



Project CARE



Hamilton County, Ohio

Strategic Plan
2010

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Strategic Plan

to Remove Barriers to Women with Disabilities and
Deaf Women Who are Victims/Survivors of Sexual Assault,
Domestic Violence/Intimate Partner Violence, or Stalking
and the Agencies that Serve Them

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INTRODUCTION

Project CARE is a Hamilton County, Ohio collaborative funded in 2007 by the Office on Violence Against Women (OVW), U.S. Department of Justice. Project CARE grew out of a voluntary, cross-agency collaboration concerned with disability and violence, which has been facilitated by the Hamilton County Family Violence Prevention Project for more than eight years.

To achieve its vision and mission, Project CARE underwent a thorough process to carefully define itself and how it will operate, and to be certain its work is appropriately focused. The final preparatory step was to develop and conduct an assessment of Project CARE agencies and the women they serve. These efforts enabled Project CARE to create the strategic plan contained here.

PROJECT CARE

Project CARE's vision is that women with disabilities and Deaf women who are victims or survivors of violence are empowered to access highly effective services that are welcoming, comprehensive, and pose no barriers. This vision will be achieved through the **Project CARE mission**, which is to transform services into a seamless system that fully meets the needs of women with disabilities and Deaf women who are victims or survivors of domestic violence/intimate partner violence, stalking and sexual assault, by:

1. cultivating and sustaining collaboration;
2. changing and improving policies, practices and culture; and
3. strengthening the abilities and responsiveness of our organizations.

To ensure that Project CARE remained healthy, effective and sustained through the challenging work to come, a collaborative charter was developed. This collaborative charter detailed Project CARE partners' obligations, definitions of terms, and the consensus decision-making process to be used. The charter serves as a guide and resource for all activities of Project CARE.

Project CARE clarified and narrowed the scope of its work based on consideration of the mission of each member organization. After careful review, the focus of Project CARE's systems change efforts was determined to be as: ***the intersection of women with any disability and Deaf women (cross-disability); and domestic violence/intimate partner violence, stalking and sexual assault (cross-violence)***. Developmental disability was determined to be a sub-focus, as this is the sole concern of one of the Project Care partners.

In order to have a full and current understanding of the needs relevant to its area of focus, Project CARE planned and conducted a community needs assessment. The needs assessment served as the foundation for strategic planning of systems changes necessary to achieve the Project CARE mission.

The following organizations are the Project CARE collaborative members whose services were analyzed in the community needs assessment.

- **The Center for Independent Living Options**
- **The Hamilton County Developmental Disabilities Services**
- **United Way of Greater Cincinnati/211**
- **The University Hospital Sexual Assault Forensic Examiner Program**
- **Women Helping Women of Hamilton County**
- **The YWCA of Greater Cincinnati's Battered Women's Shelter**

The following are equal partners in Project CARE but do not provide direct services and thus were not analyzed in the needs assessment. These partners provide organizational resources and technical assistance to the Project CARE organizations that provide direct services to women.

- **The University of Cincinnati, Division of Criminal Justice**
- **The Family Violence Prevention Project**

Historically, women with disabilities and Deaf women have been disproportionately excluded from services for women who are victims or survivors of violence. Project CARE's approach of consensus collaboration, policy change and improving organizational capacity was designed to counteract this exclusion by identifying and addressing the specific, systemic ways that women are excluded. Working within its member organizations, Project CARE will make internal policy changes that will eliminate exclusionary practices. Perhaps more importantly, these policy changes will ensure that services are welcoming and accessible to all women.

The experience of sexual assault, domestic violence/intimate partner violence, or stalking is referred to in this plan for purposes of brevity as violence against women or VAW.

In order to acquire the knowledge, opinions, and suggestions necessary to develop a strategic plan, Project CARE conducted a needs assessment. Information was collected from the people affected by and otherwise directly involved in Project CARE agencies, including service users, service providers, and agency leaders.

THE NEEDS ASSESSMENT

To understand what changes its partner organizations must make to become welcoming and accessible, Project CARE conducted an assessment of the needs of women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking in Hamilton County. The needs assessment also sought to identify the needs and strengths of the agencies and staff that serve these women, and investigated opportunities for Project CARE partner organizations to improve their effectiveness as a network.

