

CHANGE IS POSSIBLE
SUCSESSES, LESSONS LEARNED AND PLANS
Domestic Violence & Mental Health
Collaboration Project

King County, WA
2007-2010



CONSEJO
Counseling & Referral Service



Proudly serving the LGBT Communities since 1969
SeattleCounselingService



TABLE OF CONTENTS

Introduction.....	3
About the Project.....	4
Successes –	
Creating Welcoming Environments.....	7
Enhancing Knowledge.....	8
Issue Identification and Response.....	9
Collaboration.....	10
Agency Changes.....	13
Lessons Learned	15
Future Plans	18
Acknowledgements.....	20

This project was sponsored by
The Seattle Human Services Department,
Domestic Violence and Sexual Assault Prevention Division.

This project was supported by Grant No. 2007-FW-AX-K001 awarded by
The Office on Violence Against Women, U.S. Department of Justice.
*The opinions, findings, conclusions, and recommendations expressed in this publication
are those of the authors and do not necessarily reflect the views of
The Department of Justice, Office on Violence Against Women.*

Introduction

In October of 2007 the Office on Violence Against Women (OVW), U.S. Department of Justice awarded a three-year grant to the City of Seattle Human Services Department's Domestic Violence and Sexual Assault Prevention Division for the Domestic Violence and Mental Health Collaboration Project. The purpose of the grant was to create sustainable systems change for survivors of domestic violence who have mental health concerns.

This report summarizes the successes and lessons learned of the Domestic Violence and Mental Health Collaboration Project during the initial three-year grant period (2007-2010.) The title of this report comes from feedback received at presentations about the project. Repeatedly participants said that they were glad to learn that *change is possible*.

We hope sharing our successes and the lessons we have learned will inspire others to create further change. We have been inspired to do more. This report will also cover our plans for continuing and deepening our work in 2011 and 2012.

About the Project

The mission of the Domestic Violence and Mental Health Collaboration Project is to facilitate sustainable systems change within and among the participating organizations to better meet the mental health, safety and self-determination needs of survivors of domestic violence who have been traumatized or whose existing mental health problems have been exacerbated by domestic violence.

The participating organizations are striving to make services more accessible, holistic, and integrated, to work more collaboratively together, and to effectively utilize reciprocal consultation.

The project partners:



Consejo Counseling and Referral Service is a social service organization that provides behavioral health, chemical dependency and domestic violence services to Latinos, many of whom speak Spanish as their primary language. Consejo provides services in both Western and Eastern Washington.



The King County Coalition Against Domestic Violence (KCCADV) works to end domestic violence by facilitating collective action for social change. In county-wide public policy and education efforts, the Coalition provides leadership on behalf of community-based victim service agencies and their allies. The Coalition strives to represent the diverse interests of victims and survivors of domestic violence.



New Beginnings (NB) is a community-based domestic violence organization that provides an array of services for battered women and their children including a 24-hour help line, advocacy-based counseling services, community-based support groups, emergency shelter, transitional housing and a social change program. New Beginnings also offers specialized services including a chemical dependency / domestic violence support group.



Seattle Counseling Service (SCS) is the first and oldest community mental health agency for lesbians, gay men, bisexuals, and transgender (LGBT) persons in the United States. SCS provides mental health care, chemical dependency treatment, domestic and sexual violence advocacy, and HIV/AIDS services. SCS also works with other King County providers to advocate on behalf of LGBT clients.



Sound Mental Health (SMH) is a large, county-wide community mental health agency that provides a full continuum of recovery-oriented mental health and drug/alcohol treatment services including crisis intervention, rehabilitation, support, education, outpatient therapy, and residential programs.

Since our partner organizations all provide either domestic violence or mental health services, or both, and since we have identified a significant need for service improvements and internal changes related to survivors with mental health care needs, we decided to focus our efforts on creating change for survivors of domestic violence who:

have a disabling mental health problem as a result of trauma or whose existing mental health problems¹ have been exacerbated by domestic violence.

AND

are accessing services at Consejo Counseling and Referral Service, New Beginnings, Seattle Counseling Service or Sound Mental Health.

