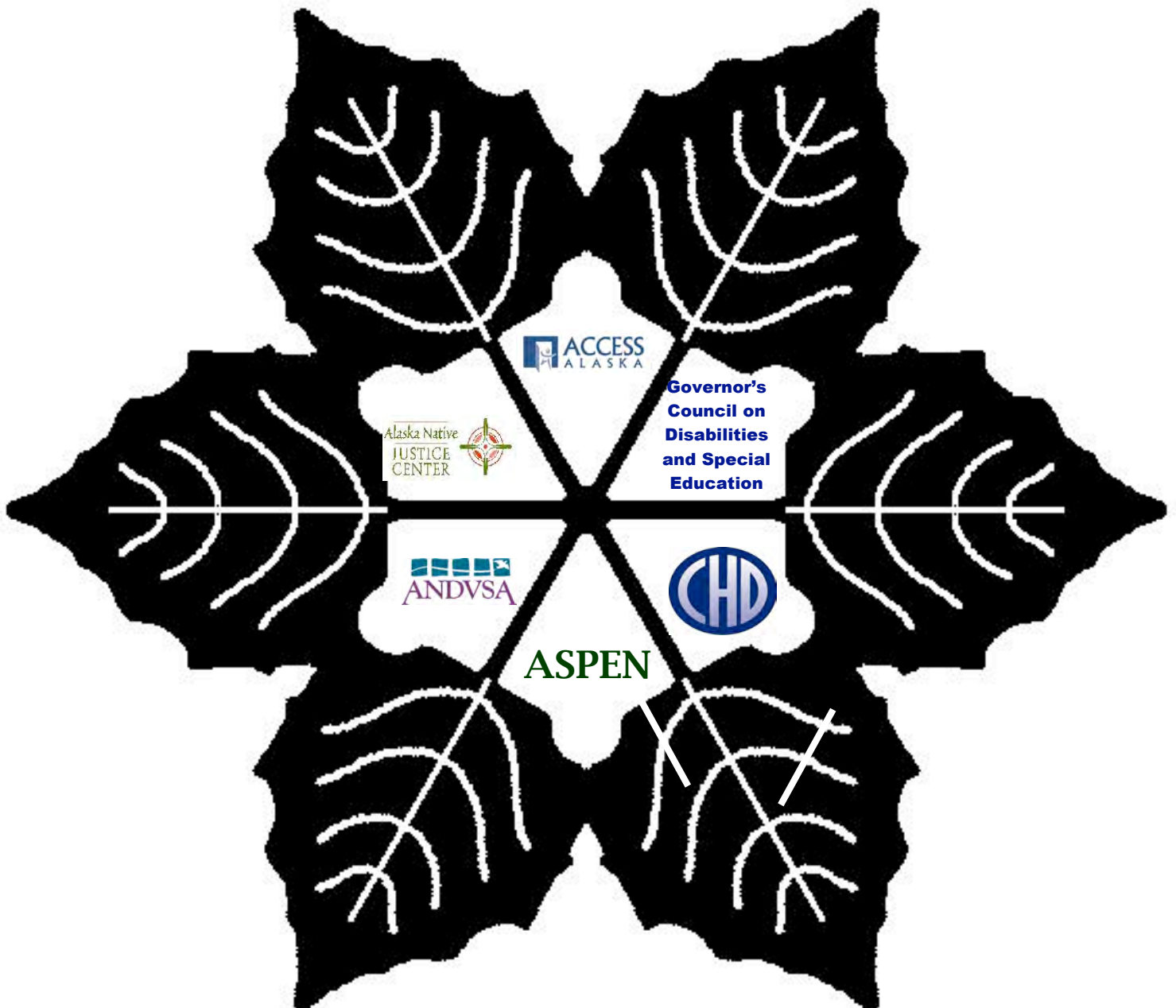


Alaska Safety Planning & Empowerment Network

ASPEN

STRATEGIC PLAN



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Strategic Plan

December 2010

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Dedication

ASPEN thanks all those who participated in this project to date - it would have been impossible to get this far without their participation and support. Those are:

- The women who shared their experiences during focus groups and interviews.
- Our eight community partners in Ketchikan and Dillingham, their boards, management, and staffs.
- The managers and staff at each of the five ASPEN collaborating agencies.



Introduction and Overview

The Alaska Safety Planning and Empowerment Network (ASPEN) was formed in 2007 with the purpose of promoting system change in the disability services and the domestic violence/sexual assault/stalking sectors that would improve the response in both arenas to survivors with disabilities who have experienced domestic violence, sexual assault, or stalking. A 2007 Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant from the Office on Violence Against Women, US Department of Justice provides the funding for ASPEN's work.

ASPEN's efforts were preceded by the Alaskans Speaks Up (ASU) project, which involved several of the members of the current collaboration and which concluded in 2006. The members of ASPEN are:

1. The **Alaska Native Justice Center (ANJC)** is a private, non-profit agency created in 1993 to address the civil and criminal justice needs of Alaska Natives. ANJC addresses a wide range of issues: victim advocacy services, prisoner re-entry services, training/technical assistance, and tribal court development. ANJC staff has expertise and extensive knowledge regarding Alaska Native culture, history and values.
2. **Alaska Network on Domestic Violence and Sexual Assault (ANDVSA)** is a nonprofit statewide coalition of 20 direct service domestic violence and sexual assault programs promoting social change to eliminate personal and societal violence in the lives of women and children in Alaska for over 30 years. It provides legislative and legal advocacy, training, technical assistance, coalition building, policy development and public education.
3. **Center for Human Development (CHD)** is the University of Alaska Anchorage's center on disability education, training, and research; 30% of its employees experience disabilities or are parents of individuals with disabilities. In 1991, CHD founded a nonprofit clinic to fill service gaps for women with cognitive disabilities who were violent crime victims. CHD specializes in staff development, multi-media and distance training/education, and research and evaluation and is needs assessment project lead.
4. **Governor's Council on Disabilities and Special Education (GCDSE)** is a state agency whose members include people with disabilities and their family members (60%) and state agency, service provider, and special education representatives appointed by the governor. The Council's 30 years of experience and expertise in capacity building, systems change and integration, advocacy and interagency collaboration reflect its mission to create change that improves the lives of people with disabilities.