The needs assessment involved 103 individuals in the spring of 2009. Fifty-five professionals and forty-eight women who had used the services of Project CARE organizations participated in focus groups and individual interviews. These participants included women with disabilities and Deaf women; victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking; staff at disability service provider agencies; staff at victim/survivor service provider agencies; and leadership of Project CARE organizations.

The number of women who use Project CARE services, and the number of professionals, exceeded participation goals. Service users and service providers from all of the relevant Project CARE organizations took part in the needs assessment.

Key Findings

The needs assessment produced numerous findings. These are thoroughly explored in a comprehensive needs assessment report. A number of important observations emerged from the findings which were identified as key findings because they reflect trends or critical problems that may affect the ability of Project CARE organizations to fully serve women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

A. Inaccessibility of Services:

Women with disabilities and Deaf women, and to a lesser extent, victims/survivors, identified numerous ways in which the system of service delivery in Hamilton County has been inaccessible to them. Services were inaccessible for the most part due to what are referred to here as “barriers.” Project CARE personnel identified many of the same barriers to access that service users identified.

Three general types of barriers to services were reported:

1. Attitudes of service providers
2. Communication barriers
3. Physical barriers

B. Gaps in Staff Knowledge, Skill, and Competency:

Participants in all focus groups and interviews overwhelmingly indicated gaps in knowledge, skill and competency at Project CARE agencies, specific to serving women

with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. The gaps frequently coincided with the attributes of this population in which a particular agency did not specialize. For example, victim/survivor service providers are expert in services to victims/survivors but not disability issues and disability service providers are expert in services to people with disabilities but not in domestic violence, sexual assault, or stalking. Neither constituency reported being expert in serving Deaf women.

The following list identifies the gaps in knowledge, skill and competency that were reported:

1. How to ask whether accommodations are needed and how to ensure these accommodations were made.
2. A comprehensive understanding of the diversity and competency of individuals with disabilities, including developmental disabilities.
3. How to recognize the signs of violence against women and how to respond appropriately when violence against a woman is reported or recognized.
4. How to educate and empower women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

C. Lack Of Best-Practice Policies and Procedures Across Project CARE agencies:

Project CARE agencies do not have comprehensive, best-practice policies or procedures to respond to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. Each Project CARE site of change has effective policies and procedures within their areas of specialization (disability or victimization). Policies which do not account for both aspects of the intersection of violence and women with disabilities and Deaf women may result in the needs of some women going unserved or being underserved.

Collectively, interviews and focus groups pointed to a number of significant findings about Project CARE agencies related to policies and procedures. These findings are:

1. Disability agencies do not have a formal process for screening or otherwise identifying a woman who has experienced sexual assault, domestic violence/intimate partner violence, or stalking.
2. Disability agencies do not have adequate, comprehensive formal policies for responding to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.
3. Victim/survivor agencies have insufficient formal policies to screen for and meet the accommodation needs of women with disabilities and Deaf women.
4. Victim/survivor agencies do not have budget line items exclusively for accommodating women with disabilities and Deaf women.
5. Project CARE agencies do not have adequate, comprehensive formal policies for responding to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

D. Insufficient Awareness of Services – Within Project Care and Amongst Hamilton County Community Members

All Project CARE agencies reported ways in which they, and the women they serve, did not have complete knowledge of services that might be useful to a woman with a disability or a Deaf woman who is a victim/survivor of sexual assault, domestic violence/intimate partner violence, or stalking.

The following are the general areas where this lack of awareness was observed:

1. Project CARE agencies do not have comprehensive knowledge about the types of service that other relevant agencies provide.
2. Women with disabilities and Deaf women who are victims/survivors are often not aware of victim/survivor agencies, or are unaware that these agencies are ready and willing to serve them.
3. Outreach methods, including materials and media used, are inadequate or inaccessible.

E. Strengths and Assets to Address Critical Needs

It is important to note that information gathered from the diverse Project CARE stakeholders (staff of disability service providers; staff of victim/survivor service providers; women with disabilities and Deaf women; victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking; and leaders from all agencies) showed strengths and assets at some organizations that were found in other organizations to be “needs.”

