PROJECT PEER WASHINGTON, DC

STRATEGIC PLAN 2010[1]

I.   INTRODUCTION TO PROJECT PEER

Collaboration Overview & Goals

Project Peer is a collaboration of eight community-based organizations in Washington, DC that share a commitment to improving service access and quality for women with disabilities who experience violence and/or abuse. Individually, each of these organizations provides direct supports and advocacy services for people with disabilities and/or survivors of domestic and/or sexual violence. Collectively, we have joined together to become the system of responsive supports that survivors in our community need and deserve.

Members of the Washington, DC Collaborative's working group began to form a partnership beginning late in 2006 in recognition that the service needs we each address separately overlap and intersect in the lives of women with disabilities who are survivors. In 2007, we submitted a proposal to the Office on Violence against Women of the Department of Justice for a project – Project PEER – designed to end our artificially fragmented approach to supporting survivors with cognitive/developmental disabilities and/or mental health issues, transform our daily practices, and change the awareness and operating cultures of our organizations. We were awarded a cooperative agreement in October of 2007 and our focus populations are women with developmental disabilities, mental illness, and survivors of sexual assault and/or domestic violence. Our collaborative includes the following member organizations:

- *Anchor Mental Health* has supported adults with mental illness since its inception in 1958. It provides clinical and non-clinical supports. Clinical supports include counseling and medication management. Among non-clinical supports are career development and adult education. Anchor also supports The Resource Opportunity Center (The Roc, see below). In 2004, Anchor became a division of Catholic Charities of the Archdiocese of Washington. Anchor serves 600 people each year, fewer than half of whom are women. It has 60 clinical staff.

- *DC Coalition against Domestic Violence* is is the District's federally recognized coalition and the umbrella organization for all dedicated domestic violence programs in the District of Columbia. The Coalition's membership is an alliance of anti-domestic violence organizations

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working together to transform the experiences of survivors of domestic violence and address the urgent need to stabilize and expand existing services.

- *The DC Rape Crisis Center* **(DCRCC)** has been in operation for more than 35 years. It offers a 24/7 hotline, counseling, crisis intervention, training, education, and a variety of special topic outreach programs, including a self-defense class specifically for women with disabilities. As the only rape crisis provider in the District, it has considerable expertise in helping survivors heal in the aftermath of sexual violence. DCRCC has 20 staff and over 100 volunteer staff and serves 7,000 people a year.

- *Lt. Joseph P. Kennedy Institute* was founded in 1959 as a special education school for children with disabilities. Over the years, it has expanded its services to include early intervention, adult education, career development, community living, and family support services for people with developmental disabilities in DC and suburban Maryland. It has a longstanding supportive relationship with the self-advocacy group that has become Project ACTION! (see below). In 2004, JPKI became a division of Catholic Charities of the Archdiocese of Washington. It serves about 330 people a year, fewer than half of whom are women age 18 and over.

- *Project ACTION!* is a regional coalition of self-advocacy groups established in 1992 by low-income adults with developmental disabilities with Kennedy Institute's assistance. Now incorporated separately, and more closely aligned with Quality Trust (see below), it brings a strong community of self-advocates with their personal experiences of living with developmental disabilities to this project. Project ACTION! has the support of two part-time, volunteer advisors, one of whom is on the staff of DC Quality Trust and a member of our Steering Committee.

- *Quality Trust for Individuals with Disabilities, Inc.,* was created to be an independent catalyst for change in the lives of people of all ages with developmental disabilities in the District of Columbia. We partner with people and their families so they can succeed, thrive and experience full membership in the communities they choose. Its core activities include lay and legal advocacy, monitoring and family navigation. Each year, QT's staff serve over 500 District residents with developmental disabilities.

- *Ramona's Way* provides holistic supports for women who are survivors of emotional, physical and/or sexual abuse and also have mental health issues (substance abuse). Services, including case management, information/referral, and counseling, help women regain control of their lives and empower them with the support they need throughout the trauma and recovery process. Ramona's Way serves 60 women a year with 15 to 20 of them on its active rolls at any one time. It has 2 staff and about the same number of volunteers.

- *The Roc* ("Resource Opportunity Center") formed in 2005 in reaction to a cut in Medicaid

benefits. One of its focuses is providing peer counseling and peer support to people with mental illness, including a support group for female survivors. Its volunteer leadership includes strong self-advocates who have a history of advocating for people with disabilities.

Our project's name, originally an acronym that stood for <u>P</u>artners <u>E</u>ngaged in <u>E</u>nhancing <u>R</u>esources, we soon realized did not do justice either to our collaborative's shared vision, mission and values or the broad sweep of change we believe is possible within our "system." Today, we use peer to mean equal: Everyone involved in this project, including the staff and women who first became familiar with it by participating in our needs assessment process, is equal to one another and equally invested in the outcomes we envision.

Planning Phase

Project Peer's member organizations began our work together by creating a collaboration charter that documents our shared commitments to one another and the people we serve. The charter also details each organization's role, responsibilities, and protocols for how we work together. Within the charter development process, we identified the following vision, mission, and values for our collaborative.

Vision

In the District of Columbia, survivors of domestic and sexual violence or abuse who have disabilities will live in safe environments, heal and have healthy, successful lives. They will have access to high quality, seamless supports that are person-centered and responsive to each survivor's needs.

Mission

Together with survivors of domestic and sexual violence and abuse who have cognitive or mental health disabilities, we will:

- Increase physical and emotional safety,
- Facilitate healing, and
- Promote self-agency and support.

We will transform our system to learn from survivors with disabilities, prioritize the needs of those survivors, and build permanent practices that identify these survivors and meet their needs by creating focused partnerships to share our strengths.

Core Values

Accessibility: We think foremost about how to remove barriers and encourage the widest possible participation.

Accountability: We hold ourselves, and each other, responsible for our commitments to survivors with disabilities.

Advocacy: Together, we raise survivors' voices against oppression in all its forms, especially survivors who have been silenced because of their race, gender, ethnicity, socio-economic status, disability, immigration status, faith, and/or sexual and gender identity.

Confidentiality: Each survivor has the right to decide who knows her story.

People First: The voices and experiences of survivors with disabilities are at the center of our work.

Respect and dignity: We value all survivors, ourselves, and each other. We honor the decisions of all survivors. We show understanding and appreciation for our similarities and differences. We treat each other as we want to be treated.

Self-agency: Survivors make, act on, and take responsibility for their own decisions.

Upon completion of the collaboration charter, Project Peer developed a needs assessment plan and the tools necessary to implement the assessment. We outlined three primary strategies for data collection, which included focus groups, interviews, and surveys. We implemented the needs assessment plan in three stages over about 5 months, beginning with the staff/manager survey in mid-January, 2009. Findings from the needs assessment are the foundation for our strategic plan, which is the final document we will produce within our planning phase.

Through their very candid conversations, the leadership of each of our organizations has reiterated a commitment to respond to the needs identified through our project's needs assessment. We are collectively well-positioned to apply our skills and resources to address serious gaps in our system's services for women with cognitive and/or mental health disabilities who are survivors.

II. NEEDS ASSESSMENT SUMMARY

Since our needs assessment findings underpin all strategic plan activities detailed in this document, it is helpful to review our needs assessment methods and findings.

Methodology

From the outset, we envisioned our needs assessment as the first step – the strengths and weaknesses portion – of our project's strategic plan. We also expected that the data we gathered would serve as a baseline against which we would measure whether we meet the goals we set for ourselves in the strategic plan by the end of this three-year project. Our primary methods included the following:

- *Focus groups* We spoke with 121 women and men through a total of 21 organization-

specific focus groups for staff, volunteer staff, survivors, women with mental health issues, women with developmental disabilities, and for DC Coalition member organizations only mixed-organization focus groups for executive directors and staffs.

- *Interviews* We spoke with 18 women and men through individual interviews for executive directors, staff, women with developmental disabilities and/or survivors.

- *Surveys* 99 staff and managers responded to a survey (47.4% response rate) sent to 6 out of 8 organizations represented in the working group (our 2 self-advocacy groups have no staff) and 37 board members (50.7% response rate) in response to our survey sent to members of Boards of Directors of 7 out of 8 organizations represented in the working group (The Roc has no Board).

