

# **emPower Bristol County**

Strategic Plan

## **Funding Statement**

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About emPower Bristol County.....	5
The emPower Bristol County Vision.....	5
The emPower Bristol County Mission.....	5
Collaboration Members.....	6
The Arc of Bristol County.....	6
New Hope, Inc.....	7
Overview of planning phase.....	9
Needs Assessment Summary.....	9
Strategic Planning Summary.....	13
Overview of Initiatives.....	14
Initiative 1: Create empowering services that emphasize rights and autonomy at emPower Bristol County agencies.....	14
Initiative 2: Build the capacity and knowledge among staff of collaboration partners to effectively, safely and with trust, serve survivors of domestic and sexual violence who have I/DD.....	15
Initiative 3: Create resources and practices to increase comfort and provide information and skills around safety in a consistent and accessible format.....	16
Initiative 1: Create empowering services that emphasize rights and autonomy at emPower Bristol County agencies.....	17
Activity 1.1: Create New Mandatory Reporting Policy.....	17
Activity 1.2: Develop Sexual Assault Response Protocol.....	21
Activity 1.3: Create Protocol for Help Cards.....	23
Activity 1.4: Create New Touch Policy.....	26
Potential Future work in this initiative.....	27
Workplan.....	<b>Error! Bookmark not defined.</b>
Initiative 2: Build the capacity and knowledge among staff of collaboration partners to effectively, safely and with trust, serve survivors of domestic and sexual violence who have I/DD.....	28

Activity 2.1: Create Staff Training for Help Cards .....	28
Activity 2.2: Conduct Safety & Access Reviews at partner agencies.....	30
Activity 2.3: Create interagency core response team .....	32
Potential Future work in this initiative .....	33
Workplan.....	<b>Error! Bookmark not defined.</b>
Initiative 3: Create resources and practices to increase comfort and provide information and skills around safety in a consistent and accessible format.	34
Activity 3.1: Create historical trauma screening tool that uses Trauma Informed Practices to avoid retraumatization .....	34
Activity 3.2: Develop a universally designed, comprehensive curricula supporting identification, reporting, recovery, and service access for survivors of domestic and sexual violence .....	36
Activity 3.3: Revise on-boarding orientation at The Arc to include self-care and vicarious trauma .....	38
Activity 3.4: Revise on-boarding orientation at New Hope to include targeted module on access and accommodations .....	40
Potential Future work in this initiative .....	41
Workplan.....	41
Potential future work.....	42
Conclusion.....	44
Appendix 1: Full Workplan .....	44

## **About emPower Bristol County**

emPower Bristol County is a collaboration between The Arc of Bristol County and New Hope, Inc designed to inform potential changes in both organizations to better identify, respond to, and provide safety for individuals with disabilities experiencing abuse or violence. Our efforts will strengthen two dynamic and highly effective organizations, improve our capacity to serve the greater Attleboro/Taunton communities and plan to improve needed services to individuals with intellectual and developmental disabilities (IDD) that are experiencing domestic and sexual violence (DSV).

Several other factors inform emPower BC's work: the statistically high risk of people with IDD for experiencing DSV; the opportunity to examine and expand each agency's services; overlapping service areas (specifically within Bristol County, with main multiple site locations being in close proximity to each other); and the longstanding desire to integrate our capacity to better serve survivors with IDD.

## **The emPower Bristol County Vision**

emPower Bristol County envisions a world where people with intellectual and developmental disabilities live their lives with safety, dignity, and respect, including freedom from domestic and sexual violence.

## **The emPower Bristol County Mission**

emPower Bristol County will create an innovative system of supports and services for people with intellectual and developmental disabilities impacted by domestic and sexual violence through a dynamic, open, and supportive partnership dedicated to:

- Transforming cultures through education and awareness in our agencies;
- Evaluating and strengthening agency response;
- Building our collaborative and individual capacities for service provision that combines best practices and creative implementation with a survivor strengths-based approach;

- Offering seamless, integrative, and accessible supports and services that promote safety, dignity, respect, and autonomy.

## **Our Focus**

As emPower BC developed its collaboration charter, the focus of the collaboration's work was narrowed to specifically focus on working with adults with intellectual and developmental disabilities who have experienced domestic or sexual violence, their support networks, and the ways the founding organizations, The Arc of Bristol County and New Hope, Inc. can better serve survivors with IDD on their journey healing from trauma.

## **Collaboration Members**

The Arc of Bristol County and New Hope, Inc. have been associated with each other through mutual involvement in community organizations in the Taunton/Attleboro area such as The Chamber of Commerce, community action programs and constituent education. While programmatic collaboration had often been discussed, the realities of budgetary constraints have often precluded joint ventures. The Arc of Bristol County and New Hope have operated under a memorandum of understanding since March of 2016 as part of the application process for grant funding through the Training and Services to End Violence Against Women with Disabilities Grant Program.

## **The Arc of Bristol County**

Since 1959, The Arc of Bristol County has been serving the needs of individuals with intellectual and developmental disabilities and their families, helping people to realize their potential and overcome barriers to their full participation in the greater Attleboro/Taunton community. Founded by families who refused to have their children put into institutions, The Arc of Bristol County provided needed supports so families could be whole and all citizens with disabilities could be involved members of their community.

## **The Arc's Vision**

People of all abilities are empowered to succeed by making their own choices.