1. **Project CARE disability service providers** possess thorough policies and practices for screening and identifying accommodation needs and how to make accommodations.
2. **Project CARE disability service providers** possess broad knowledge of best practices for communicating with women with disabilities and Deaf women, and have deep connections to other disability and Deaf organizations for obtaining additional support.
3. **Project CARE victim/survivor service providers** have thorough and effective policies and practices for screening and identifying victims of violence against women.
4. **Project CARE victim/survivor service providers** have extensive experience in recognizing the signs of violence against women.
5. **Project CARE victim/survivor service providers** have extensive knowledge of best practices for immediate and long term responses when a woman discloses she is a victim or survivor.
6. The most encouraging and perhaps most useful strength observed in the needs assessment is the **great commitment on the part of Project CARE partners** to address the needs of women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. All Project CARE agencies have been voluntary members of a larger collaborative, the Family Violence Prevention Project, since 2001. They have been consistent advocates in addressing the need in Hamilton County, Ohio, and the larger community, for systems-based change as it relates to violence against

women with disabilities and Deaf women. The findings of this needs assessment process clearly indicate that staff and leadership at each site of change firmly believe they must all work collaboratively in order to impact the needs that have been identified.

These strengths and assets are important to acknowledge were important contributions to the development of an appropriate, feasible and efficient strategic plan.

The strategic planning process subsequently undertaken relied heavily on the needs and strengths identified in the needs assessment described above. The process and resulting strategic plan follow.

THE STRATEGIC PLANNING PROCESS

Although the needs assessment focused on unmet needs, the final analysis revealed a hopeful picture. Many of the strengths that Project CARE organizations already possess, if shared, are capable of contributing much to solving the problems that exist. The strategic planning process had this concept at its forefront.

Project CARE developed the core of its strategic plan at a two-day strategic planning retreat in September 2009. At least one representative from each Project CARE agency attended.

The findings described in the needs assessment were examined during the retreat and served as the rationale and data-based justification for the development of strategic initiatives. All findings were reviewed before the focus was narrowed to priority needs which were determined by consensus on two criteria. The first criterion was whether the need was critical. The second criterion was whether the collaborative was well positioned to address the need in the short-term covered by the grant.

The **priority needs** that were chosen fell into four general categories:

1. Under-developed relationships amongst agencies;
2. Deficiencies in accessibility and responsiveness;
3. Deficiencies in policies and practices; and
4. Deficiencies in knowledge.

The remainder of the retreat was spent creating a plan to address these priority needs. Three different short-term strategic initiatives were conceived to build solutions in a holistic manner. The initiatives are:

INITIATIVE I: IDENTIFY HOW AGENCIES CAN BE MORE WELCOMING, ACCESSIBLE AND RESPONSIVE

INITIATIVE II: CREATE AND IMPLEMENT POLICIES TO RECOGNIZE VIOLENCE AGAINST WOMEN WITH DISABILITIES AND DEAF WOMEN AND RESPOND EFFECTIVELY

INITIATIVE III: DEVELOP TRAININGS TO CREATE COMPREHENSIVE STAFF AND AGENCY UNDERSTANDING OF THE INTERSECTION BETWEEN DISABILITY AND VAW, AND BEST PRACTICES

These initiatives were chosen because they collectively, and with overlap, address the priority needs listed above. Reviews (Initiative I) will identify specifically what needs to be done at each agency to remove barriers. Policies and practices (Initiative II) will create organizational commitment and formalized best practices for being responsive and accessible to women with disabilities and Deaf women who are victims or survivors.

Training (Initiative III) will ensure that these new policies and practices are understood and that staff is prepared to carry out its critical role in removing barriers. Together, these initiatives will build the knowledge, skills and relationships necessary to remove the most critical barriers posed by agencies that serve women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

In addition to these focused initiatives, Project CARE will continue to sustain and strengthen its collaboration. In the short-term, the collaboration will be strengthened through activities integral to the three initiatives listed above and described in detail in the “Short Term Initiatives” section below.

Once the strategic initiatives were identified, specific steps to achieve them were drawn up. Implementation of the action steps and achievement of the goals of the initiatives will be accomplished according to a timeline to be completed September 31, 2010.

