# Mohawk Valley Collaboration







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#### I. Introduction

Over the years, the two agencies that comprise the Mohawk Valley Collaboration have worked together on cross-agency referrals and consultations concerning specific domestic and/or sexual abuse cases involving individuals with disabilities. This history, together with a high level of mutual respect for the staff and work of the agencies, provide the ideal components of an effective formal collaboration through which we can educate one another, and inform our agencies' staffs about the unique needs of individuals with disabilities who are experiencing abuse.

The Mohawk Valley Collaboration is comprised of two agencies, Resource Center for Independent Living and YWCA Mohawk Valley. Each organization has a presence in Herkimer and Oneida Counties of Central New York State. The Collaboration received funding in 2014.

RCIL provides a variety of services to supplement the core Independent Living Center services of Information and Referral; Individual and Systems Advocacy; Independent Living Skills; Peer Counseling, and Transition/Deinstitutionalization. RCIL's core services are available to individuals with disabilities and their families living in Oneida, Herkimer, Montgomery and surrounding counties of New York State, out of their centers in Utica, Herkimer and Amsterdam. RCIL provides Service Coordination, Community Support Service, Employment Services and Elderly Services in much of central and northern New York. Additionally, other programs have a service area which covers the eastern part of the state from the Canadian border to Long Island.

In addition to shelter, safe-dwelling and transitional housing in Oneida County, YWCA Mohawk Valley provides transitional housing for homeless survivors of domestic violence in a region spanning five counties. Residential services are only a portion of what the YWCA does to assist individuals of Mohawk Valley communities. Individuals also receive non-residential support for their experiences with domestic and sexual violence. YWCA staff provides counseling sessions, community outreach to local schools, colleges and service organizations, and advocacy at medical appointments, court and legal proceedings.



# a) VISION and MISSION STATEMENTS

#### Vision

The Mohawk Valley Collaboration envisions a community where people with disabilities who are survivors of domestic violence or sexual violence are aware of and have access to safe, welcoming, effective, individualized services that meet their unique needs. Because of the work of this collaboration, individuals are empowered and able to make informed, self-directed decisions.

#### Mission

The mission of the Mohawk Valley Collaboration is to create a sustainable culture between and within our organizations that ensures services are safe, welcoming, responsive and effective for all survivors with disabilities in our community. We will accomplish this by the following:

- Developing and implementing policies and procedures that are traumainformed, person centered and promote healing. This will result in the development of innovative best practices that are informed by the voices of survivors with disabilities.
- Ensuring staff, volunteers and providers will be informed and knowledgeable, with access to resources and supports. This will lead to their increased comfort and confidence in working with survivors with disabilities.
- Fostering collaboration between our organizations by recognizing and sharing our expertise through trusting, open and transparent dialogue.

# b) FOCUS of WORK

The Mohawk Valley Collaboration is committed to working together to explore all avenues to become better informed and able to effectively assist individuals with disabilities who are experiencing abuse in our communities.

The Mohawk Valley Collaboration has decided to focus on survivors of domestic and sexual abuse in a cross-disability population. We will focus on both YWCA residential and non-residential services provided to survivors of domestic violence and sexual assault, and within three RCIL programs: advocacy, licensed home care and adult day services. These programs have the potential to reach clients/consumers and staff of both organizations, in Herkimer and Oneida Counties.

# c) OVERVIEW of COLLABORATION MEMBERS



RCIL provides relevant, creative, and innovative leadership to advance the civil rights of individuals with disabilities and advocates for social progress that allows for all human beings to be integral, participating members of our society.

As a civil rights organization, RCIL offers a wide range of independent living and advocacy services for and — most importantly — with people with disabilities. Together, we strive to promote the fact that it is a basic human right to participate in society as self-determining individuals, choosing our own paths and contributing to the advancement of our families, our professions, and our communities.

Independence is the key to the successful achievement of our goals. RCIL helps disabled individuals of all ages to obtain community supports and services they need to live independently. Whether this means getting an education, obtaining competitive employment, or living in one's own home, our programs are designed to provide a full spectrum of support and advocacy.

With more than 2,200 employees in 38 counties across Upstate New York, RCIL is the largest independent living center in the state and one of the largest in the nation. This dedicated and committed staff works every day to promote individual rights and the unique abilities of each person. Through all stages of life, RCIL is there to ensure that individuals have the services and supports they need to thrive on their own terms.



The YWCA Mohawk Valley is a nonsectarian membership organization dedicated to its mission of eliminating racism, empowering women, and promoting peace, justice, freedom and dignity for all. Founded in 1885 and incorporated in 1904, the agency serves over 10,000 individuals each year in Herkimer and Oneida counties. The YWCA provides such life-changing programs as domestic and sexual violence crisis services, emergency and transitional housing for domestic violence victims, housing and support for runaway and homeless girls, violence prevention education, and outreach.

The YWCA also co-facilitates the Domestic Violence Sexual Violence Coalition of Oneida County, an assembly of local service providers, law enforcement, district attorney representatives, and court personnel gathered to collectively address the issues of domestic and sexual violence in Oneida County.

In Herkimer County, we not only work with adult sexual violence victims, we operate a nationally accredited child advocacy center (CAC) that brings together a multidisciplinary team of law enforcement, child protective services, district attorney's office, mental health services, and victim advocates. The team works collectively to ensure the uniform handling of child sexual and severe physical abuse cases and helps victims and their non-offending family members heal.



# II. Needs Assessment Plan Summary

The Collaboration's Needs Assessment plan was completed and approved in the spring of 2016 and we immediately began reaching out to clients and consumers to hear about their experiences when accessing services, as per our listening sessions recruitment plan.

# **Needs Assessment Purpose**

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

- Provide practical information about services for survivors with disabilities, and how to improve them.
- Identify our selection of implementation activities.
- Increase buy-in and support for our collaboration's work from our respective organizations.

