

CORE

Culture Of Respect and Empowerment



Independent Living Center of the Hudson Valley, Inc.



A Rensselaer County Collaboration

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CORE Strategic Planning Report

Introduction

CORE is a Rensselaer County collaboration between Unity House of Troy, Inc., the Independent Living Center of the Hudson Valley, Inc. and the Sexual Assault & Crime Victims Assistance Program at Samaritan Hospital. Over the last several months our collaboration has engaged in discussions about how each partner agency intersects. Our focus for this project will be cross-disability, specifically to people with disabilities who have been affected by domestic violence and/or sexual assault in Rensselaer County.

In October of 2015 Unity House was awarded funding through the U.S. Department of Justice, Office on Violence Against Women (OVW) Grant Program. This began the three-year project to facilitate change in each program to better meet the needs of survivors with disabilities. CORE completed a collaboration charter as well as a focus memo in October of 2015. The Needs Assessment Plan was approved in August of 2016. In September of 2016 each perspective agency's focus groups were completed as part of the Needs Assessment Plan. In October of 2016, CORE developed the Needs Assessment Report (hereinafter, "NAR"). On Thursday, December 29th, 2017, the Needs Assessment Report was approved by OVW. In February of 2017, CORE began shifting from the needs assessment to strategic planning.

The following plan outlines five initiatives for agency changes that collaboration members have put forth to proceed with throughout the implementation phase. These initiatives center on safety, accessibility, staff training, policies, procedures, accessible resources, and sustainability subsequent of? to? the grant period.

CORE Strategic Planning Report

Overview of Collaboration and Goals

The Mission of CORE is to ensure that people with disabilities have equal access to a comprehensive and seamless network of care created by partner agencies. All people with disabilities in Rensselaer County who have experienced abuse will be aware of and have equal access to a seamless, comprehensive network of care that is responsive, compassionate, trauma-informed, empowering and person-centered.

Unity House Domestic Violence Services (UHDVS) is one division of Unity House of Troy, Inc., and is the only New York State licensed domestic violence residential and non-residential services program in Rensselaer County. Unity House Domestic Violence Services program is staffed and supervised by individuals who are highly qualified, well-trained and deeply committed to providing services to victims of domestic violence in a respectful and dignified manner that does not compromise victim safety.

The Independent Living Center of the Hudson Valley (ILCHV) is a non-residential non-profit organization serving and advocating for the rights of people with disabilities. ILCHV is consumer managed and run;

people with disabilities comprise most of the board of directors, management, and direct service staff. ILCHV promotes a world in which people with disabilities enjoy the same right for self-determination, economic freedom, and full and equal participation in community life as their non-disabled peers. Direct services include information and referral, peer counseling, nursing home outreach and transition, architectural barriers consultation, independent living skills training, assistance securing housing, transportation, entitlements, employment training and placement, services to students and their families, and support groups. They educate the community, provide technical assistance to policy making bodies and serve on committees and boards to advocate for disability rights.

The Sexual Assault and Crime Victim's Assistance Program (SACVAP) is committed to reducing the trauma of sexual assault, crime, and violence, as well as providing community education for its prevention. SACVAP is dedicated to creating a supportive, caring environment for victims/survivors and their families to enhance the healing process. Services provided by SACVAP include: counseling and therapy, support groups, medical accompaniment and advocacy, legal advocacy/counseling, information and referral, and forensic nurse examiners. Services are available for all victims of crime, including primary and secondary victims, regardless of when the crime occurred, race, class, ethnicity, gender, gender identity, sexual orientation or ability. SACVAP services are free, confidential and are available 24 hours a day/ 7 days a week at their main office location, satellite offices, or elsewhere in the community. SACVAP staff are also available to conduct community education programs, primary prevention programs or professional trainings.

CORE Strategic Planning Report

Description of Planning Phase

CORE collected data and information from a wide range of participants through the needs assessments that were collected. The information gained from the individuals participating within the focus groups including professionals and clients was impactful. The range of passionate, insightful answers provided by participants regarding the struggles of the target population allowed CORE to identify barriers and limitations within each respective agency. All the individuals who participated in the focus groups were engaged and openly shared their ideas and beliefs.

The data collected by participants demonstrated that the CORE collaboration members are dedicated and invested in making services more accessible to survivors with disabilities. Additionally, feedback from the staff focus groups gave the collaboration better understanding of the issues that providers and clients are facing within in the community. Based on the information and data collected, CORE was able to identify strengths in the systems of each agency as well. It is important to note that changes can be implemented to better serve this underserved population.

Throughout this process CORE was able to deepen our collaboration, work together and move toward the strategic planning phase. CORE will utilize the information and data provided through the focus groups and interviews to implement changes. By working together as a collaboration, the group can build off each other's strengths and limitations to enhance each individual program. Moving forward together the

collaboration will work within our strategic plan to best serve people with disabilities who have also experienced domestic violence or sexual assault.

CORE completed both a collaboration charter as well as a focus memo in October of 2015. Subsequently, the Needs Assessment Plan was approved in August of 2016. In September of 2016, the needs assessment report with each agency's focus groups was completed. At this point, CORE has developed the Needs Assessment Report (NAR). CORE will use the findings of the NAR to develop and implement a strategic plan that creates positive changes in each partner organization and better serves the target population.

The NAR was approved by OVW on December 29th 2016. Following this approval, the technical assistant from VERA came to aid CORE collaboration members in the process of creating a strategic plan for implementation.

<p style="text-align: center;">CORE Strategic Planning Report Overview of Strategic Planning Process</p>
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CORE needs assessment report findings were approved first by each team member followed by the technical assistant from VERA on Thursday December 22, 2016. The needs assessment report was then submitted and approved by OVW on Thursday, December 29, 2016.

The technical assistant from VERA came to meet with the CORE collaboration members for full day sessions on January 30th and 31st of 2017. During this period of time, CORE worked to develop the Strategic Plan addressing both strengths and weaknesses found throughout this process. Information gained from the Needs Assessment Report and Strategic Plan will lead and inform the implementation phase, allowing collaboration members to make necessary programmatic changes that better meet the needs of survivors with disabilities who utilize each program while creating greater safety and accessibility. These meetings and discussions lead to the development of five short term initiatives as well as a long term sustainability plan.