A work group was established for each initiative. Agencies involved in Project CARE assigned a minimum of one representative to each of these work groups. Each work group will have two co-chairs, one from a disability organization and one from a VAW organization. The work group for each initiative will be responsible for all activities that come under their initiative. The project manager will attend and serve as coordinator, secretary and scheduler for each of the three work groups. Please see the Appendix for the list of work group members.

Guidelines for co-chairs and for members of the work groups were also developed. These can also be found in the Appendix.

The full collaborative will meet monthly for work groups to report on their progress, obtain feedback or assistance, get approval of final drafts, and make decisions affecting the entire collaboration.

The following section describes in detail the short-term strategic initiatives that make up the backbone of this strategic plan.

STRATEGIC INITIATIVES

As described above, three overlapping **short-term strategic initiatives** were developed as the best strategy for addressing the priority needs identified in the needs assessment. We believe these initiatives will most effectively utilize our resources to maximize safety and remove barriers to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

The needs assessment and strategic planning process identified a number of initiatives and activities that Project CARE would like to undertake in the **long-term** (extending beyond the OVW grant-funded period). The initiatives relegated to the long-term were done so because it was not seen as feasible to accomplish them in the time remaining in the grant-funded period. If progress along our timeline permits, some of these long-term initiatives may commence within the short-term phase.

Plans and timelines for long-term initiatives will be developed as the short-term initiatives come to a close. Future funding may be a factor impacting when these long-term initiatives are undertaken. As some of these long-term initiatives are critical to fully implementing the short-term initiatives, every effort will be made to complete those long-term initiatives.

INITIATIVE I IDENTIFY HOW AGENCIES CAN BE MORE WELCOMING, ACCESSIBLE AND RESPONSIVE

Initiative I calls for a thorough review of each Project CARE agency, in order to determine in detail the barriers these agencies pose to women with disabilities and Deaf women who are victims or survivors. This initiative is divided into two Activities due to the fact that the barriers we seek to remove differ in two significant ways at the agencies in Project CARE. Activity I-A concerns reviews of VAW agencies and the barriers they pose to women with disabilities and Deaf women in particular. Activity I-B concerns reviews of disability agencies and the barriers they pose to victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

Activity I-A: Accessibility Review of VAW Agencies
Develop a review process and conduct accessibility reviews of VAW agencies.

Activities

The needs assessment process raised a number of flags that indicated Project CARE VAW agencies may not be adequately welcoming or accessible to women with disabilities and Deaf women. However, in order to know what barriers a specific agency poses - to know what exactly makes them less welcoming or accessible - a thorough on-site review is needed.

A work group will research and review existing best practices in accessibility review, and identify those that align with the mission of Project CARE and the scope of the project. One work group member is a consultant who has extensive experience conducting accessibility reviews. This consultant will co-chair the work group and lead the team that conducts reviews. The team conducting reviews will consist of the consultant and at least two other members of the work group. The review team will rotate to include the Project CARE member representing the agency being reviewed.

The most appropriate tool or combination of tools will be selected. The modified tool will have three components. The first component will be a review of the physical space in and around the agency. The second component will be a review of the communications technology, information dissemination strategies and materials currently in use. The third component will be a review of the current policies and practices. All Project CARE VAW agencies will be assessed using the full tool (all three components).

The assessment tool will not utilize pass/fail criteria or scoring. Its goal will be to produce a report with recommendations for change and strategies for each agency to make services more effective for women with disabilities and Deaf women who are victims/survivors. The recommendations for policy changes are to be used by the Policy and Practice work group as the guide for their work as described in Initiative II below. The recommendations for physical and communications improvements will be addressed as described in the long term initiatives listed below.

After approval of the tool by the collaborative and the funder (OVW), it will be piloted at one Project CARE VAW agency. Improvements to the tool will be made upon review of the results of the pilot. The improved tool will be used to perform reviews at the remaining Project CARE VAW agencies.

A report will be created for each agency. The collaborative members will review and ultimately approve the reports. From the reports, priority accessibility changes will be identified. As described in the long-term plans below, priority changes will be implemented as resources permit.

Anticipated Results

Low or no-cost modifications, as well as major physical modifications will be identified through reviews of agencies. Importantly, policy and practice review findings will provide information essential to accomplish Initiative II, Creating and Implementing Policies.