We recognize that these survivors will include individuals with a wide range of additional disabilities.

Since Seattle Counseling Service and Consejo specialize in serving LGBT and Latino communities respectively, these communities are also a focus of the project.

To create this desired change we engaged in an extensive preparatory and planning process. We took these steps:

1. We formed a steering committee that is known as the Collaborative Team. Each partner organization has one or two representatives on the team. All of the representatives have significant influence at their organizations.

¹ When we refer to “mental health problems” we are including struggles with chemical dependency.

2. We worked on building relationships between our organizations.
3. We developed a collaboration charter that outlined why we were working together and how we would do our work.
4. We conducted a needs and strengths assessment at our partner organizations (primarily the direct service organizations.) We collected feedback from our boards of directors, management, service providers, and service recipients, and from some key stakeholders. We sought to learn what we were doing well and where we could do better.
5. We issued a report of our findings from the assessment.
6. We created a strategic plan that was informed by our assessment. We decided to focus on implementing four change initiatives. Each initiative was designed with systems change and sustainability in mind.

In June of 2009 we started implementing these initiatives:

1. Creating Welcoming Environments
2. Enhancing Knowledge
3. Issue Identification and Response
4. Collaboration

This report will briefly cover the goal, background, and changes made for each initiative. It will also list the individuals responsible for creating those changes. None of this would have been possible without their generous contributions of their expertise, time, and energy.

Successes – Creating Welcoming Environments

Goal

Integrate understanding of best practices in creating welcoming environments

Background

We learned in our needs and strengths assessment that the environment in which services are provided makes a difference. Service recipients want environments that embrace their diversity and enable them to feel comfortable accessing services.

Creating Change

1. Valerie Fletcher of the Institute for Human Centered Design taught us how to apply the principles of Universal Design to our facilities.
2. We visited a facility at each of the direct service partner agencies to assess what was welcoming and what could be improved and issued recommendations for each.
3. Each organization shared their expertise on creating welcoming environments with representatives from the other partner agencies.
4. Each organization made changes to make their facility more welcoming. These included better signage, lighting, wider chairs, fans, cultural artwork, and sound machines. We issued a report summarizing all of our changes.
5. KCCADV redesigned its website to be more accessible and usable.



Change Makers

Alison Iser, King County Coalition Against Domestic Violence

Sarah Lapp and Dana Vaccaro, Sound Mental Health

Julie McDonald and Corinne Wegener, Consejo Counseling and Referral Service

Kate Schumacher, formerly of New Beginnings

Joseph Siddiq, Seattle Counseling Service

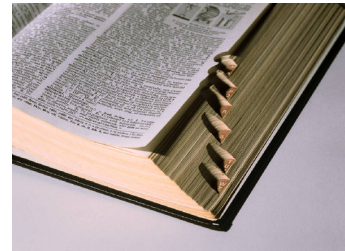
Successes – Enhancing Knowledge

Goal

Enhance knowledge of domestic violence, mental health, and related issues among staff of partner agencies on an ongoing basis

Background

We learned in our needs and strengths assessment that service providers need more training in order to improve services for survivors of domestic violence with mental health concerns.



Creating Change

1. We utilized the findings from our needs and strengths assessment to determine what type of basic training is needed for each field to improve services for survivors of domestic violence with mental health concerns.
2. We created Domestic Violence Basics for Mental Health Service Providers, an online course. We obtained approval to offer continuing education units for this course from the National Association of Social Workers.
3. We created Mental Health Basics for Domestic Violence Advocates, an online course.
4. We created a video and a glossary to accompany the courses.
5. The partner agencies committed to having their current staff take the courses and to have new staff take the courses as part of the orientation.
6. Representatives from the partner agencies attended trainings and conferences together to learn more about domestic violence, mental health, and related issues.