In February of 2017 CORE will use the findings of this needs assessment process to create a strategic plan to create positive change in each perspective organization to better serve each suitable population.

<p style="text-align: center;">CORE Strategic Planning Report Needs Assessment Overview</p>

The overarching purpose of the Needs Assessment, as described by the Office on Violence Against Women (OVW) is to:

- Provide practical information on services for survivors with disabilities and how to improve them.
- Inform selection of implementation activities.

- Increase buy-in and support for the collaboration's work.

This needs assessment will lay the foundation for change throughout UHDVS, SACVAP and ILC to better meet the needs of survivors with disabilities.

<p style="text-align: center;">CORE Strategic Planning Report Needs Assessment – Review of Methodology</p>
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CORE used focus groups as well as one on one interview sessions to gather the key findings necessary in establishing goals. The questions were created in an open ended format which lead to a conversation regarding each program, while ensuring that the conversation in was still specific to our initiative. The questions addressed topics including staff capacity, education, training, safety and accessibility as well as procedures already in place and the need for more improved policies and procedure surrounding better meeting the needs of survivor's with disabilities. CORE held a total of five client focus groups, three staff focus groups and six client interviews. For each interview and focus group CORE utilized an outside group facilitator to allow clients and staff to speak freely without fear of repercussion from agency specific employees.

Three focus groups were conducted for both Unity House Domestic Violence and The Independent Living Center of the Hudson Valley as separate agencies. For each perspective agency we had one staff focus group, as well as two client focus groups. CORE held on day time client focus group and one evening client focus group at each agency. This provided opportunities and accommodations for each agencies clients to be in attendance.

SACVP held one evening focus group for clients, as well as one focus group for staff. They also held six separate interviews to allow their agency specific population of survivors of sexual assault with disabilities to engage in one on one interviews with our outside facilitator, allowing for an intimate setting for more open conversation.

Following each focus group, the collaboration members as well as the outside facilitator held a debriefing session to discuss findings as well as competence of questions being asked.

The performance indicators were conducted every six months to collect data from each agency making up our collaboration. The indicators are used to measure the capacity and ability of the agencies to service survivors with disabilities. This information was lastly collected during the needs assessment process. CORE was able to use the key findings comparatively.

<p style="text-align: center;">CORE Strategic Planning Report Needs Assessment – Summary of Key Findings</p>
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The purpose of the Needs Assessment process was to identify key findings within each agency to create a more accessible environment for survivors with disabilities. Collection of data through both staff and

client focus groups allowed collaboration members the opportunity to identify goals for change at each of the partner collaborations.

The development of the Strategic Plan stemmed from the following identified key findings:

Key Finding #1: There are safety and accessibility concerns at all agencies.

A consistent theme in each of the focus groups is participant concern about safety and accessibility when entering collaboration agencies. In reference to the indicators, basket four for both the domestic violence organization (UHDVS) and the rape crisis center (SACVAP) were scored based on accessibility. The disability organization (ILCHV) was scored based on safety. The following score tables reflect this:

(Fall 2016 Indicator Scores from Unity House Domestic Violence Services)

COMPONENT B: CAPACITY: Agency has knowledge, skills, resources, and programmatic ability necessary to provide rape crisis services to survivors who have disabilities or are Deaf.	
BASKET 4: Material Resources— Agency’s physical infrastructure is accessible to survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
4.1 Accessible Modes of Communication	0.00%
4.2 Accessible Location	50.00%
4.3 Alternate Formats	50.00%
4.4 Inclusive Materials	0.00%
4.5 Accessible Transportation	25.00%
Total Percent Achieved	25.000%

(Fall 2016 Indicator Scores from the Independent Living Center of the Hudson Valley)

COMPONENT B: CAPACITY: Agency has procedures, knowledge, skills, and resources to respond to domestic and sexual violence in the lives of the people it serves.	
BASKET 4: Material Resources— Agency’s physical infrastructure prioritizes safety and supports service users to disclose domestic and sexual violence.	
Indicator Name	Percent Achieved
4.1 Communicates Safe Space	25.00%
4.2 Appropriate Disclosure Space	50.00%
4.3 Victimization-Oriented Communication Boards	25.00%
4.4 Safe & Flexible Transportation	25.00%
Total Percent Achieved	31.250%

(Fall 2016 Indicator Scores from The Sexual Assault and Crime Victim’s Assistance Program)

BASKET 4: Material Resources— Agency’s physical infrastructure is accessible to survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
4.1 Accessible Modes of Communication	25%
4.2 Accessible Location	50%
4.3 Alternate Formats	50%
4.4 Inclusive Materials	25%
Total Percent Achieved	37.500%

Safety and accessibility were mentioned consistently together as concerns, often because inaccessibility contributed to feeling unsafe. In regard to help seeking behaviors and referencing accessibility of services, a consumer stated, ‘Back in those days they didn’t expect us to be out there, it’s the truth. The days of Willowbrook are over, I’m out there as much as I can be. I wasn’t out there with my parents because they worked. People need to work on accessibility of buildings, this is not 1978 where we sit in our room and

watch TV.” Another consumer responded in agreement by stating, “There were or are very minimum expectations, and we want to live a stress free life.” In addition, clients brought up fear associated with inaccessible bathrooms in locations they received services, one client stated; “If I am going somewhere to receive help and they do not have a unisex bathroom, my PCA cannot come in and help me use the bathroom and I am uncomfortable while trying to get help.”

A UHDVS staff member stated, “A lot of shelters are not accessible even our outreach bathrooms are not accessible. How can we say because you utilize a wheelchair, you can receive our services; however, you cannot use the bathrooms.” The goal of CORE is to identify and provide solutions to the issues that prevent this target population from having less stressful lives by providing stress free services which will also reduce further traumatization.

Another participant stated, “I can’t receive services from a place that is not accessible, how I am supposed to even get in the building? On most doors, they have automatic doors. There are some buildings that don’t have automatic doors. How do you get in? I begin to get frustrated upon entry to get help.”

Key Finding #2: Lack of staff capacity to serve individuals with disabilities who have been abused.