Systemic Change and Sustainability

The primary objective of the accessibility reviews is the identification of systemic solutions, for example, adoption of policies or agency agreements, to accessibility barriers. Ongoing collaboration of Project CARE members will also sustain the accessibility improvements identified in these reviews through the continual sharing of awareness, expertise, and promotion of accessibility best practices, which is one of the fundamental purposes of the collaboration. The benefits of sharing of expertise will also serve as an incentive to sustain the collaboration. Some accessibility improvements

may ultimately be accomplished through shared responsibilities across agencies. In addition, incorporation of ongoing training requirements into agency policies (addressed in Initiative III, Training) will ensure staff remain prepared to make accommodations. Collaborative partners will continue to seek funding and commit agency resources to these efforts, as they have for more than eight years. Some reviews will identify needed policy additions or modifications which will enable us to undertake, in the long term initiatives described below, adoption of formal, ongoing policies and the accessibility processes they require.

Long-Term Initiatives to Build on the Short Term Initiatives

1. Creation of reports on accessibility reviews of all VAW agencies.
2. Collaborative selection of priority accessibility improvements identified in reviews.
3. Implementation of priority accessibility improvements.
4. Development of a process for evaluating the impact of accessibility improvements, and documentation of the findings.
5. Creation of a specific budget line item for accommodations at all Project CARE agencies.
6. Gaining access to more affordable and more readily available interpreters for Deaf women.
7. Establishment of joint agreements for shared staff that perform work at two or more Project CARE agencies to facilitate provision of accommodations for women with disabilities and Deaf women who are victims or survivors.
8. Development of closer ties to Deaf women and Deaf organizations to address relevant needs identified in the needs assessment.

Activity I-B: Trauma-informed Review of Disability Agencies

Develop review process, pilot reviews of disability agencies, and write report on findings from the pilot.

Activities

The needs assessment indicated that paternalistic attitudes, gaps in knowledge, and insufficient policies and practices were a potential barrier to victims or survivors who are served by the Project CARE disability agencies. A thorough review is necessary to pinpoint the details of these barriers and identify potential solutions.

A work group will review existing best practices in trauma-informed review, and modify them into a review process that aligns with the mission of Project CARE. The work group will select one or more members to lead the responsiveness reviews, most likely staff or leadership of a VAW agency.

After approval of the review tool by the collaborative and the funder (OVW), the review will be piloted in one agency. A report on the findings of the pilot review will be developed, approved by the collaborative, and submitted to OVW.

Anticipated Results

Identification of low or no-cost adjustments to placement of service delivery and staff protocols is one desired result of the trauma-informed pilot. However, information about all necessary changes, regardless of cost, will be collected. Policy and practice findings will provide essential guidance for Initiative II, Creating and Implementing Policies. A tested and enhanced trauma-informed review tool will be created.

Systemic Change and Sustainability

The primary objective of the trauma-informed reviews is the identification of systemic solutions, for example, adoption of policies or agency agreements, to accessibility barriers. In addition, incorporation of ongoing training requirements into agency policies (addressed in Initiative III, Training) will ensure staff remain trauma-informed, and strengthen collaborative ties. Some reviews will identify needed policy additions or modifications which we anticipate will be formally adopted and therefore sustained. Ongoing collaboration of Project CARE members will sustain the improvements identified in these reviews through the continual sharing of awareness, expertise, and promotion of safety and responsiveness best practices.

Long-Term Initiatives to Build on the Short Term Initiatives

1. Review of the remaining Project CARE disability agencies.
2. Creation of reports on trauma-informed reviews of all disability agencies.
3. Collaborative selection of priority improvements identified in trauma-informed reviews.
4. Implementation of priority trauma-informed improvements.
5. Development of a process for evaluating the impact of trauma-informed improvements, and documentation of the findings.
6. Establishment of joint agreements for shared staff that perform work at two or more Project CARE agencies to facilitate responsiveness to violence against women with disabilities and Deaf women.

INITIATIVE II
CREATE POLICIES TO RECOGNIZE VIOLENCE AGAINST
WOMEN WITH DISABILITIES AND DEAF WOMEN
AND RESPOND EFFECTIVELY

Initiative II calls for creation of policies to remove barriers to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. Like Initiative I, Initiative II is divided into two activities. Activity II-A concerns the creation of accommodations policies for VAW agencies to address the access barriers faced by women with disabilities and Deaf women in particular. Activity II-B concerns the creation of a policy for screening for VAW at disability agencies.