A fifth member of the collaboration, **Access Alaska, Inc.** (Access), a federally funded Center for Independent Living (CIL) withdrew from the project coincident with the completion of the needs assessment. Access experienced staff turnover, losing key staff involved in the project, and reluctantly came to the conclusion it lacked the resources to do the project justice going forward.



ASPEN Vision

ASPEN's vision is that survivors with disabilities will encounter a system where they feel empowered, can tell their stories, be believed without judgment, and receive appropriate services that are attitudinally, physically, culturally, and programmatically accessible. Service delivery systems in Alaska will have expertise and a clear understanding of their roles and responsibilities and will provide collaborative, effective person-centered services for survivors with disabilities.

ASPEN Mission

ASPEN's mission is to build capacity of the service delivery systems (e.g., disability, victim advocacy, and others) by creating systems change designed to enhance the provision of collaborative, effective person-centered services for survivors with disabilities. ASPEN will strengthen response to survivors with disabilities by:

- Identifying and resolving barriers (e.g. attitudinal, physical, cultural, and programmatic) to safety, empowerment and access to appropriate, non-judgmental services provided by both the disability and DV/SA systems;
- Fostering local collaborations to link survivors with disabilities to services and resources;
- Providing cross-training, technical assistance, and information that changes organizational cultures and practices; and
- Developing sustainable, innovative policies and practices designed to prioritize safety, empowerment and access.

Project Scope

ASPEN pursued a statewide project, working with local partners outside the collaboration itself to initiate system change in two communities. ASPEN elected to work in two pilot sites separated by over a thousand air miles, Ketchikan in southeast Alaska and Dillingham in southwest Alaska. The two communities were selected on the basis of social and cultural factors and their potential for change.

Demographics: 1) Dillingham, population about 2,500, just over half of which is Alaska Native; 2) Ketchikan, population 14,000 (15% Alaska Native) The two sites span the state geographically, one on the west coast and the other at the southeastern tip.

Services, Relationships, and Change Potential: ASPEN identified its local agency partners in the two communities on the basis extensive direct experience and strong relationships. The existence of leadership at these agencies that has been at the forefront of systems change locally (for example, participation in local Disability Abuse Response Team initiatives) was a key consideration. Dillingham is a community that welcomes new ideas and has demonstrated the capacity to take concepts brought to it by others and to shape them into unique, locally appropriate adaptations. ASPEN's partners in Dillingham are:

1. Safe and Fear Free Environment (SAFE), the DV/SA shelter, was a participant in Alaskans Speak Up and in the Delta Project.
2. Access Alaska's provides independent living services via itinerant staff.



3. Hope Community Resources is a founding member of the Key Coalition, which advocates for system improvements.
4. Curyung Village Corporation is a focal point of social and economic development for the local Alaska Native population.

ASPEN's local partners in Ketchikan, who have also demonstrated that change is a part of their culture, are as follows:

1. Southeast Alaska Independent Living (SAIL) is a regional CIL headquartered in Juneau. SAIL participated in the Alaskans Speak Up trainings that preceded ASPEN.
2. WISH –Women in Safe Homes is the local DV/SA shelter program.
3. Community Connections is the local developmental disabilities provider with a long history of community involvement.
4. Ketchikan Indian Community (KIC) Tribal Health Clinic houses a Domestic Violence Program.

Planning Phase Timeline

ASPEN began developing its collaboration charter in January 2008. ASPEN conducted a series of internal cross-trainings and a root cause analysis that deepened members' familiarity with their own purposes for pursuing the project and helped clarify each member's role. The root cause analysis identified several conditions impacting survivors with disabilities the grant could address:

1. Women with disabilities do not identify as being abused—address via cross training;
2. Lack of response from disability service providers—address in sites of change;
3. Societal issues—address policy and program changes within sites of change;
4. Lack of response from DV/SA programs—address in sites of change;
5. Women with disabilities are not aware of DV/SA services and/or don't know how to access services—address in sites of change, especially in the area of accessibility;
6. DV/SA staff/program attitudes and challenges—address in sites of change;
7. Disability providers lack knowledge of DV/SA services—address in sites of change;
8. Women with disabilities don't report abuse—address through sites of change marketing services including individuals with disabilities; and
9. System issues—can be addressed in our sites of change.

Major categories that ASPEN recognized as areas of need that must be addressed outside this grant include: 1) Lack of justice system response; 2) Difficulty for women with disabilities to take empowering steps away from abuse; and 3) Absence of prevention.

Completing its charter in July 2008, ASPEN worked to narrow its focus, culminating in approval of its focus memo in January 2009. We chose a statewide project involving two pilot sites. ASPEN's next step was to engage our eight local partners, a process which spanned from January through March 2009. Needs assessment planning consumed the period from April 2009 until approval in January 2010. We conducted needs assessment work from February 2010 through July 2010. Our report on the needs assessment findings was approved in October of 2010.



In December 2010, we traveled to Ketchikan to re-engage our local partners in a two-step process. The first component was a private briefing for each of our four local partners in which we reviewed the needs assessment findings with an emphasis on issues specific to the organization being briefed. This allowed for frank, private discussions of our findings and any concerns of our partners. The second component was a meeting of the four partners in which the initiatives we have proposed and logistical issues were covered. We did stress that until OVAW approved ASPEN's strategic plan, the initiatives we very broadly outlined were proposals only.

In both situations, ASPEN was positively received and the needs assessment findings accepted as valid and useful. In fact several of our partners said they would like to use the needs assessment as support for their work and plans in various forums. We tentatively planned to return to Ketchikan in early January to begin working on a local implementation plan. We are scheduled to visit Dillingham, December 14-15 to brief our local partners and tentatively plan to launch strategic planning there in January as well.