## **The Arc's Mission**

The Arc's mission is to foster community partnerships, create a pathway for growth and innovation by offering exceptional support and services to people with all abilities through the attraction, development and retention of superior talent who passionately demonstrate best practices.

## **Scope of Services**

The Arc of Bristol County currently has 426 employees, serves over 2,000 individuals with intellectual and developmental disabilities and their families, has seven offices in Southeastern New England located in: Attleboro (2 offices), Fall River, Middleborough, New Bedford and Taunton Massachusetts, and Smithfield, Rhode Island.

The Arc of Bristol County's Services include: Acquired Brain Injury Program, Adult Day Health, Adult Family Care, Agency with Choice, Autism Now Center, Community Directions, Community Based Day Supports,, Day Habilitation Services, Family Support Center, Guardianship and Representative Payee, Individual and Residential Support Services, Kids on the Block Educational Puppet Performances, Project Kids Connect, Project Rec-Connect, Shared Living, Special Education Empowerment Program, and Trust Management. The Arc of Bristol County has received CARF accreditation through 2022.

## **New Hope, Inc**

New Hope was founded in 1979 by Edith Palmer, an Attleboro, Massachusetts native who sought to provide assistance to women living in abusive environments. It started with a 24-hour crisis hotline, answered by Edith and other volunteers, from calls forwarded by the Plainville Police Department. Over time, and with increased community support, New Hope expanded from emergency services to include an array of support services, understanding that escape from violence is only the first step; to

truly break the cycle survivors must be provided tools and opportunities toward regaining their self-sufficiency.

## **New Hope's Vision**

Every person has the right to live a life free of violence and exploitation.

## **New Hope's Mission**

New Hope works throughout Massachusetts to build an anti-violence movement to end sexual and domestic violence. We seek to create communities free from violence, where individuals and families are able to achieve their full human potential. As an organization dedicated to social justice, New Hope encompasses a way of seeing, naming, understanding, and acting aimed at addressing inequality and oppression across society.

## **Scope of Services**

Today New Hope operates in 41 cities / towns across Massachusetts to provide “full-spectrum care” to survivors of domestic and sexual violence. New Hope differentiates itself from the field of domestic violence prevention agencies both in philosophy – by recognizing the interconnection between sexual assault and domestic violence – and in practice, by providing both survivor communities with programming for each step in their recovery, regardless of race, age, income level, gender or sexual orientation.

New Hope specializes in providing trauma-informed care with an emphasis on client empowerment, helping individuals reclaim the control and power they may have lost at the hands of abuse. New Hope's spectrum of care includes Prevention Education; Crisis Intervention; Shelter; Advocacy; Counseling; Transitional Living Assistance; Family Reunification and Intimate Partner Violence Intervention Education.



## Overview of planning phase



## Charter Development Summary

To launch our collaboration, the Arc of Bristol County and New Hope representatives met on 28 FEB and 01-02 MAR 2017 with a technical assistance provider. Our team consisted of the project directors, agency representatives from each partner, and executive leadership from each agency. The attendees are as follows:

- **Program Directors:**
  - Darlene James, The Arc of Bristol County
  - Erin Basler, Disability Outreach Coordinator, New Hope
- **New Hope:**
  - Marcia Szymanski, CEO

- Marie Hosking, Vice President for Operations
- **The Arc:**
  - Michael Andrade, CEO
  - John Neill, Director of Human Resources
- **Technical Assistance Provider:**
  - Annaliese Brown

The Charter retreat provided an opportunity for collaboration partners to define mutual ideals for the project, along with crafting a vision and mission for emPower Bristol County. During the retreat, the Collaboration team established the model for consensus decision making used in all of our processes and defines the common terms we use throughout our documents.

Along with common terms, the Charter additionally defines our collaboration values: autonomy, including supporting human rights; interconnectedness, which acknowledges the need for cooperation in a system-wide approach to serving survivors; representation, specifically of our constituents in directing the services they will use; and safety on personal, emotional, and informational levels reinforced by using trauma-informed practices.

## Needs Assessment Summary

emPower Bristol County conducted a needs assessment to identify gaps in each founding organization's capacity to serve survivors of domestic and sexual violence (DSV) who also have intellectual and developmental disabilities (IDD). Through the process of the needs assessment, emPower BC received input of key stakeholders in our organization's structure and services: DSV Survivors, adults with IDD, parents and guardians of people with IDD, and each organization's staff members.

The resulting feedback informs our future work, including the strategic planning process, in the following areas:

- Current needs in the populations we serve;
- Selecting our implementation activities;
- Increasing buy-in among staff and other organizational stakeholders, and;

- Generating solutions to identified problems with feedback from service users.

Through our needs assessment, emPower BC identified opportunities for improvement that will increase each organization's capacity to meet the needs of survivors with IDD. We identified gaps in services, policies, and procedures through conversations with those who use our services (constituents), family members, staff, and with executive leadership and our governing boards, for input on prioritization and implementation.

**Through the needs assessment, emPower BC:**

- Solicited advice and implementation suggestions regarding already identified gaps in services, policies, procedures, and training required to increase organizational capacity;
- Identified additional gaps in those areas to address in our strategic plan and implementation;
- Evaluated each agency to assess how each was meeting the needs of its constituents and gathered information on how to improve services across the board;
- Identified assets and barriers in maintaining the relationship between The Arc of Bristol County and New Hope over the long-term;
- Assessed barriers present in each organization's culture that inhibits the mission of emPower BC.