Change Makers

Erin Brower, formerly of Seattle Counseling Service

Merril Cousin and Alison Iser, King County Coalition Against Domestic Violence

Meg Crager, Contractor

Kiana Swearingen, New Beginnings

Successes – Issue Identification and Response

Goal

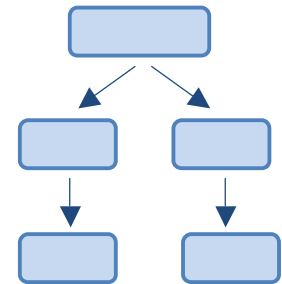
Strengthen issue identification and response among partner agencies

Background

We learned in our needs and strengths assessment that the process for identifying and responding to the need for domestic violence or mental health services at each of our partner agencies was not working well for many survivors with mental health concerns.

Creating Change

1. We shared what each agency was currently doing to identify the need for domestic violence and/or mental health services.
2. We reviewed relevant laws regarding rights for people with disabilities.
3. We created a flow chart to help domestic violence advocates respond effectively to mental health concerns and a flow chart to help mental health service providers respond effectively to domestic violence.
4. We researched promising practices for responding to the needs of survivors with mental health concerns.
5. Based on what we learned and on the needs expressed by service providers and service recipients during our assessment, we developed an online Domestic Violence Response Course for Mental Health Service Providers and an online Mental Health Response Course for Domestic Violence Advocates.
6. We received approval from the National Association for Social Workers to offer continuing education units for the Domestic Violence Response course.
7. We created a video for the courses.
8. The partner agencies committed to having their current staff take the courses and to have new staff take the courses as part of their orientation.



Change Makers

Deadria Boyland, New Beginnings

Erin Brower, formerly of Seattle Counseling Service

Alison Iser, King County Coalition Against Domestic Violence

Sarah Lapp and Susie Winston, Sound Mental Health

Stephen Singer, Julie McDonald, Lidia Norman, and Katey Roe, Consejo

Successes – Collaboration

Goal

Increase collaboration and communication among partner agencies

Background

We learned in our needs and strengths assessment that our partner agencies are ready to create change and that they could benefit from better communication and more collaboration with the other partners. Each agency and each discipline has valuable expertise and strengths that can benefit the others.

Creating Change – Fostering a Change Orientation

1. To foster a change orientation, the directors of the partner agencies agreed to meet semiannually to discuss implementation strategies and to share challenges and successes.
2. The directors have met three times. The meetings have been useful for the directors and have helped to build relationships between them.
3. The directors have demonstrated their ongoing commitment to the project through a commitment ceremony and the signing of a memorandum of understanding regarding sustainability.

Change Makers

Merril Cousin, King County Coalition Against Domestic Violence
Trish Blanchard and Susie Winston, Sound Mental Health
Lois Loontjens, New Beginnings
Ann McGettigan, Seattle Counseling Service
Mario Paredes and Cory Sbarbaro, formerly of Consejo



Creating Change – Information Sharing

1. We have utilized an online file-sharing site called Basecamp to document and preserve our work together and to share resources.
2. Each direct service organization has completed an Information Sharing Form that includes information about their services, who is eligible for them, and how to access them. The forms are stored on Basecamp, so they are available to the project partners at all times. The forms have been updated as needed.

Change Makers (see Liaisons and Case Reviews section)

Creating Change – Relationship-Building



1. We held four successful relationship-building events. Each had a theme, a fun networking component, an educational component, and special refreshments. The themes were:
 - a. Implementing Systems Change (the kickoff for our strategic plan)
 - b. Creating Welcoming Environments
 - c. Utilizing Liaisons and Case Reviews
 - d. Success and Sustainability
2. Staff from the partner organizations also had the opportunity to get to know each other through participating in the project’s work groups and through travelling together to trainings and conferences.
3. Our relationship-building efforts have strengthened relationships between the partner organizations and within the organizations, particularly between the domestic violence and mental health programs at Consejo.