Needs Assessment Overview

We conducted needs assessments in each community to inform ourselves and our local partners of strengths/assets and weaknesses/gaps in services experienced by survivors with disabilities. We engaged key providers of victim advocacy services and disability services, women who have been the victims of violence, and women who experience disabilities to learn what qualities, processes, and relationships in each system and community must be improved in order to build service delivery capacity. The needs assessment will provide foundational information guiding development of a strategic plan for system change initiatives in each community. Ultimately, the strategic plans will help sites of change respond to identified needs and to support integrated, comprehensive, and timely responses to the service needs of survivors with disabilities. Our goals were to:

1. Identify strengths, gaps, and barriers of existing community service delivery systems in providing accessible and appropriate services to people with disabilities and survivors.
2. Determine existing relationships between community partner organizations and the extent to which these meet the needs of survivors with disabilities.
3. Identify the existing policies, procedures, and practices of community partners and their strengths and barriers from the perspectives of people with disabilities, survivors, and staff and management community partners.
4. Identify the similarities and differences between the ideal set of effective person-centered services and supports from the perspectives of people with disabilities, survivors, and staff and management of community partners
5. Identify options that enhance collaboration between systems of service, better link survivors with those systems of service, and improve the services provided.

Methodology

Using two methodologies (focus groups and individual interviews) to elicit information from four audiences (staff from each of the two service sectors, women with disabilities, and women who were DV/SA survivors), ASPEN worked with approximately 75 people



from the two communities. It should be noted that while we achieved our overall target in terms of the number of women with disabilities and women who were survivors of violence who participated in focus groups, the numbers were somewhat skewed toward the latter, particularly in Dillingham. This was the result of several circumstances.

First, among potential participants recruited by our partners were people with disabilities who experienced serious health issues. This finally prevented a number of people with disabilities to participate in focus groups. Tragically, several potential recruits for the project died during the needs assessment process. Other factors included transportation obstacles that prevented willing participants from villages in the area who used services in Dillingham from being on site as planned.

Second, our interviews with community partners' staff and management were met our overall goals, but we encountered some difficulty meeting all our sub-targets, particularly in Dillingham and among board members. Two factors are reflected here: 1) the reluctance of volunteer board members to commit time from their private lives and 2) the timing of the needs assessment process. The interview process, intended to wrap by end of spring, stretched into the summer, the time during which rural residents are preoccupied by subsistence activities (hunting, fishing, and other traditional indigenous food gathering and preparation activities) fundamental to their culture and economy. This was a consequence of difficulties re-engaging our partners and unexpected delays attributable both to our interview process design and resources as well as to problems unique to Alaska, which hampered travel and communication (notably a volcanic eruption and two avalanches).

Findings

The needs assessment identified consistent themes in each of the two communities, some of which were virtually indistinguishable and others of which evidenced elements unique to the community. ASPEN identified the eight key findings below, which are followed by brief discussions of the implications of each:

1. Policies in at our eight partner agencies addressed concerns such as mandated reporting, the Americans with Disability Act, and provision of individualized services. There were few, if any, specific written guidelines or procedures concerning the safety and service needs of survivors with disabilities. Those guidelines that do exist appear to be neither clearly understood nor uniformly implemented by staff, management, and boards.

Organization leaders (Board Members/Executive Directors) frequently felt their agency mission and service guidelines implied service for the "other" population, but did not see the need to include explicit references in missions or to develop policies and procedures directed at survivors with disabilities. Although our partners have very limited written policies specifically addressing survivors with disabilities, all eight partners indicated a willingness to address individual needs.



Polices and procedures beginning with intake and assessment should be reviewed at all partner agencies. Appropriate policies and procedures for working with survivors with disabilities should be developed collaboratively with the goal of putting in place consistent and complementary guidelines that address the unique characteristics of each community.

2. In both Dillingham and Ketchikan, our partner agencies interact on some level with each other. However collaboration beyond the basics (e.g. providing referrals, exchanging resources information) is limited. There is a moderate level of awareness of how the partners interact with each other within the community. DV/SA agencies were more likely to reach out to disability providers than the other way around.

Ketchikan has many more resources than Dillingham and interviews and focus groups identified over 20 other organizations that ASPEN partners collaborate with. This resource richness is a comparative strength in Ketchikan. Both people with disabilities and survivors felt good about the helpfulness of our partners in linking them with outside assistance, another strength.

Dillingham's outstanding strength was the collaborations built by SAFE with many of the other provider agencies and businesses in the community. Conversely, disability providers in Dillingham appear to have a much lower level of awareness and utilization of potential collaborative resources. Focus group participants were generally positive about DV/SA partners finding them needed outside help, another strength. This was less so on the disability side given.

3. There is wide diversity of perceptions of disability, experiences with disability, and accommodation of individual needs among DV/SA agencies. There is likewise wide diversity in perceptions regarding people with disabilities and experiences of DV/SA among disability agencies.

There is a broad range of perceptions of just whom people with disabilities and survivors are and what is done to serve them across all but one of our partners in both Dillingham and Ketchikan. The notable exception is SAFE, which has extensive experience with people with disabilities. In both communities, basic education on awareness, philosophy, and service delivery approaches of both the disability and DV/SA sectors should be developed and provided to all current staff and new staff during orientation.

4. Community partners and focus group participants identified behavioral health services as a crucial component to meeting the needs of all survivors.

There appears to be commitment across all of ASPEN's partners in both communities to collaborate and improve services to survivors with disabilities, most especially those with mental health and substance abuse issues. This commitment represents a unique opportunity to address a serious gap in services to survivors with disabilities. Our partners in Ketchikan and Dillingham already



have some sort of relationship with local behavioral health providers. SAFE's collaboration with behavioral providers is especially strong and provides a model for improving service delivery. This should be a long term goal of the partners.

5. Processes for change within our eight partner agencies are in place—whether through strategic plan development, budget development, or staff and client input, however each agency had a unique approach.