There are issues facing staff that prevent them from providing seamless and appropriate services to survivors with disabilities

(Fall 2016 Indicator Scores from Unity House Domestic Violence Services)

BASKET 5: Human Resources— Agency’s employment and staff development practices build staff capacity to address sexual violence against people with disabilities and Deaf individuals.	
Indicator Name	Percent Achieved
5.1 Inclusive Hiring Practices	50.00%
5.2 Direct Service Staff Training	25.00%
5.3 Practical Learning Opportunities	0.00%
5.4 Volunteer Training	0.00%
Total Percent Achieved	18.750%

(Fall 2016 Indicator Scores from the Independent Living Center of the Hudson Valley)

BASKET 5: Human Resources—Agency’s employment and staff development practices build capacity to address domestic and sexual victimization among the people it serves	
Indicator Name	Percent Achieved
5.1 Inclusive Hiring Practices	25.00%
5.2 Workplace Domestic Violence and Sexual Harassment Policies	0.00%
5.3 Direct Service Staff Training	0.00%
5.4 Practical Learning Opportunities	0.00%
Total Percent Achieved	6.250%

(Fall 2016 Indicator Scores from The Sexual Assault and Crime Victim’s Assistance Program)

BASKET 5: Human Resources— Agency’s employment and staff development practices build staff capacity to address sexual violence against people with disabilities and Deaf individuals.	
Indicator Name	Percent Achieved
5.1 Inclusive Hiring Practices	25%
5.2 Direct Service Staff Training	100%
5.3 Practical Learning Opportunities	0%
5.4 Volunteer Training	50%
Total Percent Achieved	43.750%

During the staff focus groups participants were asked, “Would you say you are well versed enough to assist a client experiencing domestic violence or sexual assault?” A staff member from The Independent Living Center of the Hudson Valley (ILCHV) stated, “I will be the first to admit that I need assistance on that.” Other staff members from the ILCHV stated they were serving as peer counselors and needed more knowledge around domestic violence and sexual assault. All staff from ILCHV agreed that an introductory training on domestic violence and sexual assault would be helpful in providing staff members the ability to ask the right questions and identify the signs of abuse.

On the opposite spectrum, for both Unity House Domestic Violence Services (UHDVS) and the Sexual Assault and Crime Victims Assistance Program at Samaritan (SACVAP), staff reported that upon starting employment, staff is given an introductory training on working with clients with disabilities. However, the knowledge of services and understanding of barriers specific to a survivor with a disability should be more in depth and consistent. During the UHDVS staff focus group, staff suggested an in-service with ILCHV to strengthen their abilities to work with survivors with disabilities. During the SACVAP staff focus group, staff mentioned that an annual table top to work through limitations in services would be helpful to them. The table top workshop would be used to discuss and problem-solve through hypothetical case scenarios with one another. The ideas and suggestions presented by staff members during the focus groups showed the peaked interest in better serving the target population.

One staff member from UHDVS stated, “Even though we went to ILC for one day it was just one day and we could benefit more from receiving training more often. You don’t think about the stuff they told you on a regular basis. From the training I took away more of what to do and what not to do. I personally did not take away what they can do. We learned more about interacting and are not able to refer clients based on what they do.”

Key finding # 3: Staff burnout and turnover create disruptions in serving survivors with disabilities.

During staff focus groups, participants discussed “burnout” as being one of the reasons for high turnover. Direct service staff responded with, “It comes with the work.”

These responses became distressing to the members of the CORE collaboration. The collaboration is made up of several directors looking to provide more support around this issue for clients and staff alike.

A participant from one of the first focus groups stated, “I do not even know who my worker is.” This comment was impactful and concerning to group members. As not-for-profits, CORE is aware of the significant amount of staff turnover within community agencies. This finding is not an outcome CORE had originally intended as a direction of the focus groups, but is a surprising barrier of interest.

Frustration from client participants was evident. One participant shared, “I don’t want to re-tell the story of my domestic violence over and over again, it began to upset me more, and without building a relationship with my worker I do not trust them when retelling the story.” Many of the participants felt that as soon as trust was built with a worker, without any notice, this worker was gone or transferred.

During the client focus groups many had stories about being disregarded when he or she tried to disclose which led to fear and distrust from outside agencies, this information can be used to guide the service delivery system to ensure that similar things are not being done.

In an interview a participant was asked what can community services do to make you feel better, this participant responded by stating, “Keep us safe, talk to us. Ask if I feel safe, sometimes they do, sometimes they don’t.”

When reviewing the indicators within basket five, it was noted that each agency could improve staff training efforts. CORE used this data as back up information to confirm the findings provided by our focus group participants.

Key Finding #4: The needs for clear policies and procedures at the intersection of interpersonal violence and individuals with disabilities.

There are a number of policies and procedures that are unique to serving survivors with disabilities currently lacking at our agencies. Examples include policies/procedures that address: serving the victim and perpetrator at the same agency, serving survivors who have guardians, eligibility, accommodation, service animal guidelines, mandatory reporting and confidentiality; all of which were established during focus groups in addition to the indicators.

(Fall 2016 Indicator Scores From Unity House Domestic Violence Services)

BASKET 3: Policies— Agency’s written policies ensure accessible and inclusive services are provided to sexual violence survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
3.1 Eligibility	0.00%
3.2 Accommodations	0.00%
3.3 Full Participation	100.00%
3.4 Service Animals	75.00%
3.5 Resident Handbook	25.00%
3.6 Medication	25.00%
Total Percent Achieved	37.500%

(Fall 2016 Indicator Scores from the Independent Living Center of the Hudson Valley)

BASKET 3: Policies— Agency’s written policies establish expectations for how the organization addresses domestic and sexual victimization among the people it serves	
Indicator Name	Percent Achieved
3.1 Mandatory Reporting	0.00%
3.2 Confidentiality	0.00%
3.3 Abuse by Employees and Volunteers	100.00%
3.4 Service to Victims and Perpetrators	0.00%
Total Percent Achieved	25.000%

(Fall 2016 Indicator Scores from The Sexual Assault and Crime Victim’s Assistance Program)

BASKET 3: Policies— Agency’s written policies ensure accessible and inclusive services are provided to sexual violence survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
3.1 Eligibility	50%
3.2 Accommodations	100%
3.3 Full Participation	100%
3.4 Service Animals	100%
3.5 Guardianship	0%
Total Percent Achieved	70.000%

Fear of losing services due to abusers and clients accessing the same services was discussed within focus groups. Consumers who utilized services at the disability organization expressed concern about receiving services where their abuser may also receive services.