Key Findings

Our working group processed findings from data collection throughout the needs assessment process in a series of conference calls and meetings. We ultimately agreed to 13 key findings, which are summarized below.

- **Shared Values, Common Strengths**
#1: Across the organizations involved in our working group, our needs assessment confirmed that a core strength of our collaborative is our shared values. Most Board members, executive directors and staff affirm the importance of the core values we set out in our project's Collaboration Charter. Across our organizations we also have a person-centered, responsive approach to supports in common. These qualities are the common ground on which we built our partnership and will develop and implement the short- and long-term goals in our strategic plan. They will also be the foundation for sustaining this collaborative at the end of the grant period.

- **Welcoming/supportive environments (access)**
#2: Women say that a welcoming and supportive environment results from their trusting individual staff members. The staff members whom they trust listen thoughtfully, are non-judgmental, take them seriously, connect with them as individuals and treat them with dignity and respect. Feeling that staff is protecting their privacy and confidentiality is crucial to building this trust; women want to have control over their stories. Women are comfortable when they see people like themselves among the staff who support them and are accepted for who they are. Reflecting on these criteria, we found that our organizations had a varying degree of welcoming environments.

#3: Welcoming environments can also include issues of access. The DC Coalition against Domestic Violence should model and serve as an example that encourages its members to think beyond physical access to the broad range of accommodations they should be making.

- **Policies and procedures**
#4: None of the organizations in our collaborative has formal policies or procedures to guide identification, responses or accommodations/supports for survivors with mental health issues or

cognitive/developmental disabilities. Similarly, the DC Coalition does not have internal policies or procedures to prioritize its own accessibility and accommodations practices, and it does not have policies that prioritize public policy/advocacy positions involving issues related to survivors with disabilities, defined broadly or as specific to our focus populations.

#5: None of our disability-related organizations does safety planning, as understood in the anti-domestic violence/sexual abuse fields, with the women they support even though they all have either annual support or treatment plans.

#6: Across all of our collaborators, we found no clear, shared understanding of the concept of confidentiality or familiarity with related provisions in DC laws, funding-source regulations, or internal policies and procedures, especially as they relate to reporting requirements for survivors with developmental disabilities or mental health issues.

- **Knowledge: Women's access to information/support/accommodations**

#7: Women with developmental disabilities and mental health issues are not well informed about sexual abuse or domestic violence. As survivors, they might not recognize that how they have been or are being treated is abuse or that it should not be happening to them. They do not have practical information about how to stop abuse or violence or how to get help or support to heal, if they are survivors. Some feel that staff does not listen to them. It is unclear how many of them know how to speak up in their own behalf.

- **Knowledge: Staff roles/preparation**

#8: Staff members identify the unique relationships they develop with women as a "safe place" for survivors to disclose abuse or violence in their lives and/or mention disability-related accommodation needs. Our disability-related organizations expect that their staffs will identify and support survivors, but they offer limited access to training that would prepare them to meet these expectations. Although our anti-sexual abuse or domestic violence organizations expect that they are fully accessible and their staffs will meet the accommodations needs of survivors with cognitive/developmental disabilities or mental health issues, they offer limited access to training that would prepare them to meet these expectations.

#9: In our cognitive/developmental disability organizations, staff has limited understanding of domestic violence and its potential relevance to the people they support. This means they are also unaware of the range of protections and resources available to them. Although health and safety are critical concerns at both DMH and DDS/DDA, none of our disability-related organizations prepares its staff to do sexual abuse/domestic violence risk assessment/safety planning for all the women it supports.

#10: Beyond offering 24-hour hotline access, staffs in our anti-sexual abuse and domestic violence organizations are not clear about the range of accommodations they could be making to support survivors with disabilities, especially developmental disabilities.

#11: The DC Coalition's internal staff has limited training about access and accommodations either for survivors with disabilities in general or survivors with mental health issues or developmental disabilities in particular. EDs of the Coalition's member organizations see a need among their staffs for more preparation (advanced) in access and accommodations. Their staff expressed a keen interest in the Coalition taking a strong lead in assuring that its members are all "on the same page" regarding access and accommodations for survivors with disabilities. They describe an absence of, and need for, connections to appropriate resources and best practice guidelines and companion training.

- **Use/availability of outside resources**

#12: None of our direct service provider organizations currently has formal partnerships for referrals to or consultations with outside resources (either our partners or more broadly in the community) to enhance their support for survivors in our focus population. In all but two of our partners, it is unclear whether staff uses the outside resources they mention. Most staffs indicate access to resource manuals, either internally or externally prepared, to guide their use of outside resources, although the quality of the available information and how up to date it is varies. The members of our self-advocacy groups indicate little knowledge of available resources for supporting survivors among their members. With the exception of their general familiarity with DCRCC, across the board the staffs of the partners in our collaborative and the members of our two collaborating self-advocacy groups have limited familiarity with the other organizations within the collaborative, what they do and how each might benefit from collaborating with the others.

#13: Developing outside resources (to offer technical assistance, advanced training, etc.) for the use of its member organizations is one of the DC Coalition's core functions. The Coalition's members have high praise for its web-based resource manual and suggest its potential as a resource for our collaborative. Member organizations develop their own relationships with outside resources. With the exception being their awareness of the DCRCC, staff of the member organizations is unfamiliar with the members of our collaborative and with developmental disability service providers in general.

III.   STRATEGIC PLAN

Strategic Planning Process

The collaborative's working group processed needs assessment data as we gathered it. On an ongoing basis, we reviewed important themes emerging from our interviews, surveys, and focus groups. After the needs assessment report was finalized, the working group began to brainstorm the "universe of possibilities" with respect to potential implementation activities. We created an extensive list of possible activities, and also gathered feedback from executive directors about activities important to them. Our universe of possibilities ultimately included the following activities and initiatives:

- Sustain our collaborative

- Strengthen the working relationships and networks among our working group partners

- Create and sustain permanent networking opportunities for staffs working across our fields

- Develop the capacity of each of our working group partners (staff) to offer peer support groups/peer training in collaboration with self-advocates/self-advocacy groups

- Initiate drop-in services for survivors with cognitive/developmental disabilities or mental health issues

- Find ways to make our existing hotlines more accessible to women with disabilities

- Create an ombudswoman position to intervene when a survivor with disabilities cannot access the services she needs

- Create women only spaces at co-ed service providers

- Develop and disseminate best practice model policies and procedures and companion training

- Develop staff awareness/policies and procedures re the importance of "women-only"/safe spaces

- Clarify policies and practices on confidentiality/privacy

- Develop a model policy and template to assure safety planning for women across our partnership

- Think/recruit more broadly to promote staff diversity

- Explore the implementation of policies that preclude assigning male staff as the primary support for women

- Consider the benefits of a non-compete protocol to strengthen our collaborative working relationships and encourage cross-referrals

- Involve/build the capacity of self-advocacy groups to organize/offer/collaborate in offering survivor supports for women

- Assist Project ACTION and the Roc in recruiting more women of all ages to participate

- Build the capacity to offer generic "support groups" as a tool for identifying survivors with disabilities

- Expand women's knowledge of sexual abuse and domestic violence

- In support groups and mini-conferences, use training approaches appropriate to women's learning needs/styles

- Expand support for staff involved in offering survivor supports

- Build staff capacity, cross-preparation through an ongoing "Creating Safety" training and support series

- Develop special-focus capacity building on domestic violence for staff working in developmental disability-related organizations

- Disseminate among our partners more information about the use of outside cross-field resources

- Broaden our partners' external collaborative relationships

- Explore costs of developing a website for the collaborative and/or building on the DC Coalition's web-based resource list

- Pursue outside funding opportunities to implement accessibility plans

We pared this list down with technical assistance from Vera Institute of Justice associates. Through a series of phone calls and a two-day retreat, we arrived at five implementation initiatives. All working group members and executive directors from our organizations participated in the retreat. We selected these initiatives because they advance long-term systemic change and address the concerns identified within our needs assessment. We believe these activities are consistent with our collaborative's mission and vision. We also selected these activities based on how well they fit with our grant parameters and how feasible they are to achieve with grant resources. Finally, we prioritized concerns that survivors and women with disabilities expressed in our focus groups and interviews. Our five initiatives are as follows:

1.0 Confidentiality Principles: Build a shared understanding of best practices in confidentiality across our disciplines and practice settings.