#### **Needs Assessment Goals**

- Identify current organizational structures, barriers, and gaps regarding policies, procedures, and practices at RCIL and YWCA Mohawk Valley that address how to respond to, serve, and support survivors with disabilities.
- Identify what supports and limits exist in each organization's culture; to respond to and address staff's ability to provide a safe, accessible and responsive service delivery system for survivors with disabilities
- Identify what works and what barriers exist in each organization to ensure accessibility, safety, and responsiveness through the lens of survivors of domestic and/or sexual violence and people with disabilities.

# a) METHODS and INFORMATION SOURCES

The collaboration considered two sets of data which was gathered during our needs assessment. Existing data was compiled using the Performance Indicators developed by the Vera Institute. We found this point in time measure an excellent, sustainable method of tracking our progress and will continue to utilize it until we are satisfied that our goals have been met, regardless of whether we are receiving OVW funding.

RCIL	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme
	1	2	3	4	5	6	7
	Responsibility	Partnerships	Policies %	Material	Human	DV Program	SV Program
	% Achieved	% Achieved	Achieved	Resources %	Resources %	Resources %	Resources %
				Achieved	Achieved	Achieved	Achieved
Spring 2015	4.167%	37.500%	37.500%	25.000%	0.000%	0.000%	0.000%
Fall/Winter	29.167%	45.833%	30.000%	50.000%	25.000%	25.000%	0.000%
2015							

RCIL Overall Scores	Commitment	Capacity	Total
% Achieved Winter 2015	35.294%	37.500%	36.290%

YWCA	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme	Basket/Theme
	1	2	3	4	5	6	7
	Responsibility	Partnerships	Policies %	Material	Human	DV Program	SV Program
	% Achieved	% Achieved	Achieved	Resources %	Resources %	Resources %	Resources %
				Achieved	Achieved	Achieved	Achieved
Spring 2015	16.667%	20.000%	28.571%	10.000%	30.000%	10.000%	8.333%
Fall/Winter	12.5000%	35.000%	3.571%	30.000%	0.000%	10.000%	12.500%
2015							

YWCA Overall Scores % Achieved Fall/Winter 2015	Commitment	Capacity	Total
Non-Residential	15.625%	13.095%	14.189%
Residential	15.278%	13.095%	14.103%

Additionally, new data gathered from our clients and consumers during our listening sessions was compiled and considered. Our listening sessions were comprised of clients from YWCA's residential and non-residential programs. However, given the size of RCIL, and the large number of programs offered, we realized that it would be most effective to focus our efforts on a few programs at RCIL, rather than trying to affect change across all programs, which is too large of an undertaking for this grant period. We identified three programs that we wanted to explore during the Needs Assessment. We felt this narrower focus will allow for a greater impact for our populations served.

We talked to individuals from RCIL who are participants of the Social Model Day Program; the licensed home care agency, At Home Independent Care, and the Advocacy Department. We chose these programs with several thoughts in mind. RCIL's Information and Referral Specialist is part of the Advocacy Department, who every day talks to countless numbers of people with disabilities and their families who have questions about resources and services in the community. Additionally, the advocates at RCIL are often the gateway to life changing services, and have daily interaction with individuals with rich and diverse life experiences. When considering the potential for systemic change, and improvement of services, the Advocacy Department seemed an obvious option. We tried to keep impact potential in the forefront when considering the groups we would work with. All the programs we chose include regular training and in-service components, making programmatic change more feasible. Additionally, we received authorization from OVW to talk to a group of survivors with disabilities. While the group was a small one, we felt their input provided a valuable perspective.

Audience Type	Number of Potential Groups/Participants per Group	From What Organization
Domestic Violence Survivors Residential	9	YWCA Mohawk Valley
Domestic Violence & Sexual Assault Survivors Non-Residential	9	YWCA Mohawk Valley
People with Disabilities Licensed Home Care	7	RCIL
People with Disabilities Adult Day Services	7	RCIL
People with Disabilities Advocacy	10	RCIL
Survivors with Disabilities	4	YWCA Mohawk Valley & RCIL

The overall vision and mission of the Mohawk Valley Collaboration is to create sustainable, systemic change in the way we deliver services to survivors with disabilities, allowing the individual to make informed, self-directed decisions. Therefore, we wanted to focus on the development and implementation of policies and procedures that are trauma-informed and person centered. Our desire to foster collaboration between our organizations, and ensure that staff, volunteers and providers will be informed and knowledgeable, with access to resources and supports, was kept in the forefront throughout our process.



#### III. NEEDS ASSESSMENT REPORT SUMMARY

The Needs Assessment Report received OVW approval in September of 2016. The completion of the needs assessment provided the collaboration with a very clear picture of the work that is needed.

Some minor challenges were experienced during this phase, but we worked through them and came up with an ambitious set of initiatives on which to work, through the remaining phase of the grant and beyond. In fact, one of the challenges that we faced pertained to RCIL's understanding of state mandatory reporting requirements. A conundrum that has surfaced many times since we began, has become one of the areas on which we will work during our implementation phase. This will hopefully provide the clarity that staff needs to effectively carry out our initiatives.

# **Needs Assessment Key Findings**

Key Finding 1



Staff at RCIL and YWCA do not have all the information they need to serve as effective referral sources for survivors with disabilities, nor do we have referral making protocols in place.

Every day, staff at both agencies work hard to assist the people coming through their doors, calling their centers, and viewing their websites. Staff at RCIL and YWCA are experts in their respective fields of offering solutions to people with disabilities, and people who are experiencing abuse, but what about those who are at the intersection of disability and abuse? Information and Referral is a core independent living center service, and a key function of the YWCA residential and non-residential programs, and during our listening sessions, both YWCA and RCIL clients identified staff of our organizations as a source of referrals for other services that may be of assistance to them. However, neither agency currently has the necessary information or mechanisms in place to provide meaningful referrals to survivors with disabilities.