During the sessions, concerns regarding fear of abusers seeing their victims assessing services in agency offices located in main facilities was reported.

In response to staff based policies, in this finding, confusion stemmed from both staff focus groups, for Unity House Domestic Violence Services (UHDVS) and Sexual Assault and Crime Victims of Samaritan (SACVAP), on what guardianship entails and if their programs have a policy on guardianship.

Guardianship was a consistent topic throughout all of the focus groups. In referencing all three focus groups held at ILCHV, guardianship was the forefront of the discussion on a topic that other service providers do not understand. Given that there are so many levels of guardianship, the need for ‘set in stone’ policies were evident.

Staff from the focus group at UHDVS did not fully understand guardianship and were not aware of the agency policies on the subject. During the focus group at ILCHV, the staff and clients spoke passionately about the issue of guardianship. A staff member mentioned, “You can never trust anyone that says they have ultimate control over a consumer’s life, my response to them is always, ‘show me the money’” (in reference to the legal paperwork).

Another participant stated, “When a client and their guardian first come in it can become frustrating, because the guardian is the one talking and a lot of times they speak over the client.”

When referencing the interaction from staff who was serving a client with their guardian, a staff member responded with, “Client will shut himself down and not share what they need to share and not allow the guardian to share what needs to be shared.”

In a discussion about providing services for a client with a guardian present a participant stated, “We are not able to supply proper resources because someone is talking for them and sometimes they may not want to share the personal things having to do with their assault. They are not willing to share it all with their guardian, and not everyone knows how to get someone comfortable to share what is going on. If they can’t share because their guardian is sharing on their behalf, how can we help the client?”

In reference to the indicators: currently without putting forth policies and procedures resolving these issues, none of the collaboration agencies were able to score 100%.

Key Finding #5: Lack of resources for staff and clients to aid in the service provision to survivors with disabilities.

The data collected from the focus groups as well as the indicators showed that more resources for staff and for participants are needed. All agencies scored low on the spectrum of cross over and accessible materials for staff and clients. This section of indicators is reviewed out of 100%. Reference basket four:

(Fall 2016 Indicator Scores From Unity House Domestic Violence Services)

BASKET 4: Material Resources— Agency’s physical infrastructure is accessible to survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
4.1 Accessible Modes of Communication	0.00%
4.2 Accessible Location	50.00%
4.3 Alternate Formats	50.00%
4.4 Inclusive Materials	0.00%
4.5 Accessible Transportation	25.00%
Total Percent Achieved	25.000%

(Fall 2016 Indicator Scores from the Independent Living Center of the Hudson Valley)

BASKET 4: Material Resources— Agency’s physical infrastructure prioritizes safety and supports service users to disclose domestic and sexual violence.	
Indicator Name	Percent Achieved
4.1 Communicates Safe Space	25.00%
4.2 Appropriate Disclosure Space	50.00%
4.3 Victimization-Oriented Communication Boards	25.00%
4.4 Safe & Flexible Transportation	25.00%
Total Percent Achieved	31.250%

(Fall 2016 Indicator Scores from The Sexual Assault and Crime Victim’s Assistance Program)

BASKET 4: Material Resources— Agency’s physical infrastructure is accessible to survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
4.1 Accessible Modes of Communication	25%
4.2 Accessible Location	50%
4.3 Alternate Formats	50%
4.4 Inclusive Materials	25%
Total Percent Achieved	37.500%

Many of the participants stated that they are unaware of services in the community and would like to be more informed about the services through accessible outreach materials. Many clients do not have access to computers or require print materials in plain language. One participant stated, “There needs to be more word of mouth. I don’t think there’s a lot of word of mouth. A lot of us still don’t have the computers or the internet, so a lot of us don’t know. I think there needs to be a lot more word of mouth and conversation, because there’s a lot of us that don’t know.”

Another client reported, “One thing that frustrates me with service providers is the ‘just google it’ answer.”

When asked, “Where could outside agency information be found,” many participants responded with, “Case workers, service coordinators.” As well as, “Case workers is a big one. Right now we have a big turnover with case workers.”

Staff mentioned that they were unsure what services other agencies offered. For example, during a staff focus group at Unity House Domestic Violence Services (UHDVS) a staff member mentioned; “We had a training at The Independent Living Center of the Hudson Valley (ILCHV) to

understand how to better serve clients with disabilities, but I'm not sure of what services they provide."

The five key findings reported here have led to the development of the five initiatives informing and advancing the strategic plan.

<p style="text-align: center;">CORE Strategic Planning Report</p> <p style="text-align: center;">Short-Term Initiatives</p>

Each short term initiative aids the collaboration members in meeting the vision and mission of CORE. All aspects of implementation and change will be centered toward each agency, providing better service provision to people with disabilities who have been affected by domestic violence and/or sexual assault in Rensselaer County. Each short term initiative is paired with a work plan that will outline the changes being made during the grant period from March of 2017 until September of 2018. These plans are based on the no cost extension of the grant until September 2018. The short-term initiatives address most of the foundational needs in each agency. Each program will have changes tailored to that specific program, building upon the strengths already in place. The short-term initiatives will result in permanent and long lasting positive change for each program.

Initiative #1: Enhance the safety, accessibility and welcoming nature of environments at the partner agencies.

Findings of the needs assessment revealed that there are safety and accessibility concerns at all agencies (Key Finding 1). This initiative will focus on increasing the safety and accessibility of each partnering agency and playing off one another's strengths.