**To implement the Needs Assessment, we engaged the following groups:**

- Survivors of Domestic and Sexual Violence (DSV) with intellectual and developmental disabilities (IDD) <sup>1</sup>- Total: 6 people
- Survivors of DSV - Total: 11 people
- People with IDD - Total: 37 people
- Staff at each partner - Total: 60 people
- Parent/Guardians of constituents at each partner - Total: 9 people

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<sup>1</sup> Constituents in this category, according the Needs Assessment Plan, were already known to the Arc or New Hope as survivors with IDD who had already reported the incident to the Disabled Persons Protection Commission *and* had received healing services as part of their care after reporting.

We used three methods of inquiry: focus groups, individual interviews, and surveys. Focus groups and interviews were the primary information source for people with IDD. Surveys were the primary information source for all remaining respondent groups. Questions in each method were the same and focused on safety, positive and negative experiences with service provision (generally), and specific suggestions for improvement in service provision based on each respondent's experiences. Staff surveys also included questions about what each partner considered the critical skills for working with their population around DSV that should be part of our organizational capacity work. Our Findings are listed below.

**Finding #1:** Clients at both agencies strongly value rights, autonomy, and empowerment, which should be kept in mind for all changes and services in the future.

**Finding #2:** The Arc and New Hope have provided services in "silos," limiting each agency's capacity to serve other clients and capacity to form trusting relationships with other clients.

**Finding #3:** The Arc staff lacks the experience and knowledge needed to recognize abuse and safely manage disclosures of abuse.

**Finding #4:** Service providers are not explaining mandatory reporting to constituents in an effective, easily understood way, which impacts constituents' ability to make informed decisions.

**Finding #5:** There is general confusion around the role of guardians and their role in disclosures of abuse.

**Finding #6:** The Arc has not effectively taught general safety that includes physical and emotional safety within interpersonal relationships.

**Finding #7:** At New Hope, there is little knowledge about the potential scope of accommodations as well as where to access resources and how to provide them.

**Finding #8:** Staff and Constituents at both agencies need information that impacts their lives presented simply and reinforced consistently.

## Strategic Planning Summary

On 23 & 24 July 2019, the emPower Bristol County Collaboration Team met with Technical Assistance providers from the Vera Institute of Justice for a Strategic Planning Retreat. The attendees are as follows:

- **Program Directors:**
  - Jennifer Adams, Director of Community Services and Outreach, The Arc of Bristol County
  - Erin Basler, Disability Outreach Coordinator, New Hope
- **New Hope Representatives:**
  - Marcia Szymanski, CEO
  - Marie Hosking, Vice President for Operations
- **The Arc Representatives:**
  - Michael Andrade, CEO
  - John Neill, Director of Human Resources

During the retreat, the collaboration team grouped the findings from the needs assessment into four overarching initiatives. The three initiatives we chose to focus on during our implementation phase are listed in the next section. From there, the team chose key activities responding to the stated needs of our respondents. The activities focus on weaving our values of empowerment and autonomy into all parts of partner services; increasing knowledge among staff and constituents; and providing information and resources in accessible formats.

By the end of the retreat, the emPower team had honed ideas and suggestions into a scaffolded work plan that outlines the commitments emPower Bristol County partners are making to increase capacity to serve survivors of DSV with IDD. The following document outlines our strategies for addressing these findings in a way that aligns with our collaboration values, as well as the individual missions and values of the partner organizations.

## **Overview of Initiatives**

### **Initiative 1: Create empowering services that emphasize rights and autonomy at emPower Bristol County agencies.**

**Activity 1.1: Create New Mandatory Reporting Policy**

**Activity 1.2: Develop Sexual Assault Response Protocol**

**Activity 1.3: Create Protocol for Help Cards**

**Activity 1.4: Create New Touch Policy**

### **Rationale**

emPower Bristol County's founding agencies have values based in self-determination, empowerment, and autonomy. Throughout the needs assessment, the importance of these values was echoed by our constituents in many, if not all, of the topics we asked them about. We took the mandate to use those values as the ruler we should be measuring our implementation activities against.

The activities in Initiative 1 focus primarily on the areas where our constituents identified big gaps between how we interpret our practices and policies, how they are implemented, and how our constituents are realistically impacted by them. Initiative 1 lays the groundwork for future work undertaken by emPower Bristol County and our partner agencies.

## **Initiative 2: Build the capacity and knowledge among staff of collaboration partners to effectively, safely and with trust, serve survivors of domestic and sexual violence who have I/DD**

**Activity 2.1: Create Staff Training for Help Cards**

**Activity 2.2: Conduct Safety & Access Reviews at partner agencies**

**Activity 2.3: Create interagency core response team**

### **Rationale**

Initiative 2 responds directly to constituent and staff responses about not knowing which resources are available, how to access them, and what procedures to follow a disclosure - outside of mandated reporting. One of the strategies we will employ when addressing this issue is to increase inter-agency collaboration at all levels.

This initiative aims to develop and implement procedures that support the first initiative and its activities. The products of this initiative will operationalize and put into writing the ongoing commitments of emPower Bristol County partners to our constituents.