Change Makers (The Collaborative Team)

Torri Canda, Lidia Norman, and Corinne Wegener of Consejo

Merril Cousin and Alison Iser, King County Coalition Against Domestic Violence

Donnie Goodman and Ann McGettigan, Seattle Counseling Service

Sarah Lapp and Susie Winston, Sound Mental Health

Lois Loontjens and Liz Santiago, New Beginnings

Linda Olsen, formerly of the City of Seattle Human Services Department

Creating Change – Liaisons and Case Reviews

1. A work group consisting of representatives of the partner organizations created a liaison system and a process for conducting cross-disciplinary case reviews.
2. The development of the case review process resulted in helpful conversations about confidentiality and the creation of a confidentiality practices comparison chart.
3. The work group put together an information packet describing the liaisons and case reviews and presented this at a relationship-building event.
4. Each agency appointed at least one liaison and a back up liaison to increase access and understanding between the partner organizations.
5. Monthly case reviews were begun and have been successful. The reviews take our theoretical discussions to a practical level.

6. The reviews not only help with the particular cases, but broaden staff knowledge overall.
7. Staff feel less alone as a result of participating in the reviews and more supported in their work with complex issues.

Change Makers (The Liaisons and Case Reviews Work Group)

Torri Canda, Consejo and Saidy Garzon, formerly of Consejo
Alison Iser, King County Coalition Against Domestic Violence
Emily Puma and Susie Winston, Sound Mental Health
Shannon Rae and Ginny Ware, New Beginnings
Cassie Salewske, Seattle Counseling Service



Change Makers (The Liaisons)

Consejo – Hereri Contreras and Monica Baldoceda
New Beginnings – formerly Molly Abbott, currently Teryn Peroff
Seattle Counseling Service – formerly Erin Brower, currently Megan Stine
Sound Mental Health – Emily Puma, June Tanner, and Cathy Jo Decker

Successes – Agency Changes

Each of the partner agencies has experienced significant changes as a result of their participation in this project.

Consejo

As a result of this grant, Consejo's Domestic Violence and Mental Health departments are now working more closely together with a greater understanding of each other. This is demonstrated through an increase in inter-department referrals, cross-disciplinary consultation and trainings, better coordination of services, and overall, we are working more as a team. We have learned from each other and our partner organizations which has resulted in a shared commitment to improving the quality of services delivered, ongoing communication between the departments, and overall, better meeting our service recipients' needs.

King County Coalition Against Domestic Violence

As a result of this project, we are all more knowledgeable about the intersection of domestic violence and mental health, about welcoming environments, and about disabilities in general. We are more consistently integrating those issues into our programming and operations. We have changed our website to be more user friendly and accessible. This project has expanded the reach and constituency of the Coalition.

New Beginnings

Because of this project there is increased awareness about the mental health needs of people. There is excitement about attending trainings about mental health issues. Collaboration between providers of domestic violence and mental health services has increased. The staff at New Beginnings has increased their knowledge of the impacts of mental health issues on victims/survivors of domestic violence.

Seattle Counseling Service

Ever since we became part of this collaboration, we no longer see ourselves and advocates as "us" and "them." We approach domestic violence and mental health work as a "we." Every week during group supervision we address domestic violence. We are sharing much more information about domestic violence in house. The knowledge has enabled us to see domestic violence more clearly. As a result, we are identifying much more domestic violence among our clients. We also have a strong relationship with the partner agencies. We know them now and want to talk with them.

Sound Mental Health

This project has made a huge difference for us. First and foremost, the majority of staff have been exposed to and are thinking and talking about domestic violence. It is now high on their radar. Throughout Sound Mental Health all clinical staff and supervisors now know who to contact to get help with domestic violence cases. We have revised our assessment to include domestic violence screening for every child and adult that is effective, sensitive and much more useful. The staff that have participated in this project have blossoming relationships with domestic violence advocates which is really helpful. Staff attended a domestic violence conference that they never would have considered before this project.

Imagine what we will be able to say after we work together another two years!



Lessons Learned: Challenges and Success Factors

Creating collaborative change can be challenging under the most ideal circumstances. We started our work on this project shortly before the country entered an economic recession. Although our fields regularly experience funding challenges, we did not anticipate that our partner agencies would be faced with significant threats to their funding in the midst of embarking on this project. Both fields strongly felt the impact of the recession.