2.0 Collaboration Growth and Sustainability: Improve information sharing and build lasting partnerships across our organizations.

3.0 Staff Knowledge and Preparation: Expand staff knowledge and skills in supporting survivors with disabilities.

4.0 Women's Support and Leadership: Create opportunities for mutual support and leadership development among women with disabilities

5.0 Policies and Procedures: Improve organizational policies and practices related to identification of survivors with disabilities and accommodations.

We describe each of these initiatives in greater detail in the following sections. The appendix to this document details the work plan for each initiative. We believe this specific collection of initiatives will foster sustainable systems change because results will transcend individual staff members and the life of our OVW grant. The changes we seek will permeate the operating cultures of each of our organizations, thereby expanding access and improving service quality for survivors with disabilities.

> ### Initiative 1.0:Confidentiality Principles
>
> **Build a shared understanding of best practices in confidentiality across our disciplines and practice settings.**

When the DC collaborative drafted our collaboration charter, confidentiality emerged as one of our most important values across our divergent practice settings. Together, we defined confidentiality as follows: *Each survivor has the right to decide who knows her story*. We did not struggle to achieve this definition, and we felt unified in our shared understanding about what confidentiality means.

This shared understanding, however, was short-lived. As soon as the collaborative had to put our value into practice, through our needs assessment activities, our philosophical differences emerged. Moreover, we realized there were tremendous gaps in our knowledge about local laws and regulations that govern the practice of confidentiality with survivors and women with disabilities. We struggled to understand mandatory reporting requirements, guardianship laws, the criteria for classification as a "vulnerable adult," and power of attorney issues. We also struggled to understand the intersection of local regulations, professional codes of ethics, and organizational policies. We suspected that for some of us, there was a gap between how we practice mandatory reporting and what the law requires. Our organizational policies tend to err on the side of over-reporting, which is not consistent with our collaborative's values.

Key Activities

Consequently, our first initiative will focus on learning what District of Columbia law requires with respect to mandatory reporting, guardianship, and adult protective services. We will recruit local leaders who have expertise in the regulations that govern each of our four primary service/population groups: domestic violence, sexual assault/rape, mental health, and developmental disabilities. Specifically, each organization will assume responsibility for identifying a local expert on the regulations relevant to its work. These experts could be internal staff of our organizations, or known experts who work for agencies external to our collaborative. For example, the Quality Trust could arrange a presentation from its Legal Director who understands all DC regulations relevant to people with developmental disabilities. These experts will explain to the working group members what the local laws and regulations actually require

and help us identify gray areas in the law that are open to interpretation. We plan to compile all of the local laws and regulations into one master document that our staff can reference.

Each organization will also bring forward its own policies and procedures that pertain to confidentiality, including mandatory reporting and guardianship policies. As a working group, we will discuss any incongruity we identify between local law and organizational policies/practices. We do not believe it is realistic to create a "one size fits all" master policy that will work in each of our organizations. Instead, we will create a set of guiding principles that we each commit to integrating into our relevant policies and practices. Each organization can use these principles to examine its own practices and determine to what extent they maximize confidentiality. Our goal is to gain OVW approval for the guiding principles and secure a commitment from organizational leadership to changing policies as necessary within our implementation period.

Initiative 1.0 Work Group

For the confidentiality initiative, the entire collaborative working group will all participate. We have decided to engage the entire working group because we believe this initiative is foundational and has potential consequences for the remainder of our initiatives. Every working group for the other initiatives will have members that understand confidentiality, mandatory reporting, and guardianship regulations. We will include agency executive directors as appropriate. We will also invite experts on specific topics to present, either from within our own organizations or from external organizations. The Project Director and Principal Investigator will draft the final product and disseminate the guiding principles to which we all commit.

Systems Change & Sustainability

There are three ultimate results from this initiative: 1) increased knowledge of local laws and regulations; 2) A document that aggregates all existing local laws related to mandatory reporting and confidentiality; and 3) guiding principles for confidentiality practice that we can use to consider our own organizational policies. This initiative is first in our sequence because findings from it will influence all other initiatives, especially our policies and procedures initiative. We will forward all findings from this initiative to the work group focused on organizational policies and procedures. Respect for confidentiality should influence practice at every level of each organization.

One of the chief concerns we heard from women in our focus groups was that their staff did not respect their privacy and/or confidentiality. They expressed that staff members were too much "in their business," and this perceived intrusiveness does not build trust. This initiative responds to their expressed concerns. Our approach will promote systems change because we are creating principles that will guide practice across all of our settings. The work product will influence our permanent practices and become ingrained in our operating cultures. The results have reach beyond the individuals in our working group. Our organizations can sustain these changes

beyond the life of this grant because they are not tied to a specific revenue source or set of staff members. Our detailed work plan for this initiative is included in Appendix A.

Initiative 2.0: Collaboration Growth and Sustainability

Improve information sharing and build lasting partnerships across our organizations

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Our staff members clearly expressed that they need better access to external partners to provide consistently high quality services to survivors. They want to learn about other agencies for referral purposes. They are especially interested in "face time" with staff from other agencies because they find online and hard copy resource manuals insufficient. These resource manuals are often out of date and are therefore not helpful.

In addition, some survivors and women with disabilities expressed feelings of "referral burn-out" in focus groups. Too often, they are referred to the incorrect contact person within an agency or to a program that no longer operates. These fruitless pursuits are frustrating. Consequently, our collaboration plans to create stronger linkages and resources within our agencies so direct support staff can make efficient connections. We will also build formal memoranda of understanding documenting our ongoing commitment to partnership.

Key Activities

We will formalize our commitments through this initiative in the form of MOUs. Within these documents, we will explore the possibility of creating non-compete clauses. We will also commit to supporting one another's applications for funding and collaborating on grants and contracts when appropriate. We will also research existing events, trainings, and activities to which we can invite one another's staff. Each organization will commit to inviting select staff from other agencies to their internal events and trainings at least once in the next six months. In this manner, we will leverage existing opportunities for collaboration, rather than creating new structures with short-term grant funds.

We also plan to establish new electronic communication mechanisms before the end of our grant period. A work group will research affordable options for electronic information sharing. We will primarily explore methods that do not require ongoing funding to sustain. For example, we could each become members of the DC Coalition and gain access to their website. This recently revamped site includes spaces where users can post information and also a regularly updated resource manual. The work group will also research the use of yahoo groups and other list serves as an information sharing technique. We will select at least one method for electronic information sharing before the end of our grant's implementation period. We anticipate that we will use this electronic medium to share funding opportunities, new research relevant to our work, training opportunities, case studies, and events.

Finally, we will also create a liaison system within our agencies. Each organization will designate two liaisons that are available to receive referrals from any partner agency. Their purpose is to share information and referrals across our organizations more efficiently. The liaisons will build relationships with one another and receive trainings in disciplines different than their own. For example, the liaison from Quality Trust would receive volunteer training through the DC Coalition. The collaborative will host an initial liaison launch event in which the liaisons get to know one another and receive orientation to the Project Peer training. After the initial launch, the liaisons will communicate with one another regularly through email and monthly conference calls. They will have in-person meetings or trainings on a bi-monthly basis. We will document details about the new liaison system within our MOUs. With the liaison system in place, staff members will have relationships when they refer for services. Our clients will reach someone the first time who can help.

Work Group

A representative from Anchor Mental Health and the Quality Trust will co-lead the collaboration work group. This group will also include representatives from each of our partner organizations. The work group will thus be cross-disciplinary and will have representation from each organization within our collaboration.

Systems Change & Sustainability

The results from this initiative include the following: 1) Memoranda of Understanding that document our specific long-term commitments to partner; 2) Electronic medium for information sharing; and 3) Liaison system for information sharing. These results contribute to systems change because they expand staff members' access to one another and thereby reduce "referral burn-out." These changes are sustainable because they do not require ongoing project funding and leverage our existing resources.