To provide an appropriate referral, staff members must understand a person's needs. However, staff of our organizations are not asking people questions to identify if they are a person with a disability, or if they experience domestic or sexual violence. Once a staff member has identified that a person may need a referral, it's important that they know how to make the referral. However, neither organization has a protocol in place to refer survivors with disabilities to the partner agency.

RCIL received a score of 0% on Indicator 6.2, Screening for Domestic and Sexual Violence. Similarly, YWCA Performance Indicator 3.2 demonstrates that their intake process doesn't include a question about needing accommodations.

# Key Finding 2

Currently RCIL and YWCA lack many important policies and procedures that are required to effectively serve survivors with disabilities. Such policies would provide clarity to staff and programs providing services.

RCIL policies don't clearly outline staff mandatory reporting responsibilities for people with disabilities (Indicator 3.1, score of 30%), nor it is clearly written to which entities staff must report abuse, both in and outside of the organization. Additionally, there are no policies that address the agency's protections and limitations around confidentiality when a survivor and perpetrator are both receiving RCIL services (Indicator 3.4, scored 30%). Indicator 6.1's score of 25% shows that staff need policies that state more clearly their agency's responsibilities regarding reporting and follow up to the report as it pertains to the consumer, and includes the option of allowing the person to make the report themselves, or co-reporting with a staff person, or the option of speaking with a non-mandated reporter or agency.

YWCA has no policy in place that directs staff on how to proceed in the event a person with a disability who has a guardian comes to them for service, or that informs what services can be provided without guardian consent or what can and cannot be said and done in the presence of the guardian. Performance Indicator 3.5, scored at 0% shows this. Additionally, staff should have clear directives on how to identify the level of guardianship in place.

YWCA achieved a score of 4% on Performance Indicators 3.1 - 3.4, and 3.6 & 3.7 which pertain to policies allowing for full participation and accessibility of services, including guardianship, eligibility, medication storage and administration, and accommodations.



**Key Finding 3** 

Neither RCIL nor YWCA are currently providing staff/volunteer training that focuses on working with survivors with disabilities, nor are they actively recruiting people with that knowledge and expertise.

One way to make consumers feel safe and welcome is to have staff who are knowledgeable about disability and the intersection of disability and abuse. YWCA is very knowledgeable about the effects of abuse, trauma informed care, etc., and RCIL knows all there is to know about accessibility, inclusion and disability awareness, but they don't know enough about the effects of abuse against people with disabilities.

Key Finding 4

RCIL needs to enhance the safety of their services and YWCA needs to enhance access to services.

The YWCA knows the importance of safety and considers safety in all aspects of their work. The same can be said of RCIL when it comes to accessibility. However, neither agency has looked at these attributes through the other's lens. These words take on different nuances when considering survivors with disabilities. Staff at both organizations should look at safety and accessibility from different perspectives.



**Key Finding 5** 

# There are no peer support opportunities available to self-advocates who wish to support and educate one another.

Our organizations often overlook our most valuable resources, the people who use our services. Many times, survivor listening sessions participants expressed that they would like to share their experiences with others; to help and support one another in this way. Through our survivor listening sessions, we learned that our organization's programs participants are knowledgeable and able to clearly articulate what they need, what they've learned from, and what has and hasn't worked for them.

Performance indicators for both organizations (RCIL, 2.5; YWCA 2.4 and 6.1) show that we have no opportunities for peers to come together to educate and support one another in this area.

This was an area in which staff heartily responded that they saw tremendous benefit from this type of opportunity. Some staff felt, in keeping with independent living philosophy, that people with disabilities should attend already existing groups in the community, (which they can) but most staff saw the need for a group specifically for survivors with disability, given the demographic's unique needs and set of experiences.

These key findings have served as the foundation of our strategic plan for our organizations.





#### IV. STRATEGIC PLANNING

Finally, the collaboration presented these findings to staff during listening sessions which were held in September and October 2016, embarking on our strategic planning phase. It was during these sessions that staff heard detailed information about the work that had been done up until that point. Most staff were very receptive to the information and overwhelmingly agreed with the need to act on the identified presenting themes. A few concerns were raised primarily in the areas of screening for abuse and disability, and mandatory reporting. For example, some staff at RCIL felt that asking about abuse at the time of intake, was not appropriate; that trust and rapport should be established prior to asking such personal questions.

Mandatory reporting also raised many questions during these sessions, as they have throughout our work. Some RCIL staff state they are not mandated reporters. It seems, from the research that we've done, that assumption is accurate, yet the topic is a very nebulous one and seemingly the one clear thing about it is, RCIL needs clarity in this area. We feel that with training, accurate, concise policy implementation and time, staff will become more at ease with the practices that take form because of this work.

Our first step toward implementation occurred in October 2016, during our Strategic Planning Retreat. This two-day session provided the collaboration time with our Technical Advisor, enabling us to dig deep, unearth, and sort through our needs assessment key findings and assemble them into a plan that will serve the collaboration, our agencies and our communities, moving forward.

# a) Initiatives and Key Activities

A detailed timeline of activities can be found on pages 27-34.

1. Build comfort, knowledge, and skill of RCIL and YWCA staff to effectively work with survivors with disabilities and provide meaningful referrals to one another.

In response to Key Finding 1 (pg. 15), Key Finding 2 (pg. 16), and Key Finding 3 (pg. 17) the collaboration realized that training is a major component of fostering confidence and comfort among staff; it is a thread that will be woven throughout this plan. We want to provide learning opportunities to staff which will lead to the development of a well-informed work force who are comfortable and confident in providing services to individuals at the intersection of disability and violence. Also, the absence of clear, concise policies has resulted in staff who are unsure of how to proceed, or whether certain regulations apply to them.

As outlined in greater detail on page 23, staff at RCIL and YWCA do not have policies or procedures in place to guide them in effective referral making. Several of the policies we will be developing will directly impact our abilities to obtain and provide the information we need to improve our client/consumer service experience.