The Impact on Community Mental Health Agencies:

- Regular communication about upcoming cuts created uncertainty about who might be laid off and what programs might be cut.
- Cuts to Medicaid and other funding sources resulted in lay offs, restructuring, and increased case loads, and an increase in meetings.
- As case loads increased, clinicians' ability to be proactive and preventive decreased and their work became more crisis-oriented.
- Management needed to spend more time supporting their staff through these crises and responding to changes within their organizations.
- Cuts to Non-Medicaid funding resulted in fewer mental health services for survivors of domestic violence who are undocumented or who otherwise do not qualify for Medicaid.

The Impact on Community-Based Domestic Violence Agencies:

- Anxiety every month regarding whether private donations are going to be sufficient to meet the needs.
- Ongoing threats of funding cuts from public sources.
- Uncertainty about funding necessitated more time spent by management to create contingency plans and to lobby for retaining funding.
- Increase in need to justify public funding resulted in higher administrative and data collection demands.

These economic impacts have made it challenging for the partner agencies to devote time, attention, energy, and staff to the work of the collaboration project. It is difficult to prioritize proactive, collaborative work when agencies have to react to threats to their overall stability and service delivery.

However, despite all of these challenges, the partners did make the project a priority and did actively participate in creating changes together.

What kept people in the collaboration in the face of all the challenges?

What enables us to maintain commitment to the project?

The Collaborative Team attributes the success of our project to the following factors (not in order of priority):

- **BELIEF IN THE PROJECT** - There is a core belief that this is very important (fed by history of trying to do this work without the necessary resources) and that this is going to benefit the people we serve. Everyone believes that this is the right thing to do.
- **CAPACITY** - Members of the collaboration have significant experience, ability and longevity, so they have the capacity to participate in the project. Everyone on the Collaborative Team is an exempt staff person, so they can work more hours.
- **COMMITMENT** - It did not seem possible to *not* honor the commitment to the group.
- **CONNECTION** - The connections with the other organizations and the people who are participating are important to the participants.
- **COOPERATION** – We recognize that our interests are consistent with those of the grant program and we are committed to a cooperative relationship with the Vera Institute of Justice (the technical assistance provider for the grant) and the Office on Violence Against Women (OVW). When needed, the Project Coordinator has served as an intermediary between the partners and Vera and OVW.
- **FUN AND HUMOR** - Sometimes we wander off on tangents, but the humor helps us. We have fun and can still maintain our focus.
- **INFLUENCE** - The partners have influence at their organizations, the ability to make and sustain changes.
- **LEADERSHIP AND COORDINATION** - Strong leadership, organization, and coordination has been important. Having a coordinator keeps us on track, makes things simpler, focuses on the project. The group does not want to let the coordinator down and no one wants to be the only one not to follow through.
- **LEARNING** - The project has been an incredible learning experience which has benefited all of us.
- **MONEY** - Funding has provided us with the resources to succeed in the work.

- NEED - The issue is driven by direct service staff who say they are dealing with these challenges. Participants have repeatedly seen how the lack of collaboration negatively impacts service recipients.
- PAYOFF - This project has had a possibility of payoff, success.
- POSITIVE OUTLOOK – We started with and have maintained a strengths-based perspective and have used Appreciative Inquiry.
- SELF-EVALUATION – Regularly evaluating our work has enabled us to make adjustments and improvements along the way.
- TIME TO THINK - It has been a wonderful luxury to have funding to spend time thinking instead of just reacting.
- TRUST - There is a trust within our project that you can make a mistake and you will not be attacked. We trust that we are each coming from a place of good intention. There is an assumption of good will.



Structure

In addition to the success factors listed above, we also think the structure of our project has contributed to our success. The City of Seattle Human Services Department’s Domestic Violence and Sexual Assault Prevention Division has served as the primary grantee and fiscal administrator for the project. The King County Coalition Against Domestic Violence (KCCADV) has coordinated the project. Neither the City nor KCCADV has been a primary site of change for the project. Having KCCADV coordinate the project enables the direct service partner organizations to interact with each other and to challenge each other on equal footing. KCCADV is trusted not to take the side of one organization against another.