## **Initiative 3: Create resources and practices to increase comfort and provide information and skills around safety in a consistent and accessible format.**

**Activity 3.1: Create historical trauma screening tool that uses trauma informed practices to avoid retraumatization**

**Activity 3.2: Develop modules relevant to other activities to be included in a universally designed, comprehensive curricula supporting identification, reporting, recovery, and service access for survivors of domestic and sexual violence**

**Activity 3.3: Revise on-boarding orientation at The Arc to include self-care and vicarious trauma**

**Activity 3.4: Revise on-boarding orientation at New Hope to include targeted module of access and accommodations**

### **Rationale**

During the needs assessment, we learned our respondents have a series of gaps in knowledge and skills that are critical to recognizing abuse and supporting survivors. Initiative 3 and its activities serve to implement and embed training opportunities to address those gaps. Additionally, Activity 3.1 focuses on a multi-level process for identifying whether a constituent's history indicates past trauma exposure. If answers to the intake screening show a trauma history, follow up will be done with the involvement of clinical teams and staff members identified as trusted and safe by the constituent to assess functional needs and strategies to increase safety and avoid retraumatization.



## **Initiative 1: Create empowering services that emphasize rights and autonomy at emPower Bristol County agencies.**

### **Activity 1.1: Create New Mandatory Reporting Policy**

*New Hope & The Arc of Bristol County*

#### **Rationale**

In Massachusetts, the following people are mandated reporters, based on their professions: employees of the Executive Office of Health and Human Services -- the oversight office for the Departments of Disability Services (DDS) and Mental Health (DMH), and the Massachusetts Rehab Commission (MRC); all people employed by private agencies providing disability-related services; medical personnel, specifically any medical professionals who are engaged in the examination or treatment of a patient; mental health professionals, including psychologists, social workers, and counselors; foster parents; law enforcement; and education professionals of all levels. In the language of protective services, there are also “permissive reporters,” or those people who are not required to report abuse, neglect, or maltreatment, but do so voluntarily. Because people with IDD are viewed as vulnerable, it is likely that many of the people in their lives who are not legally required to do so may make reports to the Disabled Persons Protection Commission (DPPC - the agency responsible for investigating abuse claims against people with disabilities) or to connected mandated reporters.

When taking into account the typically daily encounters of people with intellectual and developmental disabilities (IDD), this mandated reporter list covers many of the people they interact with regularly and nearly all of the people someone experiencing DSV would disclose to. In Massachusetts, mandated reporting requirements supersede privilege for domestic violence advocates, sexual violence advocates (both of whom have legal privilege established in MGL 233 §20J & §20K) psychologists,

social workers, parents, children, and spouses. What this means in practice is that a person with IDD who wants to talk about experiencing trauma is extremely limited in their resources regarding confidential support services.

Much of the work done in the realm of DSV services is based in empowerment, which says that the person experiencing violence is the expert in their own life and understands best how to keep themselves safe. When discussing disclosures by people with IDD, this ideal is directly at odds with mandated reporting as it functionally works in our Massachusetts system. DSV organizations may try to weave empowerment principles into the legal requirement to report. For example, at New Hope, all of our advocates have been trained to disclose and explain their mandated reporting status at the beginning of conversations where a person may disclose information and are provided examples of ways to phrase that disclosure in plain language. However, taking these steps does not guarantee the concept and potential repercussions are understood nor does it mean that a report won't be required.

This is further complicated by the lack of knowledge around mandated reporting requirements and status for our constituents with IDD. During focus groups and interviews with people with IDD, only one participant answered questions about the purpose of mandated reporting and who may be mandated reporters in their life in line with how mandated reporting is understood by staff, agencies, and the commonwealth oversight organizations. If a person with IDD doesn't understand what mandated reporting is, who are mandated reporters, and what that means for them after disclosing abuse, seeking information that may lead to a disclosure is disempowering. The potential for retraumatization and additional harm caused by a potentially intrusive investigation has the potential to seriously uproot a survivor's routines. Mandated reporting represents a critical part of ensuring the safety of at risk populations. How do we work to empower the individual while following the legal requirements to report abuse? Because this finding was near universal for our constituents with IDD, we recognize that addressing this gap in knowledge is critical to the idea of empowered reporting.

Throughout the needs assessment, we discussed our ongoing findings with colleagues at both internal and coalition meetings. The more we discussed the issue of empowerment in mandated reporting, the more we heard from others about how they want guidance surrounding the issue. Many shared their strategies for balancing the mandate for self-determination and autonomy with the need for safety and legal compliance.

## **Timeline**

The policy will need to be reviewed by many different groups of stakeholders to ensure it adheres to our values of empowerment and autonomy as well as maintains compliance with all relevant legal statutes while fulfilling the purpose of mandatory reporting - increased safety for those at higher risk of abuse and accountability for those perpetrating or ignoring abuse. Because the product of this Activity informs many of the other products emPowerBC will develop, it is critical that the Mandated Reporting Policy be drafted and sent for feedback before the end of CY 2019.