Our goal is to attain a second nature approach to providing services to people at the intersection of disability and abuse. The presence of trained staff who are provided and understand clear policies will make it much easier to foster that environment.

Finally, the need for training became apparent during our listening sessions with staff, and spans several different topics. Since the beginning of the grant cycle, it was obvious to the collaboration that training would be necessary. Just acknowledging what each collaborator didn't know about the other provided us with the recognition that training was a priority. Talking with staff reinforced and expanded upon that realization. Some staff strongly expressed their desire and need for training about what the

other agency did, what philosophies guided them, and how to effectively make referrals. Other staff asked questions, or made statements that made it obvious that training would provide the needed support, enabling staff to effectively transition at the time of implementation.

The collaboration will bring together work groups to help us determine the best approaches for training. These groups will include staff training personnel and community educators from both RCIL and YWCA, and members of the collaboration, and will be tasked with developing training content and planning. We are blocking a three-month period to work on the development of a training curriculum, and will also look at curriculums developed by other collaborations and use them to guide us. We are considering a two-pronged approach to training; one being a cross training curriculum, which will cover the services each agency provides: safety, accessibility, the meaning and importance of a trauma informed approach, best practices for working with people at the intersection of abuse and disability; the other a more technical training to cover new policies and procedures which will be developed in the coming months, and will carry the work forward, as well as the utilization of newly developed resources. The training will include all the elements described in this section and elsewhere in this plan. We plan to roll out these trainings once all policies have been developed and approved. We will rely on the expertise and input of our workgroup to help determine the frequency with which we will offer the training, but are considering their use at new staff orientations at both RCIL and YWCA, and inclusion at the annual mandatory trainings also.

We feel this is a sustainable, easily updateable approach to keep staff informed about services, policies and protocols at both organizations. Our plan is to begin training once all newly developed policies and procedures have received OVW approval.

#### **Short-term Goal**

We will develop training for all of YWCA staff and staff of RCIL programs Advocacy, At Home Independent Care, and Adult Day Services. These groups will receive training.

# **Long-term Goal**

We want to provide training to all of YWCA and all RCIL staff. We ate piloting the training with the three RCIL departments mentioned above, with the hope and intent to train all staff at RCIL in the future.

2. Develop policies and procedures at YWCA and RCIL to increase the safety, confidence, comfort and control of survivors with disabilities.

Also, reflecting Key Finding 1 (pg.15), and Key Finding 2 (pg. 16), the collaboration will begin working on the development of policies and procedures to guide staff in the provision of service, and consumers/clients with a good understanding of their options. The policies on which we will be working, and our plan for development are outlined below.

The collaboration has determined it will be best to work concurrently on policies and procedures and training, with the intent of having policies completed to be rolled out with the training which will begin toward the end of the grant cycle. We were also deliberate in determining both the order in which we'd work on these policies, and who would work on which policies. RCIL mandatory reporting policy was determined a priority because of the uncertainty that has accompanied it from the beginning. Also, many of the same people working in our training work groups will be able to contribute greatly to the development of our policies. Given the time constraints of these contributors who are not part of the collaboration, we wanted to maximize our use of their time.

Additionally, with these policies, the collaboration has given careful consideration of the time frame we have for this work, being mindful of the need to research before writing, and the involvement of others outside of the collaboration, especially TA, leadership of the organizations, and OVW.

# a. Mandatory Reporting

RCIL will develop a mandatory reporting policy that will ensure staff have a clear understanding of their role in this very confusing area. In recent years, New York State instituted the Justice Center, an entity to which certain service providers are to report known instances of abuse. This has added much more grey to an already nebulous area for service providers in New York State, including staff at RCIL. Much of the apprehension expressed by staff regarding reporting and screening for abuse is understandable when considering they are unsure of their responsibility. We hope the development of a concise policy will allay this apprehension. Along with clarity, we also need this policy to address the option of allowing a consumer to disclose abuse, should they so choose, to someone who is not a mandated reporter, or with the mandated reporter. Certainly, the policy must address how the consumer will be informed of RCIL's obligation to report, and the consequences of such a report, should it be determined that staff are indeed mandated to report. Of course, the research conducted leading to the development of this policy, will determine these requirements, along with scrutiny of, and measurement against best practices related to mandated reporting and survivors with disabilities.

To accomplish this policy, research must be done to get the correct information from RCIL's oversight programs and agencies, as well as outside of RCIL, to gain information about the benefits and drawbacks of mandatory reporting, so that we can create a policy that lessens the chance of unintended repercussions for the survivor. The collaboration is allowing a month's time to research RCIL's reporting requirements to external entities, and with the assistance of the RCIL Compliance Officer, shape our policy and procedures for mandatory reporting. The project coordinator will take the lead on this, gathering information to take back to the collaboration for use in developing policy.

Throughout the work thus far, the collaboration has had several opportunities to discuss the pros and cons of mandatory reporting, and

the many ways this requirement impacts RCIL's work with survivors with disabilities. As stated above, it is necessary to consider the importance of safety and confidentiality when working with survivors with disabilities. This is a very complicated policy to undertake, considering safety of the survivor, the complexities of the requirement, and the differences in philosophies of each organization. All of this, along with RCIL's responsibilities to its program oversight agencies, brings many dimensions to this topic. The collaboration will work together to develop a policy that will meet our needs, and keep us compliant with RCIL's oversight agencies' requirements. Once complete, RCIL's compliance department will be consulted prior to presenting a draft to RCIL leadership for review and approval.

RCIL clarification of this policy will bring confidence to staff. Informing consumers of RCIL's requirements will provide them with their options and alternatives available to them.

#### **Short-term Goal**

The collaboration aims to research, and develop policy that clarifies RCIL staff's responsibility to report the known abuse of a person with a disability.

#### **Long-term Goal**

If our research determines that RCIL has no alternative to a mandated report, the agency many need to work toward that change through states systems advocacy, with the realization that this activity would need to be pursued exclusive of OVW funding.