Initiative 3.0: Staff Knowledge and Preparation

Expand staff knowledge and skills in supporting survivors with disabilities

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Across all of our organizations, we heard through the needs assessment that staff are not as prepared as possible to support survivors with disabilities. Even staff who expressed confidence in their skills initially, when probed further, realized that they "don't know what they don't know." Staff from disability agencies demonstrated limited understanding of how domestic violence could impact the women they support. Their responses about how to handle disclosures of abuse tended to focus on reporting requirements and incident management protocols, as opposed to helping survivors heal. Within our anti-violence organizations, staff members also

lacked knowledge about the range of accommodations they could possibly make for survivors with disabilities. Beyond offering 24-hour hotlines, they were not clear how to make their services most accessible to all survivors. Consequently, we are committed to improving staff preparation through training and knowledge development. We believe we can reconfigure how we use some of our existing professional development resources and create new training curricula to close gaps in our professional development offerings.

Key Activities

Before creating anything new, the staff knowledge work group will thoroughly research all training relevant to supporting survivors with disabilities that already exists, both within our own organizations and externally. This group will also review and incorporate findings from the work group focused on confidentiality. We plan to see how we can open our existing training opportunities up to one another. When possible, we will also infuse existing training curricula with content that is relevant to supporting survivors with disabilities. For example, a required introductory training at Kennedy Institute is called "Characteristics and Needs of People with Developmental Disabilities." Our work group could recommend that this course include additional content about how people with disabilities are vulnerable to abuse and violence. Hotline training at DCRCC could include content about how to communicate with a survivor with developmental disabilities. The work group will review each organization's required trainings and make recommendations about how to infuse these trainings with content related to disability and violence/abuse.

We suspect that there are no trainings in any of our settings that focus on the intersection of disability and violence/abuse. We will review curricula from other organizations around the country, and then create or adapt something tailored for our community. We intend to focus on training people who provide direct services to survivors and/or women with disabilities within our practice settings. Based on needs assessment findings, we anticipate the training will need to focus on identification of survivors with disabilities and response to their support and accommodation needs. Before the end of our grant period, we will pilot this training with at least one of our organizations. Upon evaluating feedback from the pilot, we will modify the curricula. Self-advocate feedback will be important to us as we pilot training. We will engage representatives from The Roc and Project ACTION! to offer feedback and advice. After the grant period ends, we will replicate the training across our organizations not included in the pilot.

Work Group

A staff member from the DC Coalition will lead this work group. The group will also include representatives from Kennedy Institute, DCRCC, and Anchor Mental Health. We also plan to involve self-advocates from both The Roc and Project ACTION!.

Systems Change & Sustainability

This initiative will lead to the following results: 1) Increased access to existing training opportunities across our organizations; 2) Revised content in our existing trainings; and 3) New training opportunities that guide staff in how to identify and support survivors with disabilities. These results promote systems change because we are making connections between disability and violence/abuse that do not currently exist in our training content. By opening up our training to one another, we are also creating new opportunities for our staff members to get to know one another and the resources available within our organizations. These results are sustainable because we are incorporating these changes into our existing training and professional development programs. We all have required trainings in our organizations already, so we are leveraging existing infrastructure. We believe this initiative will raise awareness across our organizations about survivors with disabilities and subsequently improve our practice.

Revision inserted with OVW approval, 8/30/1020

Initiative 4.0: Women's Knowledge, Leadership and Support

Engage more women with disabilities in this project's implementation phase and develop two curricula – one for increasing women's knowledge about sexual abuse and domestic violence and the other to help women develop the leadership skills to assist with offering this SA/DV curriculum and developing ways to offer peer support.

From our needs assessment conversations with women with disabilities, we became alarmed by how poorly informed they were about sexual abuse or domestic violence. We were concerned that they had little practical information about how to stop abuse or violence or where to go or to whom to turn, if they needed help. We also recognize that their input is critical to the success of this segment of implementation, however, we have experienced difficulty in keeping female representatives from our two project partners that are self-advocacy groups – Project ACTION! (for adults with developmental disabilities) and The Roc (for adults with mental health issues) – *actively* engaged in Project Peer planning activities.

Throughout the planning phase of Project Peer, the steering committee has discussed strategies for recruiting and keeping women from our self-advocacy partners interested and directly involved in Project Peer with a goal of their sharing leadership roles in our implementation phase. The results of the Needs Assessment suggested that the best approach to additional recruitment and enhanced retention might involve engaging these women by sharing the information they need to (a) sustain healthy relationships, (b) assure their own personal safety, (c) learn where to turn for assistance to recover from experiences of violence and abuse and/or (d) connect more with other women like themselves. The data also suggested that we adapt the content to accommodate the women's specific learning styles and/or low literacy/educational attainment.

4.1 *Key Activities*

The goal of Initiative 4 of our strategic plan is for Project Peer to build the specific SA/DV knowledge of women benefitting from the services of our disability-related project partners and develop their leadership skills, thereby responding to some of the most crucial needs identified in our needs assessment and, hopefully, through this process, also engaging more women in the project's implementation phase, so that they are active agents in the activities that support this initiative and the continuation of the collaboration at the end of the grant.

To achieve this goal and respond to our needs assessment findings, we will guide the development within each self-advocacy group of a subcommittee for women. (These groups already have some female members, but the groups are male dominated, and the women do not meet separately at this point. Hence, the need to establish separate subcommittees.) Each of these subcommittees will have as their primary activity (with assistance) *implementing* two curricula – one to develop women's knowledge of themselves, personal safety, sexuality, SA and DV and the other to foster their leadership skills – and the beginnings of a plan to offer ongoing training and support to other women like themselves. We will do this by completing the following key activities:

- Recruit at least 2 female members from each self advocacy group, who represent the initial core of the women's subcommittees, and at least 2 identified survivors who have benefited from the services of our partner SA and DV providers to join the Women's Knowledge working group and contribute to its decisionmaking and other responsibilities.

- Develop a curriculum focusing on building women's knowledge of personal safety and SA/DV, grounded in increased understanding of self-empowerment; healthy relationships and sexuality with the advice and assistance of these women. We envision one core curriculum with specific adaptations to the learning styles and knowledge base of each of our focal populations.

- Pilot the curriculum after recruiting additional and/or bringing together existing female members of each self-advocacy group for the new women's subcommittees these groups sponsor to serve as the pilot audience for this training;

- Adapt a self-advocacy leadership skill-development curriculum specific to assisting with anti-SA/DV knowledge building and support to train and support interested women from each women's subcommittee who have completed our knowledge development curriculum to take on several different leadership roles related to continuing the training and beginning to develop related support mechanisms, e.g., peer mentors, co-educators.

- Establish the training/associated supports as an ongoing feature (with assistance) of each women's subcommittee.

4.1.1 Recruitment: We are recruiting additional self-advocates to participate in implementation in three stages:

(a) The first will use one-on-one contact to bring into the Women's Knowledge Working Group at least 2 more women with disabilities from each of our self-advocacy group partners plus at least 2 identified survivors (with or without disabilities) who have been supported by our SA and DV partners. These women will participate with other working group members in strategizing, decisionmaking, curriculum development and broader recruitment activities. (They will also report back to women who currently belong to these two groups, as they begin to bring together the women's subcommittees.) Our expanded Working Group will develop the strategies for second stage recruitment.

(b) Second stage recruitment will bring together a small group of additional women with disabilities to meet our goal to pilot our women's knowledge curriculum with 2 distinct groups of 10-12 women each, i.e. one group of women with developmental disabilities and one group of women with mental health issues. These audiences will either be existing members of our 2 self-advocacy partners or women supported by Project Peer partners, who become members of the 2 self-advocacy groups through the recruitment process. The goal is to have them be the audience for the pilot implementation of our knowledge-building curriculum (see 4.1.2 below) and swerve as the pool from which we pick the first peer training and support leadership group, i.e. initially, it is only women who have completed the 8- to 10-week pilot of the women's knowledge development curriculum who will train further as either peer mentors or co- educators.

(c) By the end of the initial implementation year, third stage recruitment will involve each women's subcommittee broadening its reach by recruiting additional members as a potential audience for continuing training after the end of the grant.