## **Participants**

emPowerBC Partners, the Human Rights Committee at the Arc, the legal department at the Disabled Persons Protection Commission, and Partner agency boards, with feedback from funding sources

## **Anticipated Outcomes**

We anticipate finding a way to better support and empower persons supported while disclosing abuse. This gives them power over their story and who they would like to tell it to. Within the Massachusetts mandated reporting statute regarding people with disabilities, there is language that allows for the potential subject of a mandatory report (in this case, a person with a disability) to reclaim privilege with professionals who hold privilege based on their job title, ethical codes, or training and certification. emPower partner agencies aim to operationalize this clause into policy, procedure, and eventually training to increase empowerment and

autonomy for adults with IDD who have experienced abuse and want to seek help.

The purpose of this activity is not to avoid mandatory reporting. Our goal is to build in flexibility for individuals with IDD to work with the providers who know them best and professionals within DSV and disability services to provide survivor-led response.

## **Change and sustainability**

This policy will be sustainable for the future and worked into all new employee on-boarding as well as taught to current staff at each agency. It also creates cultural shift in each agency; as our needs assessment revealed each agency strongly believes in empowerment and self-determination. By creating a new policy around Mandated Reporting, it sparks change in the way that staff members approach persons served. This makes staff think about the actual person they are supporting, not just doing their job. It changes thinking to be more client specific or person centered, which then makes services better and meets our mission statement.

## **Activity 1.2: Develop Sexual Assault Response Protocol**

*The Arc of Bristol County*

### **Rationale**

Throughout our needs assessment we found that many staff at The Arc had no idea how to handle disclosures of sexual assault nor how to proceed medically after an event. Additionally, there is no guidance or precedent about whether a sexual assault forensic exam requires guardian consent. By developing a protocol, staff will have a tangible action plan that outlines exactly what to do when an assault occurs. Having clear instructions to follow is particularly helpful when staff are faced with an emotionally charged crisis, like a sexual assault. Furthermore, this streamlines the agencies response across all departments, insuring all persons served are being fully supported. In turn, this lends itself for future review of current policies and protocols to ensure that they are up to date, current and accurate.

### **Timeline**

This will be one of the first things that the collaboration will tackle; we anticipate creating a workgroup between agencies with key personnel involved. We feel that we can have this completed three months after approval of this Strategic Plan

### **Participants**

Project Director, Disability Advocate and Educator, clinicians at both agencies, CEO from The Arc, Human Resources from The Arc, Vice President from The Arc and Guardianship representative from The Arc, Consulting from the SANE nursing program

### **Anticipated Outcomes**

We anticipate to create this protocol and on board all current Arc Staff during monthly staff meetings. This will be added to the current Orientation process when new staff are trained around Human Rights. Internally to the Arc, the protocol will provide staff members with clear guidance about how to handle acute care after sexual abuse, as well as the

process for managing disclosures of abuse, steps in reporting (both to the agency and to maintain legal compliance), and resources for the person who experienced abuse as well as their caregivers. In partnership with New Hope, this protocol will establish a method for the Arc to access New Hope's on-call advocates when seeking medical care or a forensic kit after a sexual assault, providing an additional support structure.

## **Change and sustainability**

Because both partner agencies already have built in on-call procedures, the sexual assault response protocol should embed into practice simply. We anticipate that most requests for assistance will be from the Arc to New Hope, which can be accessed through the 24-hour hotline. In addition to providing information, New Hope may also provide medical advocacy services - a skill that all employees are trained in and is embedded into organizational practice - when the Arc needs to assist a constituent with emergency medical care related to an assault or abuse.

## Activity 1.3: Create Protocol for Help Cards

*New Hope & The Arc of Bristol County*

### **Rationale**

Throughout the needs assessment, our respondents identified multiple points at which access is critical. One theme that developed was around communication - both in the realms of people with IDD being able to find the assistance they need from a person they trust and staff members wanting clear guidelines about how to hear disclosures, provide support, and connect constituents with the services they need. The Help Cards are a multi-phase activity that aims to pair Picture Exchange Communication Systems (PECs) with training, protocols, and resources to streamline the disclosure process for constituents and staff.

The Help Cards are intended to serve multiple purposes for our constituents. They will provide a concrete way for someone who needs help to indicate a desire for assistance, the type of assistance they need, and match that to someone who is able to provide help. One of the main inspirations behind this idea was supporting autonomy. As we have discussed in the section on mandated reporting, there are many ways in which people with IDD who experience abuse are re-victimized and re-traumatized by the systems in place. We view passing the tangible card as a way for constituents to not only reach out and receive help, but also to choose a person they trust to be the first point of contact for that request.

We chose to have the system built into existing positions at partner agencies (e.g. program nurses at The Arc would be the designated staff for medical needs). Additionally, staff who are interested in receiving additional training to serve as card staff members will be given the opportunity to do so.

### **Timeline**

To support successful implementation of this system, Activities 1.1, 1.2, and 1.4 will need to be substantially complete before we can define the protocol for using the Cards. The initial steps for the Cards Protocol are: establishing a workgroup; defining the types of “help” being represented;

determining which kinds of help are better suited to certain positions that currently exist within partner organizations and which will require new job duties and training to be created at each agency. These steps can all be done before the policies on mandated reporting and touch and the sexual assault response protocol are in final draft form.

## **Participants**

Workgroups within each emPower BC partner, led by collaboration team members, comprised of representatives of each major program: i.e. The programs doing direct client services within the scope of the grant, but not necessarily programs whose work is not. At New Hope, this may look like representatives from counseling, advocacy, and shelter, but not necessarily from Intimate Partner Abuse Education. At the Arc, this may mean representatives from dayhab, individual support, and adult family care, but not necessarily guardianship.