# b. RCIL Intake Screen for Abuse Policy

In response to Key Finding 2 (pg. 16), RCIL will develop an intake policy to include screening for abuse. The collaboration feels that the development and implementation of this policy will be integral in providing a comprehensive experience to survivors with disabilities who come to RCIL for services. Additionally, staff will have a better understanding of the needs of the person they are working with. Since existing policies, developed by other collaborations are available, the collaboration will review them to determine if they will work for our purposes. In the month we've blocked for research prior to developing the policy, the collaboration will solicit other YWCA staff to advise, ensuring we are using a trauma informed approach; RCIL's Advocacy staff and Information and Referral Specialist will also be consulted for their input as well. We will also insure that policy effectively meshes with any requirements imposed upon by the programs' oversight agencies, especially as they pertain to mandated reporting.

A component to consider is that some RCIL advocacy staff expressed concern about this policy. The concerns expressed were: intake is not the time to ask someone these very personal questions, and some staff expressed they did not feel comfortable asking these questions at any time. We hope RCIL staff will provide input during our research, making it easier to develop a policy and procedures they will feel comfortable implementing. The collaboration is hopeful that a clear, concise policy, including input form staff, along with training, will increase the comfort level of staff, making them more at ease with the implementation of this policy. The training sessions will provide the opportunity to open conversation with staff, providing us a better understanding of why staff are apprehensive, and provide the chance to alleviate their concerns, hopefully leading to their acceptance and support of the policy.

Overall, what we learned from the people that we spoke to during our listening sessions was the way they are treated is the biggest factor allowing them to feel safe and comfortable when accessing services. Obviously, physically accessible buildings, websites, and documents that

make people feel safe are essential, but not far behind, in the opinions of the people we serve, is the way we treat them. The effort we put into understanding their needs is what's key to their feelings of safety and well-being. During our listening sessions, we heard from both survivors and people with disabilities that they want to be treated with respect by knowledgeable people when accessing services in the community. The biggest complaint we heard regarding service access was being "treated like a number". This perhaps more than anything else shared, resounded with us, making this an area we want to pursue; developing policies and providing training to staff and volunteers seems like an easily sustainable step toward improvement.

#### c. When a survivor and abuser both receive RCIL services

RCIL has no policy in place that addresses handling situations in which a survivor and their abuser are both receiving services. RCIL achieved a score of 0% on Performance Indicator 3.4 in the winter of 2015. The center serves many families; many times, there is more than one person in a family, or a relationship receiving RCIL's services. Therefore, the collaboration feels strongly that RCIL should have a policy in place that addresses the safety of a consumer whose perpetrator is also a consumer. However, we realize that this is one we may not be able to accomplish during this round of grant funding. Rather than taking it off the table entirely, however, we would like to at least have some conversations on the topic. We feel that we can open the topic by enlisting the opinions of some staff from RCIL and YWCA, whose work would be benefitted by such policy during a brown bag philosophical discussion among staff from both organizations. This may help us determine whether it is an effort on which to move forward later. Item "g", later in this section contains another initiative that the collaboration will handle in that same way as this one. We purposely scheduled that discussion several months after this one, to avoid a "one and done" offering, keeping these conversations in the minds of staff at both organizations. Again, these types of activities are easily sustainable.

#### **Short-term Goal**

The collaboration will research this topic and talk to staff who would be impacted by such policy to get their thoughts and feedback.

# **Long-term Goal**

We aim to offer staff a policy that clearly and concisely addresses this problem as soon as possible, but likely not in this round of funding. Also, we realized that we would like to use the brown bag lunch platform to bring other topics related to disability and abuse to the table for staff to discuss informally. This will keep the information flowing and help sustain the work.

#### d. Intake Screen for Requesting Accommodations

YWCA Performance Indicator 3.2 demonstrates that their intake process doesn't include a question about requesting accommodations, therefore, YWCA will develop a policy that addresses the provision of accommodations, as well as a resource list for staff, providing them with information about goods and services that may benefit survivors with disabilities.

Now, YWCA does not have a uniform resource available to staff that provides accurate information on where to obtain goods and services needed for and by people with disabilities who may come to them for service. This resource list, along with a clear policy and procedures to provide guidance, will give YWCA staff the tools they need to ask about the need for accommodations, and the knowledge of where to access them, as well as provide the client with a more comprehensive, meaningful service experience.

Collaboration members will work on compiling a comprehensive resource list to include sources for durable medical equipment, loan

closets, interpreters, and sources of other accommodation, which will become a sustainable, evolving resource.

We are going to begin working on this policy a bit later than the others, not because we feel this policy is less of a priority than the rest, rather, to spread out the development of policy somewhat, in recognition of the fact that we're working on a great deal in month one and two.

# e. Eligibility Policy

YWCA will review and enhance their eligibility policy to address their ability to serve people with disabilities. Such policy will expand upon what YWCA has in place already, and will include clear procedures for action steps to be taken if a person who needs physically accessible shelter, or other services they may not be eligible to access at YWCA proper. Currently, YWCA offers services at a nearby hotel, or provides transportation to an accessible shelter in another town, and until full accessibility is available, will continue to do so. However, the long-term goal of the collaboration is to make the YWCA's services equal and accessible to everyone in the community.

Realistically, we must acknowledge that full accessibility will not be feasible within the time remaining in the grant period. However, in the short term, we want to make sure that staff and clients have a clear understanding of what is available at YWCA and elsewhere, if necessary.

#### **Short-term Goal**

Increase accessibility in as many areas as possible.

#### **Long-term Goal**

Full accessibility to everyone needing the services of YWCA.

# f. Working with Survivors with Guardians

YWCA has no policy in place that addresses how to work with a survivor who has a guardian. A guardian can have an impact on the decisions made by a person with a disability, even when it comes to decisions the person can make on their own. Especially of concern are instances where the abuser is the guardian. YWCA Performance Indicator 3.5 shows a score of 0% in the Spring of 2016. This, coupled with a recent occurrence involving a person who uses services from both RCIL and YWCA, and who has a guardian, has put this initiative among those we would like to work on.