II-A: Accommodations Policies

Research and develop policies to accommodate women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. Develop orientation materials to brief staff on new accommodations policies.

Activities

The needs assessment asked pointed questions of both staff and leadership to determine if accommodations policies were in place and how they were implemented. Only the most general formal policies (such as welcoming all women) were reported. Guidance and scripts were reported as lacking, and several staff suggested they be implemented.

The work group will begin its process by examining policies and accommodations strategies used by agencies locally and nationally. A draft policy will be developed by the work group. In addition, an internal and external resource list will be created to accompany the policy. This list will make locating sources of support easier and quicker. The policy and the resource list will be customized as needed for specific agencies, as some have a different range of services (for example, residential).

In addition, the policy will call for tracking of accommodations expenditures starting from the point when the policy is officially adopted by an agency. This will aid in managing funds for accommodations and may be shared with the collaborative to gauge the overall impact of Project CARE initiatives. Each agency will also be asked to make a good faith effort to incorporate accommodations expenses in grant requests.

After the full collaborative approves the accommodations policy presented by the workgroup, staff orientation materials will be developed. The policy and orientation materials will be reviewed and approved by the appropriate decision-making party at each VAW agency, and by OVW.

Anticipated Results

The primary goal is the creation of comprehensive, best-practice accommodations policies for all VAW agencies. Preparations will have been made so that all relevant staff and leadership can become well versed in the policy, and follow the policy faithfully in their work.

Systemic Change and Sustainability

The developed policies, if officially adopted by agencies, will ensure that best practices continue beyond the period in which Project CARE is funded by OVW. Continued Project CARE meetings and mutual consultation and support will ensure that new best practices are considered in the future. Project CARE disability agencies, now that there is a stronger relationship of trust, familiarity, and mutual goals with VAW agencies, will be able at times to assist in making accommodations that fall under their purview. Long-term goals, such as the adoption of a line item for accommodations, will also help make best practice accommodations policies sustainable.

Long-Term Initiatives to Build on the Short Term Initiatives

1. Fold the accommodations policies into existing agency policies with guidance from the accessibility review results.
2. Modify agency materials and process documents (such as intake scripts or forms) to comply with the policy.
3. Each VAW agency to dedicate one of its regular staff meetings to a briefing on the new accommodations policy.
4. Integrate the accommodations policy briefing into existing staff trainings and new staff orientations.
5. Conduct semi-annual staff and leadership review of accommodations policy implementation.
6. Continue to build relationships with existing and new resource agencies.

II-B: Policies to Screen for VAW

Research and develop policies. Develop orientation materials to brief staff on new accommodations policies.

Activities

The needs assessment asked staff and leadership directly if Project CARE disability agencies screened for violence against women. We found that no agency has such a policy. Several leaders indicated that they strongly felt that this should be a regular practice governed by an official policy.

The work group will begin its process by collecting and studying effective policies for screening for violence against women. Additionally, Ohio mandatory reporting laws will be fully scrutinized so that their impact of any screening policy will be fully appreciated. Community resources will be assessed to develop an internal and external resource list to accompany the policy. This resource list will make it much easier to contact the appropriate support or referral. The policy and the resource list will be customized as needed for specific agencies, as some agencies have a different scope of services (for example, personal care services) and some have mandatory reporting considerations.

After the full collaborative approves the screening policy presented by the workgroup, staff orientation materials will be developed. The policy and orientation materials will be reviewed and ultimately approved by the appropriate decision-making party at each disability agency, and by OVW.

Additional activities will be undertaken in the long-term in order to strengthen the impact and sustainability of these policies, as described in the long-term section below.

Anticipated Results

The primary goal is the adoption of best-practice policies to screen for violence against women at all Project CARE disability agencies. Preparations will have been made so

that all relevant staff and leadership can become well versed in the policy, and follow the policy faithfully in their work.