## **Anticipated Outcomes**

We anticipate two outcomes from this activity and Activity 2.1, during which we create a staff training and implement the cards. The first outcome is that constituents will feel empowered to seek assistance because they will know who can meet those specific needs. We fully anticipate that partner agencies will experience an increase in disclosures of abuse after the product is rolled out fully to staff and constituents.

The second outcome is that staff will feel more prepared to manage disclosures - from a procedural standpoint as well as having skills to manage emotional needs and safeguard against vicarious trauma. Our roll out of the cards to constituents is intended for after the completion of our current grant cycle so we can be intentional about how the information is presented and involve those who are identified as able to help in ongoing education and repetition of the message.

## **Change and sustainability**

Our plan is to embed the Cards into practice at all partner agency sites. This process includes training staff, adding additional duties to relevant job descriptions, creating resources, and developing the cards and stickers



themselves. Once this activity has been implemented, partners move to Activity 2.1 - developing the procedural training for partner staff. After staff have been trained, the Cards will be introduced to constituents for ongoing use.

## Activity 1.4: Create New Touch Policy

*New Hope & The Arc of Bristol County*

### **Rationale**

An ongoing issue within disability care work is what Dave Hingsburger refers to as the Ethics of Touch. Generally speaking, those who provide care work are paid to assist with daily tasks, including intimate personal care. Because our work centers empowerment, autonomy, and consent, we plan to implement a touch policy at all partner agencies that discusses the ways in which one MUST respect the rights of individuals to decide how, when, and by whom they are touched.

Historically, policies prohibit social touch (especially hugging) without addressing the systemic issue presented by choice in care staff around intimate care. While we will not be able to fix the issues with industry expectations around intimate care, we plan to develop a policy for all staff and constituents at partner agencies around social touch that acknowledges the importance of touch for wellbeing and centers consent in its application.

### **Timeline**

Many agencies working along the intersections of disability and DSV have implemented touch policies. Because we will have many examples to draw from, we anticipate this activity will be completed during the initial setup phases of our other projects.

### **Participants**

emPowerBC partners with feedback from Human Rights Committee and Senior Management Teams.

### **Anticipated Outcomes**

emPower partner agencies will have written policy about the ways touch is used.

## **Change and sustainability**

This policy will be guided by our proven values of empowerment and autonomy and we expect it will reflect current practices our staff members and constituents and will easily integrate into the cultures at each agency. Because we intend for the policy to cover all people engaging in services at the partner agencies - whether providing or receiving them - we expect that providing training and resources to staff about how to talk about this policy will be a future project.

## **Potential Future work in this initiative**

### **Future, Long-Term Activity 1.1**

Our hope for this activity is to create a template policy for other Massachusetts providers that provides a way to maintain legal compliance with mandated reporting requirements while centering the rights and safety of people with IDD who have experienced abuse.

Our goal is to have this policy reviewed and considered a template for disability service providers working in tandem with DSV agencies in Massachusetts.

### **Future, Long-Term Activity 1.2**

Similarly to our rationale for mandated reporting, our aim with this activity is to develop a replicable solution for other providers with the same concerns. The protocol is not solely a process document. It requires us to examine: the nuances of empowerment, legal rights, and informational privacy; the division between evidence collection and emergency medical care; and the best ways to consider safety, comfort, and guardian concerns.

**Find our Work plan on Following Page**



## **Initiative 2: Build the capacity and knowledge among staff of collaboration partners to effectively, safely and with trust, serve survivors of domestic and sexual violence who have I/DD**

### **Activity 2.1: Create Staff Training for Help Cards**

*New Hope & The Arc of Bristol County*

#### **Rationale**

The Help Cards are a multi-phase activity that aims to pair Picture Exchange Communication Systems (PECs) with training, protocols, and resources to streamline the disclosure process for constituents and staff. Once we develop the Cards (Activity 1.3) we will train designated staff members how to utilize the cards, manage disclosures, and connect those using the cards with the appropriate care and resources.

We chose to build the system into existing positions at partner agencies (e.g. program nurses at The Arc would be the designated staff for medical needs). Additionally, staff who are interested in receiving additional training to serve as card staff members will be given the opportunity to do so. Because we anticipate higher rates of disclosures as we implement our initiatives and recognize the potential for vicarious trauma, this training will include skills around self-care and complement Activities 3.3 and 3.4, which will add vicarious trauma and self-care education to The Arc's new employee training and accommodations and access to New Hope's preservice training

#### **Timeline**

This Activity is dependent on the Help Cards Protocol (1.3) being completed. The Protocol can be completed after the mandated reporting and touch policies, as well as the sexual assault response protocol are in final draft form. Based on the necessary prior steps, this activity will be part of our second wave of projects (Spring 2020).

## **Participants**

Help Cards workgroups, Education and Training teams at partner agencies, partner agency constituents

## **Anticipated Outcomes**

We anticipate two outcomes from this activity and Activity 1.3, during which we create a protocol and instructions for the cards. The first outcome is that constituents will feel empowered to seek assistance because they will know who can meet those needs. We fully anticipate that partner agencies will experience an increase in disclosures of abuse after the product is rolled out fully to staff and constituents.