As with item "d", the collaboration sees a need for YWCA to develop a policy that addresses serving an individual who has a guardian. Again, we feel that this may take more time than is available now. As with item "d", for the short term, we will open the conversation with staff during a philosophical brown bag lunch discussion to help us determine whether or how to pursue at another time. Also during this time, the collaboration will look at best practices and existing policies on this topic.

# g. Referral Policy

In Response to Key Finding 1(pg. 15), RCIL and YWCA will create a referral policy to guide our cross-agency referrals, giving staff the knowledge and confidence to reach out to the other agency when they encounter clients/consumers who would benefit from the other's programs, services and expertise, thereby offering a more holistic service experience.

For years, both agencies have cross-referred, but as with the resource list, standard procedures had not been developed, and staff had not been trained. This resulted in inconsistencies in effective referral making. The collaboration looks to formalize the way we make referrals, offering the people we serve a better experience and more options.

# 3. We will review and enhance the accessibility of YWCA and safety of RCIL

To provide better services to survivors with disabilities at both organizations, we need to look carefully at how we are perceived by those coming to access services. Are people coming into a calm environment? Are they getting information that will assist them, from people who are trained to understand and meet their unique needs? Are we able to make them feel safe and comfortable enough to provide us with the information we need to provide a holistic service? While we realize that these perceptions alone do not improve safety or accessibility, we feel they are important first steps in the overall improvement of these two areas.

Reflecting Key Finding 4 (pg. 17), and Key Finding 1 (pg.15) the collaboration's agencies will work to improve safety and accessibility. We will review some of the existing tools that are available and determine which to use for our organizations. Once the collaboration decides on one, we will adjust it to meet our needs, and use it to conduct initial and annual reviews at RCIL and YWCA. The findings of the initial review will be prioritized by the collaboration and used to develop long and short term goals for barrier removal at YWCA, and safety enhancement at RCIL.

Once again, training will benefit staff greatly in this area. Since we began, collaborators at both agencies have learned a great deal about how differently we each think about safety and accessibility than the other; we are certain that most staff are as "siloed" as we've been in that thinking. The words safety and accessibility take on new meanings when heard, and used by someone who has received training in these areas. This, along with the regular review and monitoring of these components at both agencies, will greatly improve our ability to serve people more effectively.

#### **Short-term Goals**

During this grant cycle, the collaboration aims to train staff on the importance of safety and accessibility at our agencies, including perceptions of the individuals coming into our centers, offices and shelters. This training will be provided to all YWCA staff and the staff of the three identified departments at RCIL. Also, we will identify areas where accessibility can be improved at YWCA, and safety can be improved at RCIL using the Performance Indicators and Safety and Accessibility Review. We will increase accessibility and safety at both organizations in as many areas as possible. WE will make as many improvements as possible during this grant cycle.

# **Long-term Goals**

Looking beyond the grant cycle, we aim to continue the annual reviews and make improvements based on the reviews. We will also keep the importance of this activity in the forefront of staff, administrations and boards of directors of the collaborating agencies. Our goal is the full access of YWCA services by everyone in our community, and the awareness of safety and a trauma-informed approach by all staff at RCIL.

# 4. Development of Resources

We recognize that with the implementation of new policies, staff will need updated tools and resources, to ensure ease, comfort and consistency. The following activities reflect Key Finding 1 (pg. 15), Key Finding 2 (pg. 16), and Key Finding 4 (pg. 17), as well as Performance Indicator Scores.

- a. The YWCA will revise their intake tool to screen clients for accommodation requests. The collaboration members will research the best ways to ask these questions, keeping a person-centered approach in the forefront. Once the policies ("e" and "f" above) are approved, a screening tool will be developed, staff will be trained on how to utilize it, and will begin using the tool.
- b. RCIL will develop a tool to screen for abuse. As with the tool for the YWCA, we will determine how to ask the question, using a trauma-informed approach. Once the policy is approved, we will begin training staff and using the tool.
- c. We will develop a safety planning tool and protocol for RCIL staff to utilize in cases where the consumer desires such a plan. The YWCA currently uses a safety plan, and some RCIL programs utilize a similar plan, therefore we will have some examples from which to refer when developing the RCIL tool. Once completed, staff will be trained and begin using the tool. We realized the need for this resource while discussing the RCIL Intake Screen for Abuse. Should a survivor request a referral to YWCA, that would occur. There the individual's immediate safety planning would be addressed. However, if an individual chose not to be referred to YWCA, such a tool would help RCIL staff meet the person's immediate safety needs.

# 5. Self-Advocacy; Peer Support

In response to Key Finding 5 (pg. 18), and responses received from DV and SV survivors during our listening sessions with them, and in recognition of the idea that self-advocate and peer mentor relationships potentially foster much more than offering support to someone who shares a common experience, the collaboration is excited to be working on the formation of a group for survivors with disabilities. We envision this being a safe space where people can come together, in the place they choose, at the time they choose, to determine together, what is best for them. The collaboration will facilitate if the group wishes, for as long as they want, but once established, this will be theirs.