Systems Change:

This initiative will focus on increasing the safety and accessibility of each partnering agency and play off one another's strengths. This initiative looks to increase physical and programmatic access at UHDVS and SACVAP through utilizing ILCHV's strength of informing the partners about accessibility and physical safety, access reviews and knowledge on serving clients with disabilities. UHDVS and SACVAP will assist ILCHV in developing a safe and welcoming nature at their facility. This would include responsiveness to the survivor; creating a secure emotionally supportive environment for disclosure. These actions will work to insure the creation of greater environmental safety for survivors with disabilities utilizing services. Each agency will work towards identifying and removing barriers and unsafe practices to promote a welcoming location for service provision.

Together the collaboration will develop a safety and access tool. This process will begin by review of existing access and safety tools from other collaborations participating in OVW disability grant projects. Following this, the collaboration will develop further on an existing tool to use in assessment of CORE organizations on safety and access. In addition, CORE will develop a plan to adapt this tool for each agency. This will happen in month one. The adaptation of this safety and access tool will then be sent to OVW for approval.

Following the approval of this safety and access tool, a team will be created and trained to conduct safety and access reviews for each agency. This team will be comprised of one service provider from each agency as well as one client from each agency. All reviews will be scheduled at each agency during June of 2017. The safety and access review will start from transportation and arrival at an agency and end with leaving each agency, to ensure every step of service provision is assessed. In total, there will be five safety and access reviews. SACVAP will have two reviews on their premises - one at the SACVAP outreach offices, and another at the SANE (sexual assault nurse examiner) exam room located at Samaritan Hospital. UHDVS will also have two reviews - a review of the non-residential program offices, as well as a review of the residential shelter program. ILCHV is located entirely on one site and will only require one safety and access review.

The information gathered during the safety and access reviews will be brought to the collaboration for a larger meeting with all program directors to review and determine priorities.

The results of the safety and access reviews and the determinations made at this meeting will be compiled into a Barrier Removal Plan. This plan will identify those barriers that can be removed with our current grant funding and removed or addressed during the time remaining in our grant. Those barriers that cannot be removed or addressed will be listed as part of a long term plan.

The Barrier Removal Plan will be developed in July 2017 and submitted to OVW for approval in August 2017.

Following approval of the Barrier Removal Plan, the collaboration will begin implementing the allowable changes and complete changes by the end of the grant extension (September 2018).

The work plan shown in figure 1.1 below will display a layout of the time line for each activity involved in this part of the implementation phase.

Sustainable Change:

Safety and Accessibility reviews during implementation will foster immediate change in each organization by putting safety and accessibility at the forefront of service provision. Safety and accessibility reviews will reveal needed changes upon client entry to an organization before the systems are factored as a barrier. By prioritizing the needs of the organization and paring that with current renovations, long lasting accessibility changes to programs can be made during the

grant period. Upon completion of the changes, the collaboration will include annual safety and access reviews within the sustainability MOU.

(Figure 1.1)

Work Plan #1:

(* in work plan month indicates beginning of no cost extension)

Initiative #1: Enhance the safety, accessibility and welcoming nature of environments at the partnering agencies.																				
Key Activities	Who is Responsible?		Timeline (Months)																	
	Lead	Participating	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Activity #1: Developing a tool for safety and access of partner agencies.										*										
Task: Identify and review existing tools	Work-group	Agency Staff	X																	
Task: Select tools to be adapted	Work-group	Agency Staff	X																	
Task: Adapt tools	Work-group	Agency staff		X																
Task: Vet through collaboration	Work-group	Collaboration		X																
Task: Send to OVW for approval	Project Coordinator			X																
Activity #2: Conduct safety reviews at each agency																				
Task: Identify and review team members	Collaboration	Agency staff and service users			X															
Task: Training review team on tool	Work-group				X															
Task: Schedule reviews at each agency	Project Coordinator				X															
Task: Conduct Review	Review Team					X														

Initiative #1: Enhance the safety, accessibility and welcoming nature of environments at the partnering agencies.																					
Key Activities	Who is Responsible?		Timeline (Months)																		
	Lead	Participating	1	2	3	4	5	6	7*	8	9	10	11	12	13	14	15	16	17	18	
Task: Bring results of review to collaboration for review and input	Review Team	Collaboration					X														
Activity #3: Develop barrier removal and safety enhancement plan																					
Task: Review results and determine priorities.	Collaboration	Review Team					X														
Task: Incorporate ILC and UHDVS into current renovation plans.	Collaboration							X													
Task: Meet with agency leadership to review priorities.	Collaboration								X												
Task: Determine which priorities can be addressed under grant	Collaboration								X												
Task: Write Plan	Collaboration									X											
Task: Send to OVW for approval	Project Coordinator										X										
Activity: Implement barrier removal and safety enhancement plan																					
Task: Determine budget for priority items	Project Coordinator	Lead Agency									X										
Task: Purchase items, services, etc. needed to implement changes	Project Coordinator	Lead Agency										X									
Task: Task Make Changes	Agency	Collaboration											X								

Initiative #2: Increase staff comfort, confidence and competency to serve survivors with disabilities through ongoing training and education.

This initiative will focus development of staff on the issues that prevent them from providing seamless and appropriate services to survivors with disabilities, as seen in the needs assessment (Key Finding 2).

Systems Change:

The first activity to increase staff competence will be to develop a training for new staff beginning their career at each program. This training will be based on the intersection of a survivor of sexual assault or intimate partner violence with a disability. This training will be paired with new staff mandatory trainings at each agency. To combat the key finding of staff burnout and turnover, a section on vicarious traumatization as well as self-care will be instituted for new staff trainings. In an effort to develop this and all other staff training efforts for this initiative, a work group will first be determined by the collaboration in August of 2018. This work group will be made up of the project coordinator to guide with the information CORE has already sustained, a staff member involved in training from each agency, program directors from each agency to advocate for what specific information their staff will need, as well as an executive director from each agency to approve modifications to new staff training curriculum.

Existing curriculum for each agency will be reviewed by the three programs working together to determine which information each program needs to enhance. These curriculums will be modified and presented to the collaboration for approval. During this process the project coordinator will look to VERA for assistance and input. Upon each program approval, the project coordinator will send all information to OVW for final approval. This entire process will be done in August of 2018, or month one prior to the intended end of the grant period.