Systemic Change and Sustainability

The developed policies, if officially adopted by agencies, will ensure that best practices continue beyond the period in which Project CARE is funded by OVW. Continued Project CARE meetings and mutual consultation and support will ensure that new best practices are considered in the future. Project CARE VAW agencies, now that there is a stronger relationship of trust, familiarity and mutual goals with Project CARE disability agencies, will be able to efficiently step in when appropriate. The low cost of implementing this policy and its alignment with the existing mission of Project CARE disability agencies should assist with sustaining the screening for VAW.

Long-Term Initiatives to Build on the Short Term Initiatives

1. Fold the screening policies into existing agency policies with guidance from the trauma-informed review results.
2. Modify agency materials and process documents (such as intake scripts or forms) to comply with the policies.
3. Each disability agency to dedicate one of its regular staff meetings to a briefing on the new accommodations policy.
4. Integrate the VAW screening policy briefing into existing staff trainings and new staff orientations.
5. Conduct semi-annual staff and leadership review of VAW screening policy implementation.
6. Continue to build relationships with existing and new resource agencies.

INITIATIVE III
**DEVELOP TRAININGS TO CREATE COMPREHENSIVE STAFF
AND AGENCY UNDERSTANDING OF THE INTERSECTION
BETWEEN DISABILITY AND VAW, AND BEST PRACTICES**

Initiative III establishes a curriculum and a process for ensuring that the knowledge and policies provided by Project CARE are well implemented. Ongoing training will prepare and maintain staff, whom we rely on to put policies and best practices into action. The first part of this Initiative, Activity III-A, will produce the curricula and educational tools necessary for training. Activity III-B will orchestrate the training process and put the curricula and tools into action.

III-A Training Product Development: Develop materials and protocols for training priority audiences at sites of change.

Activities

Perhaps the most frequently mentioned finding in the needs assessment was that staff felt unprepared in terms of knowledge and best practice related to serving women with disabilities and Deaf women who are victims or survivors. Many participants explicitly called for training on the area in which they were less familiar: either disability and Deafness or violence against women. Several participants recognized the need to understand the intersection of violence and women with disabilities and Deaf women.

The work group assigned to this initiative will begin by identifying training goals and objectives, drawing significantly on the needs assessment and other evidence-based information. Existing curricula and trainings (both local and national) will be researched and evaluated. Curricula and training components will be selected based on all of these factors and the unique needs of each agency to receive training.

Three modules will be developed for in-person training at Project CARE agencies that provide direct services to women. Project CARE collaborative members will be the presenters.

One module will be on women with disabilities and Deaf women. Another module will be on violence against women. The third module will be on the intersection of the two. Agencies will receive training comprised of two out of the three modules, depending on their training needs. The trainings will cover knowledge, best practices, and how to address needs collaboratively.

The curricula and training tools for each module will be approved by the collaborative and subsequently by the funder, OVW.

Anticipated Results

These activities are expected to produce a replicable set of modules that is easily incorporated into existing agency trainings, as well as useable outside of Project CARE in any training activities that may be undertaken in the long term. Accessible educational materials to be used both in training and in ongoing educational activities will be designed. Inaccessible methods of distribution of the information in these materials will be evaluated based on results of the accessibility reviews.

Systemic Change and Sustainability

By serving the community as a knowledge base of diverse, best practices, and as a multi-agency resource committed to meeting the needs of women with disabilities and Deaf women who are victims or survivors, Project CARE will ensure that training materials and procedures remain current and relevant.

III-B: Training Roll-out Identify and train priority audiences.

To implement training, the work group will first identify priority audiences (staff to receive training) and other logistics within each agency.

A memorandum of understanding (MOU) among the Project CARE agencies will be developed that specifies commitments to developing and implementing trainings, as well as ensuring access to priority audiences to be trained at each agency. The MOU will also stipulate that each agency conduct a semi-annual staff and leadership discussion of the impact and effectiveness of the training program. After refinement by the full collaboration, this MOU will be signed by all Project CARE agencies.

Materials to be used in trainings will be produced in accessible formats, including educational materials and evaluations. The official channels will be followed to obtain permission to give continuing education units (CEUs) in social work and/or counseling.

Project CARE agency staff will pilot the training modules at one VAW and one disability agency in order to pilot all three modules. A report on the findings of the pilot review will be developed, approved by the collaborative, and submitted to OVW.