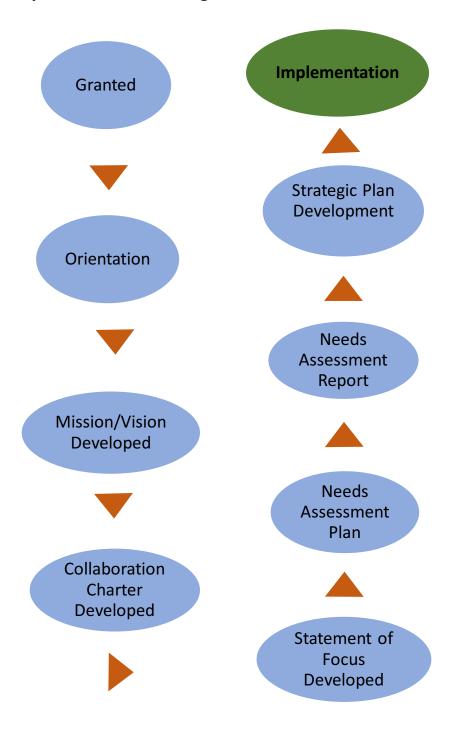
To get this started, both agencies will start conversations with staff to inform them of what we're working on and to ask them to spread the word among clients/consumers that they think may be interested. We will then talk to clients and consumers during regular support group meetings at the YWCA, in their residences, at RCIL's Adult Day services, Youth Group meetings, etc. Based on the feedback we receive, we will determine where and how frequently to meet, and who will facilitate meetings. We hope to eventually offer the Vera Institute's *Self Advocate Leadership Academy* leadership training for peers, depending on the cohesiveness of the group, and their interest in such an opportunity. Also, the collaborations think it best to have policies and procedures in place, as well as trained staff, prior to offering a formal curriculum to the community.

#### **Short-term Goal**

Collaboration members will assist with the formation and facilitation of a group, and offer its members the opportunity to participate in the SALA, as developed by the Vera Institute, once we have staff, policies and procedures in place to support this activity.

# **Long-term Goal**

We envision this group becoming self-sustaining and able to foster strong relationships and self-empowerment among its members, as well as becoming a known and trusted source of support in our community.



#### b) Conclusion

The collaboration will be eagerly approaching the initiatives. We feel we have worked out a timeline that is do-able and gives each collaboration member the opportunity to take the lead on certain aspects of the project. The following timeline lays out the work of the coming months and assigns tasks to each member. We are confident this will serve to keep us on track with the work.

While the collaboration recognizes the loftiness of these initiatives, we're determined to make the changes our agencies need to better serve individuals at the intersection of disability and abuse. We have firsthand knowledge of our respective current abilities, we've spoken to the people we serve, we've completed the Performance Indicators and have talked to staff at our agencies. We have learned a great deal during the last couple of years, and have had the benefit of excellent technical assistance and training along the way, and are now very proud and excited to be able to put all of this into motion to improve the services RCIL and YWCA provides.



**Initiative 1:** Build comfort, knowledge and skill of YWCA &RCIL staff to effectively work with survivors with disabilities and provide meaningful referrals to one another.

Key Activities	Who's Respons	ible						Tim	nelin	ie in	Мс	nths						
Provide cross-training to develop a deeper understanding of partner organizations	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a. Assemble training group	LM	GH; DM; ML																
<ul> <li>b. Decide on training content and plan based on what is currently being used, or what has been developed by other collaborations</li> </ul>	LM	GH; DM; ML																
c. Collaboration approves curriculum and delivery	LM	Collaboration																
d. Submit to TA for feedback	LM	Vera																
e. Leadership review	MB, KL	Leadership																
f. OVW review/approval	LM	OVW																
g. Begin training staff	Collaboration	YWCA; RCIL																
2. Provide trainings to RCIL staff	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a. Talk to YWCA trainer	KL	ML; DM																
b. Determine training goals and audience	KL	ML; DM																
c. Determine curriculum/adjust available resources based on what is being used currently, or has been developed by other collaborations	KL	ML; DM; Collaboration																
d. Collaboration approves curriculum and plan	LM	Collaboration																
e. Submit to TA for feedback	LM	Vera																
f. Leadership review/feedback	MB	Leadership																
g. OVW review/approval	LM	OVW																
h. Begin training staff	Collaboration	YWCA; RCIL																

**Initiative 1:** Build comfort, knowledge and skill of YWCA &RCIL staff to effectively work with survivors with disabilities and provide meaningful referrals to one another.

Key A	ctivities	Who's Respons	sible						Tin	nelir	ne in	Мс	onths						
3.	Provide training to YWCA staff	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Talk to RCIL trainer	LM	ML; DM																
b.	Determine training goals and audience	LM	GH; DM; ML																
c.	Determine curriculum/adjust available resources	LM	ML; DM;																
	based on what is being used currently, or has been		Collaboration																
	developed by other collaborations																		
d.	Collaboration reviews/approves curriculum/plan	LM	Collaboration																
e.	Submit to TA for feedback	LM	Vera																
f.	Leadership review/feedback	KL	Leadership																
g.	OVW review/approval	LM	OVW																
h.	Begin training staff	Collaboration	YWCA; RCIL																

Initiative 2: Develop policies and procedures at YWCA & RCIL to increase the safety, confidence, comfort and control of survivors with disabilities

Key Activities	Who's Respon	sible						Tin	nelir	ne in	Мс	nths						
Develop mandatory reporting policy and procedures for RCIL	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<ul> <li>Talk to compliance; research by talking to representatives of program oversight agencies, staff within our organizations, and other collaborations</li> </ul>	LM	Collaboration																
b. Draft policy, procedures with collaboration; consult with YWCA	LM	Collaboration; RCIL Compliance Officer																
c. Submit to TA for feedback	LM	Vera																
d. Leadership review/feedback	MB	Leadership																
e. OVW Review/approval	LM	OVW																
2. Develop screening for abuse policy and procedures for RCIL	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a. Research and review sample policies	LM	Collaboration																
b. Consult with YWCA re: trauma informed approach	LM	Collaboration																
<ul> <li>c. Consult with RCIL program directors to ensure that policy is in line with each department's oversight requirements</li> </ul>	LM	MB; Collaboration																
d. Collaboration drafts policy and procedures	LM	Collaboration																
e. Submit to TA for feedback	LM	Vera																
f. Submit to leadership for review/feedback	MB	Leadership																
g. Submit to OVW for review/approval	LM	OVW																

Initiative 2: Develop policies and procedures at YWCA & RCIL to increase the safety, confidence, comfort and control of survivors with disabilities