Following the review and change of training material curriculum by work group, CORE members will look toward continued education trainings. The collaboration during June of 2018 will develop a system and point person from each agency to share cross training opportunities that each perspective agency has been invited to. For example; SACVAP may be invited to a training opportunity regarding a sexual assault exam that the domestic violence agency (UHDVS) and the disability organization (ILCHV) have not had an opportunity yet to attend. These trainings will be shared and create opportunities for staff from each agency to benefit from shared training. The training work group will be working at the same time to develop and schedule in-services at each perspective agency from collaboration agencies. These in-services will be approved by the collaboration in May of 2018. At this point the project coordinator will send the outline and schedule to OVW for final approval. Upon approval, in-services will be provided and followed by satisfaction surveys completed by agency staff.

During August of 2018, UHDVS devotes eight hours to staff training. This day, usually a staff-building day, will be developed into a CORE day. On this day all partner agencies will come together with all staff and provide a cross training opportunity to educate staff from all agencies

about CORE as well as the intersection of survivors and victims with disabilities. This day will be developed wholly by the collaboration. A CORE day outline will then be submitted by the project coordinator in July of 2018 and pending approval from OVW, CORE day will take place in August of 2018. Each staff member will be asked to fill out a satisfaction survey at the close of CORE to determine effectiveness.

The work plan shown in figure 1.2 below will display a layout of a time plan for each activity involved in this part of the implementation phase.

Sustainable Change:

The importance of enacting these new employee trainings into the curriculum goes beyond the grant period as they will be permanent components of the new employee mandatory trainings. As long as the agency continues to hire new employees and provides these trainings, each agency's new employees will have a cohesive understanding of serving survivors with disabilities.

Continuance of offering cross training opportunities ensures that long term employees stay updated on new information in each populace. This allows providers to better understand each specific population and provides the ability to better serve victims and survivors at the intersection of disability.

The importance of CORE day goes beyond the grant period. The collaboration discussed the usefulness of referrals and ability to provide warm hand-offs. In a situation where each staff has a name to go with a face at an agency, it allows for professional contacts to be made. The ability to provide a warm hand-off will allow consumers to feel more comfortable in seeking other agency's services, enhancing community service provisions.

(Figure 1.2)

Work Plan #2:

(* in work plan month indicates beginning of no cost extension)

Initiative #2: Increase staff comfort, confidence and competency to serve survivors with disabilities through ongoing training and education.																				
Key Activities	Who is Responsible?		Timeline (Months)																	
	Lead	Participating	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Activity: New Staff Training																				
Task: Identify work group to develop training curriculum	Collaboration											X								
Task: Review existing curriculum	Work Group	Collaboration											X							
Task: Modify as needed	Work Group												X							
Task: Send to OVW	Project Coordinator												X							
Activity: Continued Education Trainings																				
Task: Sharing of information	Collaboration	Collaboration												X						
Task: Develop and schedule In-services	Work group														X					
Task: Send outline to OVW	Project Coordinator	Collaboration														X				
Task: Provide In-services	Work group	Agency Staff																X		
Task: Satisfaction Surveys	Project Director																	X		
Task: Develop CORE Day	Collab-oration																	X		
Task: Send outline to OVW	Project Coordinator																		X	
Task: CORE Day	Collaboration	Agency Staff																		X
Task: Satisfaction Survey	Project Coordinator																			X

Initiative #3: Enhance agency and staff response to violence against individuals with disabilities through policies, procedures and process.

This initiative will focus on the development of clear policies and procedures at the intersection of interpersonal violence and individuals with disabilities as well as concise policies on serving all clients through change in providers due to staff turnover. These barriers were developed through the needs assessment report (Key Finding 3, Key finding 4).

Systems Change:

To begin this initiative, the collaboration will work to gather all policies and procedures from each agency during August of 2017. The collaboration will need to assemble a work group made up of staff with strength in development of policies and procedures. The work group will be made up of direct service staff with the ability to discuss what is going to work for consumers, as well as program directors who are able to discern what will work in each program. This work group will also involve the program coordinator, who has the knowledge based off of focus groups and VERA policy and procedural trainings. Upon development of this work group, the members will meet to review all policies and procedures. Throughout this review they will be able to identify what is missing or what needs revisions for the best provision to victims and survivors with disabilities.

Consequent to collection and review of policies and procedures within each agency, the work group will meet with the collaboration to develop new policies and procedures. These developments will be submitted to each organization for approval during September of 2017. During this approval process the project coordinator will work with the lead organization (UHDVS) to seek budgeting for the outside assistance of a guardianship attorney to take a key role within the process. Following the budgeting allowance, the project coordinator will work with a guardianship attorney to develop the guardianship worksheet. This was a solution outlined in the needs assessment report. CORE found many staff were often confused and unsure of the legal allowances to proceed when involving a guardian. This worksheet will outline different types of guardianship and be enacted simultaneously to the new guardianship policies developed. This development will include working closely with the technical assistant provided by VERA and approved by all collaboration agencies.

In October of 2017, the project coordinator will send all new policies, procedures, as well as guardianship worksheet to OVW for approval.

Implementation of all policies and procedures and the guardianship work sheet will begin in November of 2017, pending OVW approval. The training work group developed simultaneously will incorporate all policy and procedural changes into their training outlines. The collaboration will send out all written material approved to perspective agency staff.

In January of 2018, the project coordinator will work with the training work group to schedule for the guardianship attorney to provide an in-depth guardianship overview to staff at each agency.

These changes of policy will likely improve the scores found on the disability indicators during the need assessment process. ILCHV will be able to create policies for serving victims and perpetrators and dealing with IPV and SA disclosures to staff. UHDVS will benefit from policies and procedures when finding placement for someone when all shelters are full. UHDVS can implement policies and procedures regarding staff transition. All agencies will need to enhance mandated reporting procedures as shown through the indicators. These are just some of the examples founded through the needs assessment process.

The work plan shown in figure 1.3 below will display a layout of a time plan for each activity involved in this part of the implementation phase.

Sustainable Change:

This initiative will foster a larger policy and procedural systems change for each agency. Each agency will ensure new policies and procedures are understood and implemented by all staff and volunteers. Creating material to accompany these changes will help the staff learning curve. When creating these long term referral plans it is important that CORE agencies will have optimum service provision long term. These policy and procedure changes will be developed and enforced as long as they are appropriate for each agency's service philosophy. With staff having a full understanding and being fundamental in the process, it will make transition and permanency sustainable.