Most of ASPEN's partners appear to employ something of a top down approach to planning and budgeting. Services appeared to reflect the requirements of funding sources, current or potential. Board member participation in the needs assessment was lower than anticipated. As a result, particular attention may need to be devoted to engaging board members during the strategic planning process in each community. Change processes are in place at all our partners and the willingness to collaboratively change is also present.

6. All our partners have clearly stated the desire, need, and support for training or cross-training, staff orientation, and disability and DV/SA specific training.

Ketchikan recognizes the need for training across disciplines and is willing to institute such training. The history of Alaskans Speak Up training and establishment of a DART augurs well for expanded training for work with survivors with disabilities. In Dillingham, SAFE again provides an excellent model for what an individual agency that values focused training can do in a small community. SAFE's leadership and role as a builder of collaborations with DART and other local providers are strengths to build upon in broadening the scope of cross-training in Dillingham.

7. Culture, in all its diverse and complex manifestations, plays a key role in service provision as it is perceived and experienced by survivors with disabilities

While traditional cultural values remain strong in both Dillingham and Ketchikan, their manifestation is significantly different because of the distinctions between the Yupik and Northwest Coast Indian cultures. ASPEN will need to engage elders in both communities, since elders sanction what is appropriate. Since ASPEN members are "outsiders" cultural activities, such as potlatches, will be needed to support collaboration among community partners. Subsistence activities need to be considered when we strategize how to promote collaboration. In order to honor the diversity of the Native cultures of the Bristol Bay Area and Southeast Alaska, ASPEN will need to work with each community to develop a culturally relevant strategic plan. This plan will also need to include strategies to incorporate non-indigenous viewpoints (e.g., Filipina, Latina).

8. Survivors and people with disabilities in Ketchikan and Dillingham identified positive, respectful, and supportive attitudes and actions as keys to making them feel safe, welcome, and comfortable.



Consistently, across Ketchikan and Dillingham, DV/SA program participants stressed physical safety e.g. locks, lighting, cameras, places to park cars that were hidden. Similarly recipients of tribal services talked about security issues as well. Both groups stressed the need for privacy and confidentiality. DV/SA service recipients often expressed a need for more guidance and direction while disability service recipients expressed the desire for less.

Disability service users discussed safety as well, but in a different context - people not yelling, not being drunk and not being violent was essential. This group seemed less concerned about locks, secure windows, and hidden parking but shared more frequently how others not necessarily aligned with our partners, e.g. bus drivers, receptionists, librarians and strangers on the street, had been helpful.

Both groups talked about safety in terms of how people made them feel and whom they could trust; a friendly attitude by staff was critical. Both survivors and consumers described in detail barriers attributable to non-verbal communication and attitude. Findings indicate both DV/SA and disability service recipients felt uncomfortable when rushed, not listened to, interrupted by phones, staff, or others or made to feel their concerns are unimportant by a brusque attitude or a cookie cutter approach. Confidentiality concerns existed in both groups although DV/SA program participants appeared more anxious about physical safety as well as emotional harm if confidentiality was breached. Disability service consumers also expressed concerns about physical and emotional safety yet often appeared more concerned about gossip and lack of privacy in a broader sense.

Broader Implications

While we did not ask about the experience of disability, many survivors in Ketchikan and Dillingham when describing what worked and didn't work for them alluded to benefits and barriers from their own experience. These often included experiences associated with disabilities. Disability service recipients when describing what made them feel welcome often referred to comfort or lack thereof based on safety issues.

Our focus group facilitators noted 1) many participants self-identified as survivors shared experiences of disabilities and 2) many self-identified as people with disabilities disclosed DV/SA experiences. In essence, the two populations were virtually one and the same.

All our findings applied in both Dillingham and Ketchikan. That said, the extent or intensity of some findings varied noticeably across communities. Key examples of such distinctions include:

- The expression of cultural resonance in service delivery differed between Ketchikan and Dillingham. This was not unexpected given the ethnic makeup of the two communities and of both the Dillingham community and focus groups; in both cases Alaska Natives made up a much larger segment of the population than in Ketchikan.
- While both communities identified a need for training/cross-training, the need was expressed more consistently in Ketchikan. This likely reflected SAFE's initiative in



providing multi-disciplinary trainings in Dillingham. Another possible factor was the smaller number of disability staff we interviewed in Dillingham.

- Both sites wanted behavioral health providers included somehow in strategic planning, the expression of this was much stronger in Dillingham. In Ketchikan, our partner KIC has a behavioral health component (services are available principally to Alaska Natives) and there are several other local behavioral health providers. In Dillingham all our partners collaborated closely with the Bristol Bay Area Health Corporation's behavioral health services, the only game in town.

There were also some distinctions based on service systems, including:

- A significant element of disability sector staff, particularly in Ketchikan, appeared to believe a focus on individualized services was sufficient to ensure that all necessary services are competently delivered to survivors with disabilities. At the same time, most staff interviewed believed that targeted training and cross-training was necessary in order to collaboratively serve survivors with disabilities adequately.
- There appeared to be considerable differences in perception between management and line staff in both sites. We encountered examples of management citing the existence of policies related to working with survivors with disabilities of which direct service staff were unaware.
- Unsurprisingly, survivors and people with disabilities expressed some differences in what they looked for from providers in terms of safety, comfort, and welcoming characteristics, as we described in Finding 8. In some ways these differences are complementary and thus could potentially be addressed through universal design principles as we move into collaborative implementation.

Change Opportunities and Obstacles

In both our partner sites, a significant basis for change to local service systems exists. Ketchikan has a strong history of cross training and collaboration resulting from the involvement with and funding from other programs focusing on the victimization of people with disabilities/elders and the need for cross training. Dillingham also has such history, the difference being a more of a focus on behavioral health issues and less on other forms of disability. The DV/SA sector in Dillingham has, in fact, been a leader, in this regard. Both communities are open to training and collaboration across disciplines, the need for which is a major finding of this needs assessment.

Our DV/SA partners universally believed that collaborative training and cross-training are crucial to their ability to appropriately serve people with disabilities. This belief has led some of these agencies to attempt to do just that and this is an attribute that ASPEN should be able to build on in its strategic planning and implementation work.