The second outcome is that staff will feel more prepared to manage disclosures - from a procedural standpoint as well as having skills to manage emotional needs and safeguard against vicarious trauma. Our roll out of the cards to constituents is intended for after the completion of our current grant cycle so we can be intentional about how the information is presented and involve those who are able to help in ongoing education and repetition of the message.

## **Change and sustainability**

Prior to the training, emPowerBC partners will have already defined the roles, designed the product, and developed a protocol for using the Cards. The Help Cards Training is the second step in the implementation of the full system. The training will provide staff members with information about the cards and strategies for how to explain, implement, and reinforce them with constituents.

## **Activity 2.2: Conduct Safety & Access Reviews at partner agencies**

*New Hope & The Arc of Bristol County*

### **Rationale**

emPowerBC Partners will implement a tool for reviewing the holistic safety and accessibility of its programs. This is important not only to maintain compliance with the requirements of our funders - it is a reflection of our commitment to continually improving our services for those who experience the most risk of abuse while also facing the most barriers to getting help. By reviewing our services for safety and access regularly, we are committing to put those concerns at the forefront of how we operate.

This activity will focus on selection or development of our screening tool and the initial review at one residential and one administrative site for each partner organization.

### **Timeline**

The Access and Safety review work will begin once the strategic plan is approved using tools adapted from previous grantees, our funders, and regulatory agencies. The review team will complete the initial reviews of two sites per agency (one administrative building and one residential site) within the first quarter of implementation and will provide action plans for the findings by the start of the third quarter.

### **Participants**

emPowerBC partners with feedback from staff and constituents, Safety & Access Review Committee as established in this activity.

### **Anticipated Outcomes**

By developing and implementing an annual review, partners commit to keeping access and safety considerations at the forefront of their work. As each partner has sites outside of the scope of funding, annual reviews will provide the opportunity to assess all agency sites, not only those with

walk-in traffic or within the Attleboro/Taunton area. Additionally, by reviewing access and safety concerns, partners will be armed with tangible information about necessary changes to their sites to maintain the spirit of inclusive service and legal compliance. This data may also provide the opportunity for future funding to make changes to sites that do not meet the requirements set out in our tool.

## **Change and sustainability**

As part of our commitment to ongoing improvement in access and safety, emPower partners will conduct annual reviews. Currently, each agency has funding mandates, certification parameters, and quality enhancement guidelines they are subject to and perform audits as needed or prescribed. This review tool is different because, in many ways, the standards will be higher for partner organizations than required legally or by funders. emPower Bristol County defined its commitment to continued change and growth in its mission statement. The Access and Safety Review and committee are designed to fulfill our mission to evaluate and strengthen agency response.



## Activity 2.3: Create interagency core response team

*New Hope & The Arc of Bristol County*

### **Rationale**

Throughout the needs assessment, we heard concerns about how the gap between partner agency services could lead to survivors with IDD not receiving the services they need. Staff members who had worked across emPower partners told us how beneficial warm referrals were to their success in supporting survivors. Staff at the Arc expressed concern about the trust they had developed with individual people with IDD they have worked with over their careers and how concerned they are about the impermanence of those professional relationships and the duty they feel to hold space for those they support to process trauma. These results indicate a need for ongoing, institutionally embedded opportunities for partner agencies to come together to discuss emerging issues at the intersection of DSV and IDD in our agencies and examine how to collaborate to change our procedures to be more survivor-centered and continuous.

Establishing a core response team that includes partner agency representatives will bring the specialists from each agency together to tackle the changing landscape of how our services are provided based on shifting towards trauma informed and accessible care. This group will establish on-call procedures between agencies (when there are emergencies) as well as planning regular meetings and identifying a lead representative at each partner.

### **Timeline**

The Interagency Core Response Team will be embedded into the on call procedures of each agency - thus its establishment is not dependent on any other activities. However, one of the main functions of the Response Team will be to understand, implement, and guide staff through the Sexual Assault Response Protocol. This means the two activities will have significant overlap in time and participants, but the Core Response Team

will not be fully operationalized and functioning until the Protocol is completed.

## **Participants**

emPowerBC partners, Protocol workgroup, On-Call Administrators, with feedback from Senior Management Teams.

### Anticipated Outcomes

The Interagency Core Response Team will provide a connection between partner agencies, as well as a dedicated time to bring up issues related to access and safety within each organization. By having representatives from various programs within each partner, the Core Response Team will be able to examine the full scope of potential problems, promising practices, and emerging needs at the intersection of DSV and IDD.

## **Change and sustainability**

emPower partners currently engage with a number of working groups, coalitions, and community councils and will apply the same strategies to this core team.

## **Long-Term work in this initiative**

### **Future, Long-Term Activity 2.1**

Future steps for this project may include developing accessible instructions for use, training for constituents, evaluation and updating for effectiveness, and expansion to other programs or groups.

**Find our Work plan on Following Page**



## **Initiative 3: Create resources and practices to increase comfort and provide information and skills around safety in a consistent and accessible format.**

### **Activity 3.1: Create historical trauma screening tool that uses Trauma Informed Practices to avoid retraumatization**

*The Arc of Bristol County*

#### **Rationale**

While The Arc screens for many things upon intake, i.e. historical information, behaviors, medical history, we have found that trauma is not taken into account. Since it is well known that individuals with IDD are more likely to have experienced abuse and violence, it is imperative that this is added to The Arc's intake packets. Furthermore, individuals supported continue to experience trauma through the general process of our services. Staff turnover, particularly at the base level, is high- thus creating a loss for the person each time staff leave. By assessing for trauma both at entrance to services and during yearly Individual Support Plan review, staff can make sure individuals receive the supports and services that they need.