Our conversation with representatives of the IL grantee affirmed that recruitment of self-advocates is difficult. It has been their greatest challenge, too; they have fewer women regularly involved in their self-advocacy-oriented activities than they had anticipated. Because their experience mirrors our own, connecting with them confirmed that we need to treat recruitment as a high priority of this implementation initiative and take a careful, thoughtful approach to initiating and sustaining women's involvement in the 2 women's self-advocacy subcommittees that we will be encouraging through this project. (We have recently learned from self-advocacy groups from northern CA and southeastern PA that presented at the 8/2010 "Reinventing Quality Conference" that offering anti-SA/DV women's knowledge development training has itself served as a recruitment and retention tool for their groups. We hope it will have the same benefit for our groups.)

Although reaching a decision on specific strategies for second stage recruitment is the responsibility of the Women's Knowledge Development working group, we anticipate that they

might include but <u>not</u> be limited to:

(a) direct invitation from a member of this working group, QT Advocate or an active female self-advocate;

(b) discussions about the benefits of empowerment training and "sister action, sister strength" relationships in conversations with

- o small groups of women who are recent graduates of JPKI's School and/or participate in its adult education or employment programs or Anchor's trauma or women's groups (i.e. during meetings/discussions at their programs, we will make them aware of our project and our plans to support a women's subcommittees for each self-advocacy groups),

- o use of carefully-designed social events geared specifically to women who use the services of our disability provider partners and

- o additional follow-up with women whom we have approached in the past to gauge their interest in the project now that we have some concrete ways for them to get involved.

We anticipate that we will begin to conduct second stage recruitment activities as soon as we submit our draft women's knowledge curriculum to OVW for approval so that our pilot audience is ready for training as soon as our curriculum is approved.

The women whom we recruit to participate in subsequent peer mentor/educator training will meet the following criteria: They will have (a) completed the pilot knowledge development training; (b) demonstrated some competency, skills and willingness to assume more responsibility in the group and (c) been recommended by either a staff person, trainer or support person as a candidate to serve as peer mentor, peer educator or co-facilitator.

4.1.2 Curriculum Development:

4.1.2.1 Self-Awareness, Knowledge of Healthy Sexuality and SA/DV: We do not anticipate having to develop a curriculum from scratch. Instead, the members of this working group will review, select and adapt what we believe to be the best components from the anti-SA/DV, personal development and healthy sexuality materials currently available, especially curricula already designed for women with our focal disabilities. We anticipate developing a maximum 10-15 modules with adaptations for each of our focal populations and piloting 8-10 of them with each women's subcommittee over an 8- to 10-week period.

We will design the segments of the modules dealing with health sexuality and SA/DV for sequential use to increase gradually the portion of the focus on SA/DV from the first session through the last. We will mix this material with content on building women's self-awareness, understanding healthy relationships, etc. For example, we might adapt portions of the contents of the first section of Maxine Harris's book, *Trauma Recovery and Empowerment* (1998), which

includes topics such as, "What it means to be a woman", "What do you know and how do you feel about your body?", "Physical boundaries," "Self-Esteem", and/or sections of DCRCC's "Sister Action Sister Strength" curriculum[2] (based on the Circles of Courage described in *Reclaiming Youth at Risk: Our Hope for the Future* (2002 [1990]), such as "Femininity and Womanhood", "Gender Stereotypes and Sexism", "Friendship Relationships", "Sexuality/Reproductive Health".

In addition to the Harris text and SASS curriculum, cited above, and a DVD developed by the IL project, entitled *No! How!!!* (2003), our curricula review will include, but <u>not</u> be limited to, the following:

- Alaska Network on Domestic Violence and Sexual Assault (Bland et al.) *Model Protocol for Working with Women Impacted by DVSA and Substance Abuse* (2004).

- Anderson's *Doing What Comes Naturally? Dispelling Myths and Fallacies about Sexuality and People with Developmental Disabilities* (2000)[3]

- Bland's *Getting Safe and Sober: Real Tools You Can Use* (rev. 2008 [2005]) and *Strategies for Improving Women's Safety and Sobriety* (1997)

- Champagne & Walker-Hierch's *Circles* curricula (no date, http://www.stanfield.com/circles-main.html)

- Far Northern Regional Center's *Drama Extraordinaire: Just Say Know* (2004).

- Hingsburger's *The Ring of Safety: Teaching people with disabilities to be their own first-line of defense* (1999 [1994])

- Hingsburger's *Just Say Know! Understanding and Reducing the Risk of Sexual Victimization* (1995)

- Laesch & Paceley's *WE CAN Stop Abuse* (Peer Training Manual, 2003)

- Laesch & Paceley's *WE CAN Stop Abuse: A Sexual Abuse Prevention Curriculum for People with Developmental Disabilities* (2004)

- Maurer's *Talking Sex! Practical Approaches and Strategies for Working with People who have Developmental Disabilities When the Topic is Sex* (1999)

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[2] We believe that portions of DCRCC's existing SASS curriculum, although designed for a high school audience, can be adapted to our purposes because so few of the women we spoke with during our needs assessment had a real understanding of violence, personal safety and the sorts of supports they might offer each other rather than being dependent on professional guidance.

[3] This text and several of the others on this list were recommendations of the IL project or were recommended in books they suggested.

- Pacely's *My Body ... My Choice* (2004)

- Program Development Associates' *All of Us Talking Together: Sex Education for People with Developmental Disabilities* (1999)

- Rohrer Institute's *No More Victims: Manual for Families/Friends* and/or *Manual for Counselors/Social Workers* (1992)

- SafePlace Disability Service's *Stop the Violence, Break the Silence* training guide and resource kit and *ASAP (A Safety Awareness Program)*

- Saxton's *Curriculum on Abuse Prevention and Empowerment (CAPE)* (2009)

- Saxton's (ed.) Sticks and Stones: Disabled People's Stories of Abuse, Defiance and Resilience (2009)

- WSCADV's *Enough and Yet Not Enough: An Educational Resource Manual on Domestic Violence Advocacy for Persons with Disabilities* in *Washington State* (2001).

The working group will search the literature for additional content outlines appropriate for our self-advocate audiences. We are open to and focused on adapting the best ingredients of whatever options exist. We are also aware of the importance of using multiple instructional strategies to make the sessions both informative and fun, so that the women will want to return from one session to the next.

For the pilot phase, and based on recommendations from the IL peer training manual, we will offer the first 8-10 modules of the curriculum for each of our women's subcommittees using non-disabled facilitators and support people, who are prepared to assist women for whom the training triggers disclosure – a staffing and intervention model similar to that used in our needs assessment focus groups. (We have learned from self-advocacy groups in PA and CA that training invariably elicits disclosure, because knowledge development clarifies for women that they have experienced violence or abuse.) To promote safety proactively, our support people will be responsible for intervening should a participant experience discomfort, become distressed or otherwise feel unsafe or indicate that she or someone she knows is in imminent danger. When this happens, as in our needs assessment plan, the support person will move with the person in distress to a more private space to assist with resolving whatever issues have arisen, explain the risks of disclosure and discuss the level of disclosure the person chooses to make based on who is in the room on that given day. If at any time the support person learns that someone is under immediate threat from a perpetrator or requires survivor supports, she will offer to assist in connecting her with an appropriate anti-DV/SA resource. As with staffing of our needs assessment focus groups, we do not intend to use as facilitators or support people any project staff members who are mandatory reporters. If, by chance, for a special topic a presenter were to be a mandatory reporter, and there were the possibility of a disclosure, the support person or

facilitator would remind the woman preparing to tell her story that there was a mandatory reporter in the room. (Note: For the initial pilot, we will use only non-disabled facilitators/presenters and support people who have completed our project's introductory cross-training [offered for focus group volunteers in spring 2009 and implementation working group volunteers and self-advocates in summer 2010], as well as training in people first language and plain language and a trust building workshop.)

Each of our modules/sessions, as with interviews and focus groups in our needs assessment process, will begin with a brief statement about confidentiality that the working group will develop for OVW approval. They will each end with a brief closing ritual that allows the women to de-brief among themselves in an effort to strengthen their "sister support", which we believe in turn will make women feel safer. Following that formal closing, the PI will conduct a brief focus group with the women in attendance to evaluate the session. These evaluations will assist us in refining our content and design.