Dillingham's victim advocacy organization has a very strong presence and is perceived as the local provider to go to for FASD concerns. This constitutes a potential gateway to include behavioral health in longer term strategic planning and implementation phases. Disability services in Dillingham are often itinerant or experience high turnover and thus have a unique presence and image.



Next Steps

Pending approval of the ASPEN Strategic Plan by the Office on Violence Against Women, we will begin work in January 2011 with our community partners to implement initiatives identified in that plan at the local level. We will collaborate with our partners to develop strategic plans specific to each community. We will involve individuals with disabilities and survivors of DV/SA from each community in this planning work.



Strategic Plan

Overview of Key Short-Term Initiatives

ASPEN used the key findings from the needs assessment to identify three short-term initiatives that reflect feasible activities within the timeframe of the project. Each of these initiatives will be discussed with community partners in Dillingham and Ketchikan in early December 2010 and local action plans reflecting local needs and resources will be developed with them in early 2011. The initiatives are organized in a logical approach, starting with those that the community partners are most likely to embrace. In addition, each initiative is framed within two overarching priorities: 1) creating a welcoming environment for survivors of domestic violence and 2) applying cultural humility to disability and DV/SA settings.

ASPEN's three initiatives are focused around assisting community partners in two pilot sites (Dillingham and Ketchikan) to better serve survivors with disabilities in a manner that leads to sustainable change. They are:

1. Training and Cross-Training

The goal of this initiative is to ensure the availability of training and cross-training that will facilitate increased awareness of the intersection between disability and DV/SA among community partners in Dillingham and Ketchikan and promote collaborative service delivery. Training and cross-training will also be used to build the positive, respectful and supportive attitudes and actions key to making survivors with disabilities feel safe, welcome, and comfortable. Training and cross-training on the dynamic, every changing quality of culture and cultural humility will also be developed in collaboration with ASPEN's community partners.

2. Collaborative Partnerships

The goal of this initiative is to facilitate stronger and deeper collaboration among ASPEN's community partners and develop mechanisms for collaboration and information sharing. ASPEN will work in conjunction with community partners to develop collaborative approaches to the provision of culturally resonant services that are safe, welcoming, and comfortable to survivors with disabilities.

3. Policies and Procedures

The goal of this initiative is assist community partners to develop policies and procedures that will build the capacity of both DV/SA and disability organizations to better meet the needs of survivors with disabilities. Emphasis will be placed on helping community partners to develop policies and procedures that not only are culturally resonant but are also focused on creating environments and attitudes that are safe, welcoming, and comfortable to survivors with disabilities.



In-Depth Overview of Each Short-Term Initiative

1. Training and Cross-Training

Not only did ASPEN's community partners identify training and cross-training as a major need, ASPEN firmly believes that the provision of training and cross-training is the first step to helping community partners create sustainable systems change. It is a relatively non-threatening activity that will provide administrators, managers and staff the opportunity to get to know the other agencies and network with one another. It provides a base of knowledge that will in turn lead to stronger and deeper collaboration and to changes in policies and procedures. It was apparent during our needs assessment briefing in Ketchikan on December 2-3 that our local partners are more than anxious to begin this work, including elements of it within their own agencies.

ASPEN will undertake the following steps to ensure that training and cross-training not only meets the needs of community partners but also leads to sustainable systems change that meets the needs of survivors with disabilities in each community.

Action 1: Conduct Further Research

ASPEN will work with community partners to 1) identify the specific areas where training and cross-training is desired or necessary; and 2) identify the types of training each agency is currently providing and secure a copy of training materials. In addition to reviewing existing materials developed in Alaska for both providers and people with disabilities (i.e., Alaska Speaks Up!, DART, Recognizing and Responding to Interpersonal Violence), ASPEN will research basic education tools on awareness, philosophy and service delivery approaches of both the disability and DV/SA sectors as well as materials on cultural humility and how to build supportive attitudes and actions key to making survivors with disabilities feel safe, welcome and comfortable. Since ASPEN will only have nine months to implement its strategic plan, the majority of Action 1 activities will occur prior to the strategic plan being implemented.

Action 2: Adapt Materials for Local Use

Since Dillingham and Ketchikan are two very different communities, ASPEN will facilitate a process to share tools and materials with community partners and assist each community to adopt and/or adapt training materials to meet its own unique circumstances. ASPEN will also work with each community to 1) determine what community partners hope to gain from the training; 2) identify organically occurring opportunities to influence and improve existing training over time; and 3) identify long-term staff in each agency who will serve as a point of contact for orientation and training of new staff. We already know who these people will be in Ketchikan.



Action 3: Pilot Provision of Training and Cross-Training

ASPEN will work with community partners to develop a process for providing training and cross-training in Dillingham and Ketchikan. Particular attention will be paid to working with local tribal partners to develop a process that addresses cultural humility and engages local elders and youth in the training. Emphasis will also be placed on ways to help survivors with disabilities feel welcomed, safe and comfortable. Training and cross-training will then be piloted in each community and adapted as needed.

Action 4: Develop Resource Toolkit

ASPEN will work with community partners to determine how a resource toolkit would be used so that it doesn't just sit on a shelf and gather dust; opportunities to integrate the use of the toolkit into organically occurring training will be discussed with each partner. Pending approval from the Office on Violence against Women (OVW), the resource toolkit will include training and materials for both DV/SA partners and disability partners. The toolkit will include a variety of resources that include 1) basic education tools on awareness, philosophy and service delivery; 2) approaches for building collaborative service delivery; 3) historical trauma, disability trauma and DV/SA trauma; 4) cultural humility; 5) a checklist of issues identified by survivors and people with disabilities related to their feeling welcomed, safe, and comfortable; and 6) resources for creating welcoming, safe, and comfortable environments and attitudes. After evaluating the use of the toolkit in Dillingham and Ketchikan, ASPEN will also identify a process for adapting existing tools or designing new tools for replication in other communities.