Anticipated Results

The result of this initiative is expected to be that relevant staff at piloted agencies have the knowledge and skill set to respond fully to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. The customizable training process will be a valuable tool for educating diverse agencies, including Project CARE agencies, to become more and more responsive and accessible.

Systemic Change and Sustainability

The MOU will ensure that training is systemized through the training requirements of the MOU. In addition, an ongoing focus of the Project CARE collaboration will be analysis of evaluations and eventually, impact studies. As they have on numerous occasions in the past eight years, Project CARE collaborative partners will seek funding to amplify its impact and ensure current efforts are maintained as needed. The official adoption of accommodations and screening policies will also serve as a sustaining force, as the participating agencies will have an additional incentive to support the work of Project CARE – training its staff to properly follow these policies.

Long-Term Initiatives to Build on the Short Term Initiatives

1. Conduct trainings at all Project CARE agencies.
2. Develop a process for evaluating impact of trainings, including participant evaluations and the semi-annual staff and leadership review (required in the MOU).
3. Incorporate training materials into staff orientation and continuing education.
4. Document evaluation findings and make improvements.
5. Support or participate in efforts to educate and empower women with disabilities and Deaf women before they become victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

**SUSTAINING THE PROJECT CARE MISSION:
ADDITIONAL ACTIVITIES TO STRENGTHEN THE COLLABORATIVE**

Sustaining and strengthening the existing Project CARE collaboration and ultimately expanding its scope is of paramount importance if quality service is to be sustained for women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. Nearly every activity described in the Initiatives above involves collaborative work that highlights the mutual benefits of working together.

After an appropriate amount of work has been done, we will hold a summit to celebrate the work of Project CARE and build support, enthusiasm and greater collaboration in the Hamilton County community. Following this summit and in the long-term, we will continue relationship-building with resource agencies not currently in formal collaboration with Project CARE.

As was done before the OVW grant, the collaboration will continue to seek funding to support its ability to work together to remain current and effective at removing barriers to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

**For more information about this strategic plan or Project CARE, contact the
Family Violence Prevention Project at (513) 361-2144 or rbonney@ywcacin.org.**

APPENDIX

Work Groups

Initiative I - Agency Reviews

- Peg Gutsell (co-chair) / consultant
- Debbie Brooks (co-chair) / YWCA of Greater Cincinnati
- Lea Holland / Women Helping Women of Hamilton county
- Linda Kunick / Resident Home Corporation
- Alva Means / Developmental Disabilities Services
- John Romer / Developmental Disabilities Services

Initiative II - Policy & Practice

- Kendall Fisher (co-chair) / Women Helping Women of Hamilton County
- Gay Covell (co-chair) / Developmental Disabilities Services
- Stacey Hall / YWCA of Greater Cincinnati Battered Women's Shelter
- Diana Mairose / Developmental Disabilities Services
- Eric Metzger / Developmental Disabilities Services
- Amy Roberts / United Way of Greater Cincinnati 211

Initiative III - Training

- Suzanne Hopkins (co-chair) / Center for Independent Living Options
- Kristin Shrimplin (co-chair) / Family Violence Prevention Project
- Dawn Freudenberg / Developmental Disabilities Services
- Bonnie Fisher / University of Cincinnati
- Ashley Rouster / Women Helping Women
- Theresa Singleton / YWCA of Greater Cincinnati
- Christina Hinkle / Sexual Assault Forensic Examiner Unit

Project Manager (Rob Bonney) will attend all work groups and serve as secretary.

Work Group Roles and Responsibilities

1. Individuals are limited to membership in one work group.
2. Each partner organization is to be represented on each work group.
3. Co-chairs will set the agenda and facilitate work group meetings.
4. Co-chairs will monitor progress on required activities and follow-up with members performing work as necessary.
5. Co-chairs lead efforts at conflict resolution, consulting with the full collaboration or Project Manager as needed.
6. The Project Manager will schedule meetings and coordinate venues.
7. The work groups will meet twice monthly (this may change based on timeline and workload)
8. Members are to attend all meetings. If exceptions are necessary, this is to be discussed with one of the co-chairs.
9. Members are expected to contribute to activities outside of meeting times.
10. The approved timeline is to be followed. If difficulties arise, potential deviation from the timeline is to be discussed with the entire collaboration and funder.