As a result of piloting and evaluating our women's knowledge curriculum and modifying its content and approach based on feedback gained through ongoing evaluation, one product of this phase of the project will be our curriculum, which will provide women with a solid base of knowledge about the issues involved in their understanding healthy relationships and sexuality, as well as how to keep themselves safe, which includes knowing where to turn for help or support if they have experienced or fear they are in situations through which they might experience DV or SA – all within a context of exploring self-awareness and personal strengths and fostering women's interpersonal connections. The final product will include implementation guides for women with developmental disabilities and/or mental health issues.

4.1.2.2 Women's Leadership Skills: To help more women become invested in the project and its continuation we will adapt the model Laesch & Paceley present in the *WE CAN Stop Abuse* Peer Training Manual (2003), which creates several different ways for women who have completed knowledge development training to engage in the project's leadership and content. Each available leadership role might appeal to a different range of interests and personal strengths (see also 4.1.3 below).

After submitting the knowledge development curriculum to OVW for approval, the working group will split its responsibilities. Some of its members will engage in activities designed to recruit an audience for the pilot training, while the remainder turn to adapting the above-referenced IL peer training curriculum for our audiences. We expect to use most of the curriculum's content and adapt primarily *how we apply* it because the arts focus of the original does not seem appropriate for our context (i.e. for how our self-advocacy groups now operate). The goal for the peer training curriculum is to focus on developing the project-related leadership skills of women whose interest in assuming these roles surfaces while they are participating in the knowledge-building curriculum. They will learn/review how to (a) encourage women to speak up for their own interests, represent others like themselves who share the same concerns

and sensitize staff to their safety concerns and (b) assume the several roles – peer mentors, co-educators and potential co-facilitators or co-coordinators – that we believe will engage them in sustaining these activities at the end of the grant (see also 4.1.3 below).

As with the knowledge development pilot training, after each module of the peer training the PI will conduct a brief focus group with the women to evaluate the session. These evaluations will assist us in refining our content and design.

4.1.3 Leadership Roles: From discussions prompted by our consultation with the IL grantee and the materials they made available in follow up – and our own growing understanding of the time commitment our training plans will require and our interest in long-term sustainability – we have come to realize that it will take *multiple* non-disabled facilitators/trainers to share in conducting this training. Our original plan to offer a co-facilitator or co-coordinator role for a few women from the self-advocacy groups would not have given enough women "ownership" of the project to sustain it at the end of the grant. To address this shortcoming, we are envisioning using the curriculum discussed above (at 4.1.2.2) to train women who express an interest in the following roles:

- *Peer mentors* will serve as support people, assisting peers during subsequent training and, also, perhaps, as a support network (their suggestions for the latter include being available by phone if someone needs assistance or resource information outside the training) or in leadership roles in subsequent activities, such as support groups, that they will design (with assistance). Peer mentors will always be women who have completed our women's knowledge development curriculum successfully.

- *Peer educators* will share the instructional role with non-disabled facilitators as the women's subcommittees continue to sponsor training in our knowledge development curriculum in the future. They envision that once trained and with practice, peer educators will also have the opportunity to assist with training offered through this project's Staff Knowledge initiative. We have been reassured by reports from self-advocacy groups from both CA and PA that women enjoy repeating and do continue to benefit from attending a full knowledge development training cycle more than once. Peer educators will always be women who have completed our women's knowledge development curriculum successfully.

- *Co-facilitators or coordinators* will assume a greater role in presenting support group material than peer educators, e.g., assisting with every training module, sharing some coordination responsibilities re scheduling and publicizing the sessions, making reminder phone calls to participants, etc. We anticipate that people interested in serving as peer facilitators will arise over time from the initial group of women trained as peer mentors or educators, either because they will volunteer for the increased responsibilities or because we will recruit them based on their contributions and availability. Co-facilitators/coordinators will always be women who have (a) completed the women's knowledge development

curriculum successfully and (b) already trained and served as peer mentors/educators.

As a result of piloting and refining our peer training, we will have a cadre of trained self-advocates ready to assume control (with assistance) of their own knowledge-building and support activities. In lieu of developing our own peer training manual, we anticipate sharing our adaptations and the feedback we gather with Laesch & Paceley.

We believe that successfully establishing a core group of trained leaders in each of our women's subcommittee's/self-advocacy groups will help build among women self-advocates the pride and self esteem that come from what Laesch & Paceley refer to as opportunities "… to help others, which are rare but meaningful … for many people with … disabilities" (2003:2).

4.1.4 Sustainability: Based on our needs assessment findings, which gave us insight into the disparities among women's varying degrees of self knowledge and likely experiences of abuse, our group has decided to organize and offer our women's knowledge development training separately for each of our two self-advocacy partners.

From our own and the IL project's shared experiences, we have set the following initial guidelines for these groups and their operation:

- We will hold group sessions on weekdays and in locations either where the women already gather for part of the day or that are convenient for most of them via public transportation in an attempt to reduce our involvement in transportation issues.

- Early recruits will help us select subcommittee names that are "cool" rather than a signal for therapy.

- We will always be mindful that facilitators use accessible rather than professional language.

- From the outset and at each session, we will address women's trust and confidentiality concerns directly and often to assure them that these are *their* groups and nothing that they share will make its way back to their support staff or the organizations that provide their support services, unless they decide that this is what they want to have happen. (As noted at 4.1.2.1, we will not to staff the pilot training with women who are mandatory reporters, and we will begin every session by reading a confidentiality statement that this working group will develop for OVW approval.)

- Each group session will focus on developing the women's relationships among themselves – to strengthen their "sister support".

- Once they have completed their training, each subsequent training and or support activity will be "staffed" by peer mentors, serving as support people, and peer co-educators, who will assist with presenting the portions of content in which they are most interested.

We anticipate that the women's subcommittee will continue their recruitment and training activities and their own conversations (facilitated) around how to build a support network among themselves.

Each of our women's subcommittees will select representatives to attend meetings of their "parent" self-advocacy groups to report in a generic way on their group activities, e.g., how many women have trained as peer mentors or peer educators, how many training sessions have been held, etc. We are mindful of the confidentiality issues inherent in reporting to the larger groups, yet we believe there is benefit to the "parent" self-advocacy partners continuing to know enough about these groups to maintain their connection.

4.2 *Work Group*

The leader of this group, Melinda Coles, is a DCRCC employee because this organization has experience facilitating supportive group training to develop self-awareness and the knowledge women have about abuse, violence and healing. Representatives from all our project partners, including at least 4 self-advocates and 2 identified survivors, who benefit from the services of our anti-DV/SA providers, will participate in the group's twice-monthly meetings.

As noted in 4.1.3 above, we now realize that we will need to involve multiple non-disabled trainers in facilitating these groups. We have yet to decide how many. We agree with the IL grantee's advice that we do not want these sessions to turn into "typical" therapy or trauma groups. The working group will ensure that facilitators are well prepared for their roles (see 4.1.2.1, above). This is an opportunity for members of our Steering Committee and implementation working groups to become more deeply involved in the project's sustainability.

4.3 *Systems Change & Sustainability*

This initiative promotes systems change because it builds on findings of our needs assessment about women's lack of self-awareness and knowledge about SA/DV. It creates a new structure to support these activities and the women active in them, who are among the populations most vulnerable to violence against women. To achieve this goal, it focuses on engaging women in this working group, helps develop their relevant knowledge and assists them to become leaders in peer knowledge development, as it initiates 2 different training curricula to help a larger group of women with our project's focal disabilities to acquire the knowledge they need to seek support to recover from previous experiences of violence, understand how to keep themselves safe in the future, and reach out to other women like themselves to mentor and support each other. Women with disabilities expressed to us repeatedly how important trust is to them, and many reported they struggle to trust their staff all the time. Leadership development and assistance to prepare peers to offer this training provide an important outlet for women to build trusting relationships among themselves and influence how staff views them as women. Especially for women who live in supervised settings and do not have close ties with family, this initiative will bolster their natural support networks. We believe increasing natural supports means increased safety.

Women with disabilities who have relationships only with paid staff are more vulnerable to violence, abuse, and exploitation.