2. Collaborative Partnerships

One of ASPEN's major goals is to assist community partners to facilitate stronger and deeper collaboration and develop mechanisms for collaboration and information sharing. In both Dillingham and Ketchikan, ASPEN's community partners interact on some level with one another. However, collaboration is at a basic level (e.g., providing referrals, exchanging resource information).

Therefore, ASPEN will undertake the following steps to ensure that sustainable collaborative partnerships are established in Dillingham and Ketchikan.

Action Step 1: Build upon Needs Assessment Presentations

In order to re-engage community partners, ASPEN traveled to Ketchikan on December 2-3 to present needs assessment findings. ASPEN met individually with key staff from each agency to discuss needs assessment findings specific relative to that agency. A meeting was then held with all community partners to unveil the overall needs assessment findings specific to the community while keeping individual



agency findings confidential. ASPEN also discussed its strategic plan and the three proposed initiatives with community partners, followed by a brainstorming session to inform local strategic planning. A similar process will occur in Dillingham by shortly.

Action Step 2: Assist Community Partners to Develop Local Strategic Plans

ASPEN will take information gained from brainstorming sessions in Dillingham and Ketchikan to facilitate the development of local strategic plans that mirror ASPEN's proposed initiatives. ASPEN will not tell community partners how to change but instead will facilitate discussion and local strategic planning. ASPEN will also work with community partners to identify resources needed for implementation at both the community and agency level and to determine how to best assist individual agencies to integrate the local strategic plan into their change processes (i.e., strategic planning, budget planning).

Action Step 3: Facilitate Implementation of Local Strategic Plans

ASPEN will research collaboration approaches developed elsewhere; particular attention will be paid to securing information about strategies for creating safe, welcoming, and comfortable environments and attitudes and cultural humility. ASPEN will secure a variety of Memorandum of Agreements that will be shared with community partners and adapted for local use. Since ASPEN will only have nine months to help Dillingham and Ketchikan implement their local plans, the majority of its research activities will occur prior to local strategic plans being implemented. ASPEN will also facilitate local resource identification and cataloguing. Individualized technical assistance plans will be developed to help community partners implement their strategic plans at both the community and agency level.

3. Policies and Procedures

ASPEN will work with community partners to develop policies and procedures that will better respond to the needs of survivors with disabilities. Particular attention will be given to ensuring that the newly developed policies and procedures are culturally resonant and help create safe, welcoming, and comfortable environments for survivors with disabilities. In order to enhance receptiveness to policy change, ASPEN will first initiate training and cross-training and development of local plans.

ASPEN will undertake the following steps to ensure that policies and procedures that guide staff in performing their jobs and provide a standard for behaviors and attitudes are in place in Dillingham and Ketchikan.

Action Step 1: Research and Identify a Menu of Policies and Procedures

ASPEN will research policies and procedures and obtain copies of self-assessment forms that have been developed by other collaborative projects. ASPEN will also



review policies, procedures and forms that exist in disability organizations and in DV/SA agencies across the country. Collected information will then be assessed to determine those that will be most useful in ASPEN's work, given its emphasis on cultural humility and creating safe, welcoming, and comfortable environments for survivors with disabilities. As a result, ASPEN will have a menu of options and examples to share with community partners. Since ASPEN will only have nine months to implement its strategic plan, most Action 1 activities will occur prior to the strategic plan being implemented.

Action Step 2: Review and Assess Existing Policies and Procedures

ASPEN will work with community partners to review what each agency currently does, whether it is based on following formal policy and procedure or an informal process. Any existing policies will be gathered as well the tools used by staff and the steps they follow. ASPEN will then work with community partners to assess what is currently working and what is not and how these processes mesh with what focus group participants want to see in place.

Action Step 3: Assist Community Partners to Develop New Policies and Procedures

ASPEN will facilitate a local process to help community partners develop new policies and procedures across agencies that are consistent and complementary as well as meeting the requirements of the Americans with Disabilities Act, Fair Housing Act, and OVW. ASPEN will report the findings from the assessment of agency policies and procedures and provide examples of OVW-approved policies and procedures to review. ASPEN will also work with community partners to determine if it is beneficial to have a single universal policy that all community partners will use or if it would be better to have separate policies, one for each partner agency. At a minimum, new policy will include a statement that clearly states the importance the agency's devotes to serving survivors with disabilities and basic information on 1) tools that will provide staff with specific steps they should follow (e.g., a decision tree); 2) referral sources, contact numbers and information on how to make a referral; 3) an orientation and training component so that all staff, not just management, are aware of the policies and procedures; and 4) the consequences for staff who do not follow written policy and procedures. In order to provide a feedback loop, people with disabilities and survivors will be asked to review and comment on draft policy. Once the policies and procedures have been developed, they will go to each partner agency for approval. Once approval is received, ASPEN will work with community partners to develop the final policy for inclusion in employee handbooks and supporting materials for the policies and procedures (i.e., checklists, decision trees, resource lists). All materials will be made available in accessible formats.

Action Step 4: Implement, Evaluate and Refine New Policies and Procedures

ASPEN will work with community partners in Dillingham and Ketchikan to provide training on the new policies and procedures to staff in each community. ASPEN will



also provide technical assistance as needed to ensure the new policies and procedures are being implemented as designed and agreed upon. And finally, ASPEN will work with community partners to evaluate 1) the initial impact of the new policies and procedures, results and outcomes, effectiveness and whether there were any unintended consequences and 2) make changes as needed.

Work Structure

The work involved in implementing the strategic plan is labor intensive and will take place in two different pilot sites over a very short period of time (nine months).

Therefore, ASPEN has put a formal work structure in place to achieve its goals, including structures for its own work, for the provision of technical assistance to the pilot sites and individual agencies, and for implementation by community partners and individual agencies.