We have also found it helpful to have both a Collaborative Team that provides oversight for the project as a whole and work groups that focus on specific activities. This has enabled us to get more people involved in the project and to spread out the work. The Project Coordinator, employed by KCCADV, facilitates all of these groups and is therefore able to keep all of the pieces of the project coordinated.

Future Plans

The Office on Violence Against Women (OVW), U.S. Department of Justice awarded our project a two-year continuation grant so that we can build on what we accomplished during our first three years. All of the partners will be continuing with the project with the exception of the City of Seattle which is withdrawing as grantee and administrator. Since the project has proven to be successful, sustainable, and strong, the City has turned over leadership of the project to KCCADV.

We will continue to sustain our liaison system and our cross-disciplinary case reviews. We will also work on four new initiatives in 2011 and 2012. They are:

1. Training and Technical Assistance
2. Trauma-Informed Practice
3. Reciprocal Consultation
4. Co-Facilitated Groups

Training and Technical Assistance

We will create a mechanism for sharing tools we have developed and lessons we have learned during our initial grant period (2007-2010) with other mental health and domestic violence agencies in King County.

Trauma-Informed Practice

We will further integrate trauma-informed practice into each of the collaborating partners' service delivery models. Steps will include:

- a) Obtaining training about trauma-informed practices;
- b) Facilitating conversations within each agency about further integrating trauma-informed practice;
- c) Asking service recipients for input about proposed changes;
- d) Changing policies or practices; and
- e) Evaluating changes made.

Reciprocal Consultation

We will offer regular consultation across partner agencies and across disciplines. Steps will include:

- a) Creating a structure for consultation;
- b) Training staff on best practices for providing and obtaining consultation;

- c) Implementing the consultations; and
- d) Evaluating their effectiveness.

Co-Facilitated Groups

We will pilot groups for domestic violence survivors with mental health concerns at our partner agencies. The groups will be co-facilitated by a domestic violence advocate and a mental health service provider. Steps will include:

- a) Selecting a trauma-informed, culturally appropriate curriculum with input from service recipients;
- b) Planning the logistics for implementation in each agency;
- c) Conducting outreach for participation in the groups;
- d) Training group facilitators;
- e) Piloting the groups; and
- f) Evaluating their effectiveness.

Anticipated Results

We anticipate that these initiatives will bring us closer to fulfilling our mission: to facilitate sustainable systems change within and among the participating organizations to better meet the mental health, safety and self-determination needs of survivors of domestic violence who have been traumatized or whose existing mental health problems have been exacerbated by domestic violence.

We are continuing to strive to make services more accessible, holistic, and integrated, to work more collaboratively together, and to effectively utilize reciprocal consultation.

We know that change is possible!

Acknowledgments

Much of the content of this report was generated during a reflection retreat facilitated by Sandra Harrell of the Vera Institute of Justice. Thank you to Sandra and to everyone who participated.

Participants included:

Torri Canda – Mental Health Program Manager, Consejo
Merril Cousin – Executive Director, KCCADV
Donnie Goodman – Deputy Director, Seattle Counseling Service
Alison Iser – Project Coordinator, KCCADV
Cassandra Jackson – Director of Adult Services, Sound Mental Health
Sarah Lapp – Quality and Special Projects Manager, Sound Mental Health
Lois Loontjens – Executive Director, New Beginnings
Alanna Martin – Mental Health Intern, Seattle Counseling Service
Lidia Norman – Domestic Violence Program Supervisor, Consejo
Liz Santiago – Programs Director, New Beginnings
Susie Winston – Director of Child and Family Services, Sound Mental Health

We would also like to thank Amy Heyden and Terri Kimball of the City of Seattle Human Services Department’s Domestic Violence and Sexual Assault Prevention Division, Charity Hope and Nancy Smith of the Vera Institute of Justice, and Amy Loder of the Office on Violence Against Women. We appreciate their support and guidance.

We would like to thank *everyone* who has contributed to the success of the Domestic Violence and Mental Health Collaboration Project. Please know that you have made a difference.

If you have questions about this report, please contact Alison Iser, the Project Coordinator of the Domestic Violence and Mental Health Collaboration Project, at Alison@kccadv.org or at 206.568.5454.