(Figure 1.3)

Work Plan #3:

(* in work plan month indicates beginning of no cost extension)

Initiative #3: Enhance agency and staff response to violence against individuals with disabilities through policies, procedures and process.																				
Key Activities	Who is Responsible?		Timeline (Months)																	
	Lead	Participating	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Activity: Review existing policies and procedures																				
Task: Gather all policies and procedures from each agency	Collaboration					X														
Task: Identify work group to develop policies and procedures	Collaboration					X														
Task: Review policies and procedure	Work group					X														
Task: Identify missing policies and procedures	Work group						X													
Task: Identify revisions to current policies and procedures	Work group						X													
Activity: Create new and/or revised policies and procedures																				
Task: Develop new policies and procedures	Work group	Collaboration					X													
Task: Approval by each organization executive of policy and procedure change	Collaboration							X												

Initiative #3: Enhance agency and staff response to violence against individuals with disabilities through policies, procedures and process.																				
Key Activities	Who is Responsible?		Timeline (Months)																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Lead	Participating								*										
Task: Budget for attorney to train staff on guardianship and assist with cheat sheet	Project Coordinator	Lead Organization							X											
Task: Develop guardianship cheat sheet	Collaboration	Guardianship Attorney							X											
Activity: Send policies to OVW for approval																				
Task: Organization and submission of new and revised policies, procedures and policy cheat sheet to OVW	Project Coordinator								X											
Activity: Implement Policies and Procedures																				
Task: Training of all staff on new policies	Training work group	Collaboration									X									
Task: Distribution of policies and information sheets	Collaboration											X								
Task: Schedule lawyer to cross train staff on guardianship	Project Coordinator	Training Work- Group											X							

Initiative #4: Enhance agency and staff response to violence against individuals with disabilities by the creation, gathering and improvement of inclusive and accessible resources.

This initiative will combat the lack of resources for staff and clients to aid in the service provision to survivors with disabilities. This need was developed through the needs assessment report (Key Finding 5).

Systems Change:

The activities in this initiative will occur throughout the first three months relying on the importance of ongoing and regular meetings between the work group and collaboration. Starting in April of 2017, CORE members will begin the development of awareness materials. To begin this, the collaboration will work to identify a work group. This work group will build and benefit from each agency's staff strengths. Each agency will enlist the assistance of staff with technological, artistic and organizational ability. During the site visit, collaboration partners were able to identify current staff members to utilize for this project. ILCHV will provide a staff member with working knowledge regarding accessibility to ensure all developed written material is appropriate. This work group will have to work with the collaboration closely to understand the message of CORE.

The collaboration will bring brochures to the work group for review and revision. The work group will work with the collaboration on including a previously developed CORE logo in an impactful way. In May of 2017, this logo will lead into the development of CORE specific material to ensure that all survivors with disabilities know that the collaboration exists to serve them. In June of 2017, upon development of CORE accessible print material, the project coordinator will simultaneously submit this to OVW for approval as well as work with the lead organization UHDVS, to budget for materials to be printed. Upon OVW's approval, this material will be printed and distributed in August of 2017.

Starting consequently in September of 2017, the work group will lead research and development of online materials. CORE was made aware within the focus groups that online material or reader material for the blind and vision impaired community would be beneficial for those survivors to access information.

Starting in October of 2017 the collaboration will work together with each agency to collect all accessible material and non-accessible material to review gaps in available material for survivors with a disability. Consequent to the review of this material, the project coordinator will organize an outline of what materials need to be purchased or developed. The project coordinator will work with the lead agency, UHDVS, to budget for this material. The project coordinator will then purchase all needed materials. Each agency within the collaboration will distribute purchased material to staff for clients.

As one of the last grant period activities the collaboration will work on a staff directory and holistic resource guide for staff and consumers. In many of the staff focus groups direct service providers were unsure of other organizations and struggled with the referral process. Clients in focus groups had the same issues, unsure of who to go to for what or even what service they were eligible for.

The creation of these materials is an effort by the collaboration to fast track that for both staff and survivors. The material work group will work with each agency to put together a service directory of agencies that can serve survivors with disabilities. This will contain contact information as well as a list of services for each agency. A separate guide will then be made as a holistic resource guide for staff as well as consumers to have with information for all resources, not just service provider contacts. Both created material will then be approved by collaboration and submitted to OVW. After approval from OVW these material will be distributed to staff and made readily available for clients.

The work plan shown in figure 1.4 below will display a layout of a time plan for each activity involved in this part of the implementation phase.

Sustainable Change:

The changes made on the brochure will be kept and distributed past the grant period. CORE print material will be kept and continually distributed subsequent OVW funding.

The collaboration recognizes the website cannot be fully set up during the grant period but intends to use that development to set up the website subsequent to the grant period. CORE will look into a quick response code for the CORE brochure to be enacted in the future. A quick response code is a barcode often linked to a browser and read by a smart phone to eliminate the typing out of the URL. This ideally would be present on CORE brochures linking internet users to the website; creating a long term directory of CORE services and each agencies ability to serve survivors with a disability.

The purchase of accessible materials will give each agency a chance to understand what documents provided to clients need to also be made into accessible formats. In the future, if there is any change in those documents, each agency will be aware the change also needs to happen in the accessible formats as well. The need for accessible material was shown on the indicators as an area that needed enhancement.

This service directory and resource guides can be kept and annually updated with new information during the continued collaboration meetings. Subsequent to this will be the distribution of updated material to staff and consumers.