Ke	y Activities	Who's R	esponsible	Tir	neli	ne i	n M	lont	hs										
3.	Develop staff recruiting policy and procedures	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Consult HR re: existing policy; if there is one, adjust to meet our needs	LM, KL	Collaboration																
b.	If no policy, research by looking at policies developed by other collaborations	LM	Collaboration																
c.	Develop policy and procedures to address our needs	LM, KL	Collaboration																
d.	Submit to TA for feedback	LM	Vera																
e.	Submit to leadership for review/feedback	MB, KL	Leadership																
f.	Submit to OVW for review/approval	LM	OVW																
4.	Prepare to develop a policy and procedures on protecting the safety of survivors when the perpetrator is also an RCIL consumer	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Identify staff at both organizations who have been, or whose work would be affected by such policy	SR; GW	Collaboration																
b.	Schedule a brown bag philosophical discussion on this topic	SR; GW	YWCA, RCIL staff																
c.	Determine how to effectively move forward	LM; GW, SR	Collaboration																
5.	Develop a YWCA policy for providing accommodations	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Develop policy	KL	Collaboration																
b.	Develop resource list and submit to collaboration for review	SR	Collaboration																
c.	Submit to TA for feedback	LM	Vera																
d.	Submit to leadership for review/feedback	KL	Leadership																
e.	Submit to OVW for review/approval	LM	OVW																
f.																			

Initiative 2: Develop policies and procedures at YWCA & RCIL to increase the safety, confidence, comfort and control of survivors with disabilities

Key	/ Activities	Who's R	esponsible	Tir	neli	ne i	n M	lont	:hs										
6.	Prepare to develop a policy and procedures on	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	serving survivors with guardians																		
a.	Identify staff at both organizations who have been	GW, SR	Collaboration																
	or whose work would be affected by such policy																		
b.	Schedule a brown bag philosophical discussion on	GW, SR	Collaboration																
	the topic																		
c.	Determine how to effectively move forward	GW, SR	Collaboration																
7.	Develop a referral policy and procedures for both	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	RCIL and YWCA to refer to one another																		
a.	Develop policy after researching what's been done	SR, LM,	Collaboration																
	by other organizations and internally at RCIL and	GW																	
	YWCA																		
b.	Submit to TA for feedback	LM	Vera																
c.	Submit to leadership for review	MB, KL	Leadership																
d.	Submit to OVW for review/approval	LM	OVW																

Initiative 3: Review and enhance the accessibility of YWCA, and the safety of RCIL

Ke	y Activities	Who's R	esponsible	Tiı	neli	ine i	n M	lont	hs										
1.	Identify tool(s) for reviewing physical and	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	communication environments that emphasize																		
	safety and access																		
a.	Review existing tools	SR	Collaboration																
b.	Collaboration determines which tool to use	SR	Collaboration																
c.	Adjust tool as needed	SR	Collaboration																
2.	Conduct review of collaborating organizations	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Identify and assign responsibility to department or	Collab.	TBD																
	position within each agency. Consider all aspects																		
	of safety and accessibility																		
b.	Use tool to conduct review at RCIL and YWCA	SR	Collaboration																
3.	Develop Barrier Removal & safety Enhancement	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Plans for each organization																		
a.	Discuss findings with collaboration	SR	Collaboration																
b.	Prioritize findings	LM, SR	Collaboration																
c.	Develop Barrier Removal & Safety Enhancement	LM, SR	Collaboration																
	Plan with short and long term goals																		
d.	Submit to TA for feedback	LM	Vera																
e.	Submit to leadership for review	MB, KL	Leadership																
f.	Submit to OVW for review/approval	LM	OVW																
4.	Develop plan for annual review	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	dentify when agencies will conduct the review	LM	Collaboration,																
an	nually		Leadership																
c.	Build this agreement into MOU	LM	Collaboration.																
			Leadership																

Initiative 4: Develop resources for RCIL and YWCA to enhance the ability of staff to work with survivors with disabilities

Key	y Activities	Who's R	esponsible	Tir	neli	ne i	n M	lonth	าร										
	YWCA: Revise intake tool(s) to screen for accommodation requests	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Research how the question should be asked	KL, SR, GW	Collaboration, YWCA staff																
b.	Once the policy has been approved, revise the existing tool	KL, GW	Collaboration, YWCA staff																
c.	Submit to TA for feedback	LM	Vera																
d.	Submit to leadership for review	KL	Leadership																
e.	Submit to OVW for approval	LM	OVW																
f.	Begin using tool after training staff	Collab.	YWCA staff																
	2. RCIL: Create a screening mechanism for abuse	Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Determine how to ask the question based on findings form research, consulting with YWCA regarding trauma informed approach	LM	Collaboration, RCIL staff																
b.	Develop safety plan using the YWCA's plan as a guide.																		
C.	Develop screening tool after policy approved	LM	Collaboration, RCIL staff																
d.	Submit to TA for feedback	LM	Vera																
e.	Submit to leadership for review	MB	Leadership																
f.	Submit to OVW for approval	LM	OVW																
g.	Begin using tool after training staff	Collab.	RCIL staff																

**Initiative 5:** Build the capacity of self-advocates to provide peer support to survivors with disabilities.

Ke	y Activities	Who's R	esponsible	Ti	meli	ne i	n M	lont	hs										
		Lead	Participants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
a.	Talk to staff about the initiative	SR, GW	Collaboration																
b.	Talk to clients/consumers about the initiative	SR, GW	Collaboration																
c.	Determine the venue based on the interest of	SR, GW	Collaboration																
	clients/consumers																		
d.	Determine schedule based on the need of	SR, GW	Collaboration																
	clients/consumers																		
e.	Facilitate meetings	SR, GW	Collaboration																
f.	Determine cohesiveness of group and offer	SR, GW	Collaboration																
	Vera's <b>Self Advocate Leadership Academy</b> if																		1
	there is interest.																		

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