The time constraint actually works well for the project as both pilot sites have been anticipating the results of the needs assessment and are looking forward to hear what how they can make positive changes for their community. Pilot site agencies have continually been engaged with individual ASPEN partners through other grants/projects. Although the proposed initiatives may appear unlikely to be completed within the nine remaining months of OVW funding, ASPEN is confident for several reasons. First, ASPEN has a good collaborative relationships with community partners; they are “chomping at the bit” to get going on implementation. Second, ASPEN has already completed the majority of research outlined in various action steps above. Third, ASPEN members have agreed to continue technical assistance to community partners after OVW funding ends, albeit to a lesser degree and primarily by teleconference.

ASPEN Statewide Collaborative Team Structure and Work Process

In order to accomplish the work outlined in the strategic plan, ASPEN members will meet twice each month for a minimum of two hours. Members will plan, track and evaluate project activities and ensure completion of the action steps for each initiative. These meetings will give the entire team the opportunity to discuss activities and issues that arise and to continually assess and refine ASPEN’s technical assistance process and strategies. Email and phone communication be used in between the twice-monthly meetings to keep team members in touch and pursue specific tasks related to implementing the strategic plan. ASPEN members will also conduct a monthly process evaluation during one of the twice-monthly meetings to assess whether the action steps outlined for each initiative are being implemented on time as planned; evaluation findings will be used to inform potential replication.

The project coordinator will serve as the primary liaison between the ASPEN team and the pilot sites. He will coordinate work flow and oversee tasks and timelines. He will also coordinate technical assistance from the Vera Institute of Justice and serve as the primary contact with the Office on Violence against Women. Specific tasks such as tools and training materials review and revision, planning, training and technical assistance, and product development will be shared among ASPEN members, with specific assignments based on experience, expertise and scheduling.



Technical Assistance Structure and Work Process

Each of the two pilot sites will be supported by the project coordinator who will serve as the primary liaison between ASPEN and the site. He will coordinate monthly collaboration meetings, maintain ongoing weekly contact with community partner work groups and coordinate technical assistance between ASPEN and community partners and individual agencies. At least one other ASPEN team member (and whenever possible three ASPEN team members) will participate in monthly pilot site meetings to provide an integrated approach to the implementation of ASPEN's proposed initiatives. The ASPEN team will also obtain input and feedback from community partners on products to be developed during the implementation phase of the project.

ASPEN team members will also be charged with providing technical assistance to community partners on the collaboration building structure and on the development of policies and procedures. Team members will provide training and consultation as needed to community partners and individual agencies. Opportunities for ongoing training and technical assistance will also be identified so that ASPEN's community partners themselves can assume ongoing responsibility for offering training and cross-training in Dillingham and Ketchikan.

Community Partner Structure and Work Process

Work in Dillingham and Ketchikan will involve cross-agency meetings with key agency personnel, the project coordinator and ASPEN members. During the strategic planning process, ASPEN will meet with agencies to select representative(s) to the project, identify internal workgroup members and establish a communication structure.

Agency representatives and designees will serve as consistent liaisons to their respective organizations and will be responsible for helping ASPEN implement the three initiatives outlined in the strategic plan. They will participate in monthly meetings, which will be staffed by the project coordinator and ASPEN team members.

Work with the pilot sites started with the December re-engagement meetings. Ongoing work will be coordinated through monthly meetings, some of which will be in person and some of which will be by teleconference. During the strategic planning meeting, an ongoing schedule and structure for the monthly meetings will be established.

The agency liaisons will also create an internal agency workgroup that will become the core team responsible for implementation within their respective agencies. They will determine their own meeting structure in accordance with other meeting and agency structures. The project coordinator will be in regular contact with them.



Work/Action Plans

Initiative 1: Training and Cross-Training											
	Implementation Timeline (Months)										
	1	2	3	4	5	6	7	8	9	Post-Grant	
Action 1: Conduct Further Research											
Identify specific areas where training and cross-training is desired	Completed prior to implementation										
Identify types of training each community partner agency conducts	Completed prior to implementation										
Secure copies of training materials/tools from community partners	Completed prior to implementation										
Research basic education tools on awareness, philosophy and service delivery approaches	Completed prior to implementation										
Research materials on cultural humility	Completed prior to implementation										
Research materials on helping survivors with disabilities feel safe, welcomed and comfortable	Completed prior to implementation										
Action 2: Adapt Materials for Local Use											
Facilitate process to share training materials/tools with community partners	X										
Assist each community to adopt and/or adapt curricula as needed	X	X									
Work with each community to determine what partners hope to gain from training and cross-training	X										
Work with each community to identify organically occurring opportunities to influence and improve existing training over time	X	X	X	X	X	X	X	X	X	X	X
Work with each community partner to identify long-term staff who will serve as a point of contact for orientation and training of new staff	X			X					X		
Action 3: Pilot Provision of Training and Cross-Training											
Work with partners to develop process specific to each community			X								
Work with local tribal partners to develop process that addresses culturally humility				X	X						
Work with local tribal partners to engage local elders and youth				X	X						
Identify ways to integrate training on helping survivors with disabilities feel safe, welcomed and comfortable				X	X						
Pilot training in each community						X	X				
Adapt training as needed							X	X	X	X	X



Action 4: Develop Resource Toolkit										
Work with community partners to determine how toolkit will be used				X						
Discuss opportunities for use of toolkit with each community partner				X						
Secure OVW approval				X						
Package and disseminate resource toolkit in Dillingham and Ketchikan					X	X	X			
Evaluate use of the toolkit in Dillingham and Ketchikan								X	X	
Identify process for adapting existing tools or designing tools for replication in other communities										X