This initiative is sustainable because the women we train and the curriculum modules we develop will add permanent resources to our partner self-advocacy groups. By integrating these activities into existing self-advocacy activities and/or partner services, they will not require significant funding to sustain. We will also disseminate our knowledge building curriculum and strategies to other providers, thereby extending the reach and benefit of this initiative.

Initiative 5.0: Policies and Procedures

Improve organizational policies and practices related to identification of survivors with disabilities and accommodations

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We learned through our needs assessment that none of our organizations has policies that would help identify survivors and create accommodations to meet their support needs. In the disability agencies, policies tend to focus solely on reporting abuse to authorities, as opposed to responding to the person. The policies, procedures and related training for incident reporting and management in our disability-related agencies are not equivalent to guidance on effective ways to identify, respond to and support survivors. The use of comprehensive intake forms and procedures meant to help identify survivors' disability-related needs does not mean that our partner organizations *are* identifying survivors and/or their disability-related needs, addressing accessibility issues or making effective accommodations for them. None of our disability-related organizations has policies to guide them in how to assist survivors, when appropriate, to take advantage of the legal rights and protections associated with domestic violence. None of this means that staff is not responding, supporting, making accommodations. Instead, it indicates that supports for survivors with disabilities are more informal than formal across our organizations; they are wholly dependent on the good intentions, initiative, sensitivity and skill of individual staff members. This procedural informality also opened the door for us to find that there are male staff members in our organizations, who have women in their "caseloads" who indicate indirectly that they are less then open to encountering, let alone proactively identifying, the possibility that any of the women whom they support might experience either sexual abuse or domestic violence. Consequently, we believe we all need to make significant changes to the organizational policies that guide our practice.

Key Activities

This initiative will begin with a thorough review of needs assessment findings and Initiative #1 findings (i.e., confidentiality initiative). The work group will then review each organization's policies related to identification and accommodations. Relevant policies include intake policy and accompanying forms, referral, training, incident management, and general abuse/neglect

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policies. We will also review best practices, both locally and nationally, related to identification and accommodations. The team will seek guidance from the Vera Institute and other experts.

We understand that every organization is unique, and we cannot create specific policies that work for everyone. Instead, we will create "guiding principles" that can be adapted in each of our practice settings. These principles will relate to identification, access, response, accommodations, and referrals. Members of the work group will each be responsible for getting feedback and guidance from front line staff on the principles. We believe the policy changes are more likely to lead to practice changes if there is buy-in among direct service staff. Once our principles are approved by OVW, we will seek approval and commitment from leaders in each of our agencies. We will each commit to adopting the guiding principles and changing our organizational policies so they are consistent with the principles. We will document this commitment in writing. The implementation of these guiding principles will occur after this grant period concludes.

Work Group

The Project Director, who represents Kennedy Institute, will lead this initiative. The work group will also include representation from the DC Coalition, Anchor Mental Health, DCRCC, and the Quality Trust.

Systems Change & Sustainability

We believe the process of considering and revising our policies will lead to permanent changes in how we practice. These policies and practice changes are sustainable even as leadership in our organizations changes. The guiding principles we commit to will also be relevant to other providers who work in the intersection of disability and violence. Consequently, this initiative promotes long-term, sustainable changes to the experiences survivors with disabilities have when they seek support.

IV. LONG-TERM PLANS

Our needs assessment process taught us a great deal about our strengths and challenges as service providers. There are a significant number of possibilities for improvements that are not feasible for us to pursue during implementation. We intend to pursue these opportunities beyond the life of this grant to sustain our collaboration and continuously improve our work. Some of our key long-term priorities include the following:

- **Expand the city's capacity across our fields:** Rely on our shared values and commitment to collaborate across our fields to try to expand the city's capacity to meet the needs of survivors with mental health issues or cognitive/developmental disabilities. Some specific capacity building activities we believe are important include the following: (1) Explore ways to expand accessible, safe, emergency housing. (2) Develop strategies to raise the priority of

survivors and their support at the Department of Mental Health and the Department on Disabilities Services (3) Address the need (for funding) for more staff prepared to provide long-term therapeutic supports for survivors at the intersection of our fields.

- **Implement a media campaign:** Explore the range of free/inexpensive resources (e.g., DC Cable, radio PSAs for ongoing use, PR firm *pro bono*, etc.) to organize a public education campaign around the intersection of domestic violence/sexual abuse and mental health and cognitive/developmental disabilities to heighten community awareness of the issues and the organizations involved in our collaborative.

- **Conduct accessibility audits:** Conduct supportive accessibility audits across the working group and the members of the DC Coalition – to review policies, procedures, practices, as well as physical access, and the impact they have on survivors with disabilities. As part of the project's evaluation, conduct "spot" audits (e.g., using staff "plants" from other partner organizations) within our partners to check on how well our staff respond in response to a survivor, a survivor with mental health issues or a survivor with cognitive/developmental disabilities. We need to explore whether existing tools assess how trauma-informed our disability cultures are formats multiple times.

- **Develop and disseminate "Know your rights" brochures:** Adapt the format of existing "Know your rights" brochures to add the disability angle to DV rights/services descriptions.

- **Reach out to offer survivor supports to men:** Expand domestic violence and sexual assault services to support male survivors with mental health issues or cognitive/developmental disabilities.

- **Increase the DC Coalition's capacity:**

  o Make sure that core disability service provider agencies have a good understanding of domestic violence. Offer training to increase their knowledge.

  o Cross train with mental health and developmental disability service providers. Make it part of the Coalition's outreach to smaller community providers, and faith communities.

  o Organize support groups for domestic violence advocates.

  o Work with the DC Office of Human Rights on language access, interpretation, vision supports, and an access language line.

  o Create a shared library that all organizations can access that builds on the Coalition's existing resource directory.

The leadership of our collaborative partners has voiced a keen interest in the positive changes

that can accrue to their organizations and our Collaborative as a system through this project. We plan to develop and sustain among ourselves a seamless system of supports for survivors with either developmental disabilities or mental health issues living in the District of Columbia. This system will extend beyond our grant period because our implementation activities will fundamentally change our operating cultures.

V.   CONCLUSION

At the conclusion of our planning phase together, Project Peer member organizations grew to appreciate OVW's statement at orientation: "*Process is product.*" We are excited to move into implementation and launch the initiatives described within this document. We also appreciate greatly the product we already gained through our planning process: self-knowledge. We applied for this grant program initially with a sense of humility about the quality of our services for survivors and open minds about ways to improve. The collaboration charter process offered us exposure to each other's movements and built a shared commitment to women whose life experiences create a demand for collaboration among our disciplines. The needs assessment gave us a unique opportunity to hear from many voices about what is working and how we can do better. Grounded in what we heard through needs assessment, our implementation initiatives include the following:

- ✓ Confidentiality Principles: Build a shared understanding of best practices in confidentiality across our disciplines and practice settings.

- ✓ Collaboration Growth and Sustainability: Improve information sharing and build lasting partnerships across our organizations.

- ✓ Staff Knowledge and Preparation: Expand staff knowledge and skills in supporting survivors with disabilities.

- ✓ Women's Support and Leadership: Create opportunities for mutual support and leadership development among women with disabilities

- ✓ Policies and Procedures: Improve organizational policies and practices related to identification of survivors with disabilities and accommodations.

We enter our implementation phase with a solid foundation of mutual respect, commitment, and new knowledge. As a result of this project and our proposed implementation activities, we believe more survivors will find their way to our doors. When they come through our doors now, we will be more responsive and consistently effective in supporting their healing process.