(Figure 1.4)

Work Plan #4:

(* in work plan month indicates beginning of no cost extension)

Initiative #4: Enhance agency and staff response to violence against individuals with disabilities by the creation, gathering and improvement of inclusive and accessible resources.																				
Key Activities	Who is Responsible?		Timeline (Months)																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Lead	Participating								*										
Activity: Awareness Material																				
Task: Develop work group	Collaboration		X																	
Task: Rework collaboration partners brochures	Work group	Collaboration	X																	
Task: Develop CORE logo	Work group	Collaboration		X																
Task: Develop CORE material	Work group	Collaboration			X															
Task: Create CORE Print Material	Work group	Collaboration			X															
Task: Budget for CORE print material	Project Coordinator	Lead Organization			X															
Task: Submit CORE print material to OVW for approval	Project Coordinator					X														
Task: Print and distribute CORE materials	Project Coordinator	Work group, collaboration					X													
Activity: Research development of online materials																				
Task: Research development of CORE website	Work group							X												
Task: Develop long term plan for online materials	Collaboration	Work group							X											

Initiative #4: Enhance agency and staff response to violence against individuals with disabilities by the creation, gathering and improvement of inclusive and accessible resources.																				
Key Activities	Who is Responsible?		Timeline (Months)																	
	Lead	Participating	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Activity: Collection of existing material for staff																				
Task: Collect all existing accessible material and resources for staff	Collaboration								X											
Task: Identify gaps in available material	Collaboration								X											
Task: Budget for accessible material	Project Coordinator	Lead Agency							X											
Task: purchase accessible material	Project Coordinator									X										
Task: Distribute accessible material to all staff and clients	Collaboration									X										
Activity: Development of resource guide for staff																				
Task: Create Service directory for each agency	Work group									X										
Task: Create holistic resource guide	Work group									X										
Task: Submit created materials to OVW	Project Coordinator										X									
Task: Distribute directory and resource guide to cross agency staff	Collaboration											X								

Initiative #5: The creation and implementation of a collaboration sustainability plan.

This sustainability plan will continue to remove long term barriers found in the needs assessment report.

Throughout July and August of 2018, the collaboration will develop a long-term sustainability plan. First each agency will continue to look for funding. The collaboration will look to bring in other community members to strengthen the collaboration long-term. The collaboration will outline a schedule for quarterly meetings after the grant period to continue working toward long-term goals. Annually the collaboration will commit to schedule safety and access reviews as well as cross trainings at each agency.

In September of 2018, CORE's final activity during implementation will be the development of an MOU between the three collaboration agencies. This MOU will be signed by all agency executives. The document will commit the partner agencies to continuing to take part in the collaboration after the grant period.

The work plan shown in figure 1.5 below will display a layout of a time plan for each activity involved in this part of the implementation phase.

(Figure 1.5)

Work Plan #5:

(* in work plan month indicates beginning of no cost extension)

Initiative #5: The creation and implementation of a collaboration sustainability plan.																				
Key Activities	Who is Responsible?		Timeline (Months)																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Lead	Participating							*											
Activity: Develop Sustainability Plan																				
Task: Look for outside funding to keep collaboration on going	Collaboration																	X		
Task: Develop Schedule quarterly meetings	Collaboration																		X	
Task: Develop Schedule for annual trainings	Collaboration																		X	
Activity: Creation of MOU																				
Task: Develop MOU	Collaboration																		X	
Task: Agency executive sign MOU	Collaboration																		X	
Task: Submit MOU to OVW for approval	Project Coordinator																		X	

CORE Strategic Planning Report

Long-Term Plans

As a long term goal, CORE members intend to sustain the time, work and research that has taken place during the grant period. Much of the implementation phase will guide the emergence of long-term plans for the CORE collaboration. Following the grant period end will be the continuance with the agreements signed; an MOU with UHDVS, ILCHV and SACVAP, as indicated in initiative five.

The first steps of this MOU will be to seek continuation funding during and after implementation. The collaboration is now aware of the importance of safety and accessibility for clients upon entering all agencies and will continue to have yearly safety and accessibility reviews as agreed upon in the MOU. CORE will also follow through on shared cross training opportunities as well as annual updates of training material that have been implemented for each agency during the grant period.

Information was collected during needs assessment plan actions. During the focus groups, the collaboration also noticed an array of additional long term challenges such as flaws in accessible transportation, lack of outside community service provider training, and an extreme distrust of police.

Throughout all focus groups and interviews these points were raised by both staff and clients. This is a further training opportunity that the collaboration would like to focus on throughout Rensselear County with Adult Protective Services, Child Protective Services, the Police Departments, transportation providers and Social Security. The collaboration is interested in reaching out to the local Justice Center to discuss the efforts of service provision within the three agencies. Looking into the specific resources for survivors with disabilities in the community would also be a part of the continued cross training. By providing each of these organizations with an in-service opportunity, the collaboration can share with our community the wealth of knowledge it has acquired over the grant period about service provision to survivors with a disability.

During the site visit CORE members had discussions regarding the development of a Rensselear County DART, a disability assault response team, involving the community service providers for continued cross training and county wide involvement in providing services to survivors with disabilities.

UHDVS and SACVAP would like to learn from ILCHV's already implemented service animal program and bring a program for consumers to have access to a comfort dog agency wide to each of their programs.

As part of initiative four, a CORE website development process was researched, CORE would like to have the continued distribution of print materials as well as enactment of online materials. This will allow consumers to know these agencies have the ability to service a survivor with a disability long after the grant period comes to an end.

The three agencies have learned from each other and worked together to develop a plan for long term sustainability and the collaboration plans to continue the partnership, accompanied by or in the absence of continued funding.

CORE Strategic Planning Report

Conclusion

With OVW's approval of our Needs Assessment Report in late December, CORE worked with our VERA Technical Assistance Specialist on a site visit and developed a strategic plan as a collaboration. The plan prioritized our key findings and performance indicators to assess which changes programmatically each organization within CORE can make to enhance the services provided to survivors with disabilities. The initiatives decided on will all be completed and reported to OVW within the grant period of April 2017 to September of 2017.

In conclusion, with approval from OVW, CORE members will work toward the long term goals. These goals were established within the needs assessment and through the initiatives, in an effort to improve service provision to victims and survivors with disabilities. CORE members will agree to an MOU to advance the collaboration by following the continuation plan. CORE will promote additional collaboration with Rensselaer County service providers through training on the intersection of IPV, SA and persons with disabilities. The training curriculums and materials developed through the grant will continue to be distributed throughout Rensselaer County. CORE partner agencies will continue to maintain contact with each other while enhancing services provided to survivors with disabilities.