Initiative 2: Collaborative Partnerships										
	Implementation Timeline (Months)									
	1	2	3	4	5	6	7	8	9	Post-Grant
Action 1: Present Needs Assessment Findings to Community Partners										
Travel to Dillingham and Ketchikan to re-engage community partners and present findings from each community's needs assessment										Completed prior to implementation
Meet individually with key staff from each agency to discuss needs assessment findings relative to that agency										Completed prior to implementation
Hold meeting with all community partners in Dillingham and Ketchikan to unveil overall needs assessment findings specific to each community										Completed prior to implementation
Discuss ASPEN's strategic plan and the three associated initiatives with community partners										Completed prior to implementation
Conduct brainstorming session to inform local strategic planning										Completed prior to implementation
Action 2: Assist Community Partners to Develop Local Strategic Plans										
Determine a strategic planning process that builds upon ASPEN's strategic plan										Completed prior to implementation
Take information gained from brainstorming sessions in Dillingham and Ketchikan to facilitate the development of local strategic plans mirroring ASPEN's proposed initiatives	X	X								
Facilitate strategic planning process that results in the development of local strategic plans that mirror ASPEN's proposed initiatives	X	X								
Work with community partners to identify resources needed for implementation at both the community and agency level	X	X								
Determine how to best assist individual agencies to integrate local strategic plans into their change processes	X	X								



Action 3: Facilitate Implementation of Local Strategic Plans	
Research and compile collaboration approaches developed elsewhere using information available from VERA and the other OVW grantees	Completed prior to implementation
Secure a variety of Memorandum of Agreements to share with community partners and adapt for local use	Completed prior to implementation
Facilitate local resource identification and cataloguing	X X X X X X X X X X
Develop individualized technical assistance plans with community partners in Dillingham and Ketchikan	X X
Develop agency-specific individualized technical assistance plans	X X
Provide technical assistance and support to help community partners implement local plans	X X X X X X X X X
Provide technical assistance and support to help individual agencies integrate plan activities into their ongoing activities	X X X X X X X X X

Initiative 3: Policies and Procedures											
	Implementation Timeline (Months)										
	1	2	3	4	5	6	7	8	9	Post-Grant	
Action 1: Research and Identify a Menu of Policies and Procedures											
Research policies and procedures that have been developed by other collaborative projects											
Obtain copies of self-assessment forms that have been developed by VERA and other collaborative projects											
Review policies, procedures and forms that exist in disability organizations and in DV/SA agencies across the country											
Assess collected information to determine those that will be most useful in ASPEN's work											
Package a menu of options and examples to share with community partners											
Action 2: Review and Assess Existing Policies and Procedures											
Work with community partners in Dillingham and Ketchikan to review what each agency currently does			X	X	X						
Gather any existing policies, tools staff are using and steps they are following			X	X	X						
Work with community partners to assess existing policies and procedures looking at what is effective and what is not and how they mesh with what survivors and women with disabilities want to see in place			X	X	X						



Action 3: Assist Community Partners to Develop New Policies and Procedures												
Report the findings from the assessment of agency policies and procedures and provide examples of OVW-approved policies and procedures to review to community partners							X					
Work with community partners to determine if it is beneficial to have a single universal policy that all community partners will use or if it would be better to have separate policies, one for each partner agency							X					
Ensure that new policy is written according to minimum standards							X	X				
Secure input on draft policies and procedures from people with disabilities and survivors												
Work with each partner agency to get approval to implement new policy								X				
Work with community partners to develop the final policy for inclusion in all employee handbooks and supporting materials for the policies and procedures									X	X		
Ensure all employee handbooks and supporting materials are made available in accessible formats									X	X		
Action 4: Implement, Evaluate and Refine New Policies and Procedures												
Work with community partners to provide training on the new policies and procedures to staff in each community										X	X	
Provide technical assistance as needed to ensure the new policies and procedures are being implemented as designed and agreed upon										X	X	
Work with community partners to evaluate the impact of the new policies and procedures, results and outcomes, effectiveness and whether there are any unintended consequences and to make changes as needed										X	X	



Overview of Long-Term Plans

The short-term initiatives discussed above are intended, in part, to lay the groundwork for achieving ASPEN's longer-term initiatives, which are briefly described below. ASPEN members have agreed to share teleconference costs for ongoing meetings and the provision of technical assistance to community partners. In addition, opportunities to meet face-to-face will also be identified.

Long-Term Initiative #1

Broadening and Deepening Collaborations in Dillingham and Ketchikan

During the post-grant periods, ASPEN intends to evaluate, refine and further sustain the collaborative models that have been developed and help community partners engage behavioral health providers in collaboration activities, continue to expand the pool of community resources knowledgeable about issues impacting survivors with disabilities, expand cross-referral resources and develop co-located services where possible.

Long-Term Initiative #2

Replicating ASPEN's Collaboration Model

ASPEN intends to replicate its collaboration model in other areas of Alaska. A number of other communities were considered when ASPEN narrowed its focus to Dillingham and Ketchikan; some of these communities are ripe for replication. One of ASPEN's members, the Governor's Council on Disabilities and Special Education, has secured funding from the Alaska Mental Health Trust Authority to replicate the project starting July 1, 2012.

Long-Term Initiative #3

Integration into Governor's *Choose Respect* Initiative

One of Alaska Governor Sean Parnell's priorities is to end the epidemic of domestic violence and sexual assault in Alaska by enhancing law enforcement capacity and enforcing tougher prosecution, protecting and helping survivors heal, and focusing on prevention and education. Alaska's first Domestic Violence and Sexual Assault Prevention Coordinator was hired last year. She is currently working with a number of stakeholders, including some ASPEN members, to develop and implement strategies for meeting the needs of survivors. ASPEN will work closely with the Governor to ensure that the unique needs of Alaskans with disabilities are considered and planned for as his initiative moves forward.

Long-Term Initiative #4

Engagement of Behavioral Health Stakeholders

ASPEN's community partners and focus group participants in Dillingham and Ketchikan identified behavioral health services as crucial to meeting the needs of all survivors. ASPEN will therefore reach out to the Alaska Mental Health Board and the Advisory Board on Alcoholism & Drug Abuse to discuss ways the two boards can support ASPEN activities and help with outreach to behavioral health providers.



Conclusions

ASPEN's work to date has focused on establishing a process, structure and strategic plan for creating sustainable change at the local level through the establishment of two pilot sites in Dillingham and Ketchikan. Team members firmly believe that successes and lessons learned from this initiative will be expanded to other communities in Alaska and will be used to inform the roll-out of Governor Parnell's *Choose Respect* initiative.