APPENDIX A

<table>
<tr><td colspan="3" align="center">**Project Peer Strategic Plan Timeline**

Washington, DC</td></tr>
<tr><td colspan="3">**INITIATIVE #1.0: CONFIDENTIALITY PRINCIPLES**

Build a shared understanding of best practices in confidentiality across our disciplines and practice settings.</td></tr>
<tr>
<td>**Activity 1A** Educate ourselves our local regulations, interpretations of these regulations, and gaps between local policies and our practice.</td>
<td align="center">**Timeline (Months)**</td>
<td align="center">**Initiative**

Products</td>
</tr>
<tr>
<td>1. Research existing laws and regulations regarding mandatory reporting, confidentiality, and guardianship for survivors with disabilities within our local regulatory agencies.</td>
<td>X</td>
<td rowspan="3">Document that aggregates all existing local laws related to mandatory reporting and confidentiality.</td>
</tr>
<tr>
<td>2. Research our professional responsibilities with respect to confidentiality within our respective codes of ethics (e.g., social work, counseling).</td>
<td>X</td>
</tr>
<tr>
<td>3. Agency leaders/experts present to the collaboration on confidentiality, mandatory reporting, and guardianship laws/regulations within our respective practice settings.</td>
<td>X   X</td>
</tr>
<tr>
<td>4. Review each organization's current policies regarding mandatory reporting, confidentiality, and guardianship, as appropriate, to understand how we interpret regulations in our practice settings.</td>
<td>X   X</td>
<td>Guiding principles for</td>
</tr>
</table>

Activity	Timeline (Months)										Initiative Products
5. Discuss conflicts regarding confidentiality policies and practices across our organizations.	X										best practice in confidentiality.
6. Build consensus about best practices in confidentiality across our practice settings.	X										
7. Create document that aggregates all relevant local laws and regulations.	X										
8. Create guiding principles for best practices in confidentiality.	X										
9. Request OVW approval for guiding principles.	X										
10. Disseminate guiding principles to stakeholders across our organizations.		X									
11. Share initiative products with Policies and Procedures work group so they can integrate into their initiative.		X									

INITIATIVE #2: COLLABORATION GROWTH & SUSTAINABILITY

Improve information sharing and build lasting partnerships across our organizations.

Activity 2A Build relationships across our practice settings.	Timeline (Months)										Initiative Products
1. Identify events each group regularly schedules that can include other agency staff.	X										Memoranda of Understanding that

Task											Notes
2. Create a process to invite others to attend events.	X	X									document nature of our long-term partnership
3. Create an information sharing mechanism for the liaisons to communicate with one another.		X	X								
4. Create a Memorandum of Understanding outlining how the groups work together.	X										
Activity 2B Share information on issues and themes related to the project, and on resources, opportunities, and other communications with each partner group.	X	X	X	X	X	X	X	X	X	X	Electronic medium for information sharing
1. Identify or create a mechanism to regularly communicate pertinent information to partner groups.			X								
2. Create a contact directory for each group's participating staff on the project and update as necessary, including eligibility criteria.		X	X								Cross-referral system with designated liaisons at each organization
3. Explore electronic online resource medium to house information related to the project for all partner groups to access.			X								
Activity 2C Support the designation of 1-2 liaisons at each partner agency to serve as a direct contact for referrals and inquiries to ensure continuity and clarity of Project Peer goals.				X	X	X	X	X	X	X	
1. Designate one or more staff members from each project group to be designated as an additional resource and direct point of contact for the project.				X	X						

Activity											Initiative Products
2. Host a meeting for the agency liaison to meet one another and be fully informed of the project and its activities.					X						
3. Invite the liaisons to participate in cross-training of other disciplines.								X	X	X	
4. Ensure that liaisons are included and invited to partner groups' events and activities.				X	X	X	X	X	X	X	
5. Establish ongoing communication mechanism among agency liaisons.				X	X	X	X	X	X	X	

Initiative #3: STAFF KNOWLEDGE DEVELOPMENT

Expand staff knowledge and skills in supporting survivors with disabilities.

Activity 3A: Develop and evaluate training regarding the intersection of disability and violence.	Timeline (Months)										Initiative Products
1. Convene work groups with representatives from all participating organizations and bring up to date.	X										Staff training curriculum that increases knowledge about the intersection of disability and violence/abuse.
2. Determine training needs and requirements, informed by the needs assessment findings, confidentiality policy initiative, and policy initiative.	X	X									
3. Research existing training resources from participating organizations, other community service providers, and national organizations.		X	X								

Objectives/Activities	Ju	Jl	Au	S	O	N	D	Ja	F	M	Ap	My	Ju	Jl
4. Select curricula and/or training components adaptable to our needs.		X												
5. Select focal audience for training.		X												
6. Create outline of training and evaluation.			X	X	X									
7. Gather feedback from working group members, organizational leadership, and self-advocates.				X	X									
8. Request OVW approval for training.					X	X								
9. Pilot training with representatives from working group organizations and self-advocates.						X								
10. Review evaluation feedback on training and modify curricula accordingly.							X	X						

INITIATIVE #4: WOMEN'S KNOWLEDGE, LEADERSHIP & SUPPORT (revision, approved by OVW 8/30/10)

Engage more women with disabilities in this project's implementation phase and develop two curricula – one for increasing women's knowledge about sexual abuse and domestic violence and the other to help women develop the leadership skills to assist with offering this SA/DV curriculum and developing ways to offer peer support.

Objectives/Activities Timeline (Months) →	Ju	Jl	Au	S	O	N	D	Ja	F	M	Ap	My	Ju	Jl
Convene work group.	X													
Revisit and revise initiative timeline and draft narrative.		X												
4.1.1 To recruit additional women into the project in 2 phases.														
Recruit and begin supporting at least 4 self-advocates and 2 identified survivors (1 each for SA and DV) to be active participants in the work group.	X	X	X											
Set staffing structure for training and peer support components of initiative.		X												

Activity														
Discuss, set strategy(ies?) for recruiting women to participate in the pilot training sessions. (Goal is a total of 12 in each of 2 groups).	X	X				X								
Begin wider recruitment activities.						X	X							
Identify, recruit additional women from the group participating in pilot training to train as peer mentors/educators, based on their interests, i.e. training is a screening process.											X			
4.1.2 To develop, pilot/implement, evaluate and refine women's knowledge development and peer leadership curricula (2)														
Conduct a literature review of existing curricula for self-empowerment, SA & DV knowledge development designed for women with disabilities.	X	X	X	X										
Create and/or adapt 10-15 modules for women's knowledge development training, using the above plus findings from the Needs Assessment re accommodating women's learning styles/low literacy attainment.			X	X	X	X								
Request OVW approval for these modules.						X	X							
Recruit a limited number of additional self-advocates as the audience for each subcommittee's pilot training.						X	X							
Pilot women's knowledge development curriculum with non-disabled presenters and support people.										X	X	X		
Conduct ongoing evaluation of knowledge development training sessions. Adapt intensity (speed with which we progress modules) and/or modify curricula and training approach, as needed.										X	X	X	X	X
Adapt IL peer training curriculum to train self-advocacy leadership (peer mentors, peer educators, peer facilitators).										X				
Request OVW approval for our adaptation of IL curriculum.										X	X			
4.1.3 To prepare women for leadership roles in the project's sustaining activities														
Offer training (our adaptation of IL curriculum) for peer mentor/educator roles.												X	X	
Conduct ongoing evaluation of training sessions. Adapt intensity (speed with which we progress modules) and/or modify curricula and training approach, as needed.													X	X

. 4.1.4 To develop and begin implementing a plan to expand the reach of women's knowledge development training as an ongoing feature (with assistance) of each women's subcommittee/Self-Advocacy group.												
Develop a plan to offer the women's knowledge development training to more self-advocates, using peer co-leadership.										X	X	X
Develop a plan for ongoing women's support activities using peer co-leadership.												X

Initiative Products: One women's knowledge development curriculum with two user guides, revisions to Laesch & Paceley peer training curriculum.

Initiative #5: POLICIES & PROCEDURES

Improve organizational policies and practices related to identification of survivors with disabilities and accommodations.

Activity 5A: Create guiding principles related to identification and accommodations that can be applied to organizational policies.	Timeline (Months)												Initiative Products
1. Convene work group with representation from all of our disciplines.	X												Guiding principles related to identification and accommodations for survivors with disabilities.
2. Review needs assessment findings, confidentiality initiative findings, and best practices nationally.	X	X											
3. Seek model policies and principles from Vera associates and other experts.		X	X										
4. Review existing policies related to identification, access, response, accommodations, and referrals.			X	X	X								
5. Create guiding principles that address identification, access, response, accommodations, and referrals.						X	X	X					

Task										
6. Seek OVW approval for principles.								X		
7. Seek approval from our Boards of Directors and Executive Directors.									X	
8. Disseminate guiding principles across our organizations.										X
9. Secure written commitment from agency leaders to revise organizational policies and practices based on guiding principles as appropriate.										X

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