In the case of New Hope, it is obvious by the nature of the work they do, that individuals served have experienced trauma. However, it would be helpful to have a tool when working with long term participants (i.e. therapy) to assess what other types of trauma that they may have experienced so as to personalize their services to help with recovery.

In the case of warm referrals, this is also a tool that could be shared between agencies so as to not cause further triggering and trauma.

#### **Timeline**

Because the longer-term goal of having a full trauma screening tool available, during our implementation phase, emPower BC will focus on the

framework for the tool, guidelines and safety considerations in using it, and decisions on implementation strategy. Using implementation to be intentional about how to ask people about traumatic events afford us the opportunity to carefully consider the implications of an affirmative answer – both for the individual being asked and regarding the obligations of the person conducting the screening. It also provides time to build up capacity, resources, and systems response in the event of a disclosure.

## **Participants**

Clinicians at each Partner Agency, Project Director, Disability Outreach Coordinator, Human Rights Coordinator at The Arc, other Director level Arc employees as identified

## **Anticipated Outcomes**

It is our hope that through the creation of this tool, we can better serve our constituents with trauma informed practices. We anticipate that by screening for trauma we may indeed see a spike in disclosures, but we also feel that in order to treat and support the whole person, their trauma history is necessary. We hope to use this tool to better inform service delivery in a person specific self-determined empowered way. Much like some of our other initiatives, this tool will become a part of the company culture, thus improving services for all.

## **Change and sustainability**

Once a tool has been created, it can be added into our regular intake process or ISP cycle. By reviewing it as a cross-agency team yearly, we can make sure that we are using the most up to date and educated tools to screen for trauma. Also, by screening for trauma it forces a conversation among the agency on the effects of trauma on those we support; therefore becoming an organizational initiative to always include the idea of trauma when discussing cases and providing services. This will be a living tool/evaluation that will become a part of the way we provide services

## **Activity 3.2 Develop modules relevant to other Activities to be included in a universally designed, comprehensive curricula supporting identification, reporting, recovery, and service access for survivors of domestic and sexual violence**

*New Hope & The Arc of Bristol County*

### **Rationale**

Throughout our interviews and focus groups, we found that individuals do not have the language or skills to appropriately report abuse. By training persons served around what abuse is and looks like, they can recognize and disclose when abuse occurs. This may also empower participants to make disclosures of past abuse and lead to healing and support, thus creating a more full life.

Our constituents expressed a desire for more education in this topic and the need was demonstrated by some of the answers we received about safety, rights, and mandated reporting. Additionally, staff members at both agencies requested further training at the intersection of intellectual disability, relationships, and trauma. This curriculum will use universal design principles to increase access to staff and constituents. By creating an inclusive curriculum, this also gives staff a chance to learn how to recognize and accurately report abuse while empowering the survivor to tell their own story.

Throughout our trainings with VERA and OVW, we have learned the importance of plain language and accessible materials. Utilizing these resources, we will write an accessible curriculum that can also be adapted to individuals who may learn in different ways.

### **Timeline**

This activity is ongoing and will incorporate training modules about other products developed during implementation. The first module we plan to develop will contain lessons about recognizing and disclosing abuse (including the Help Cards), mandated reporting, and touch. The mandated

reporting module requires the activities and products in Initiative #1 and Activity 2.1 to be approved by OVW and other entities identified in the above summaries. Based in the prerequisite work, the module will likely be the final product of our implementation period.

## **Participants**

Project Director, Disability Outreach Coordinator, individuals support by the Arc and/or the DPPC, clinicians at each partner agency, Sexuality Educator from The Arc, Day and Residential Services from The Arc, other employees at each agency identified as having a vested interest and skills that lend well to this project

## **Anticipated Outcomes**

Because we anticipate that by educating those supported around sexuality and consent, that we will experience more disclosures of abuse, our focus at the outset of this activity will be on mandated reporting. This leads to the use of the Help Cards as well as the interagency response team; therefore creating a trauma informed empowerment model reporting system that is also sensitive to the needs of individuals with IDD.

While education will take time to roll out at The Arc, it will become embedded in company culture and staff and individuals supported will be better versed in reporting abuse as it occurs.

## **Change and sustainability**

Education and research is ever changing; therefore the team expects to assess the curriculum used on a yearly basis to make sure the most up to date information and resources are being taught and utilized. By embedding this training into both The Arc and New Hope, it will become a part of our scope of services.

## **Activity 3.3: Revise on-boarding orientation at The Arc to include self-care and vicarious trauma**

*The Arc of Bristol County*

### **Rationale**

During the Needs Assessment, answers given by staff at the Arc regarding their personal feelings of safety indicated that there are opportunities to better support them in developing and maintaining resilience skills in their workplace. One significant difference in workplace culture between New Hope and the Arc, as well as in the cultures of each industry, is the focus on self-care and preventing vicarious trauma present in DSV work.

While DSV work is recognized as higher risk of burnout based on working with trauma survivors, the same could statistically be said about those doing direct care with people with IDD. Shifting to include mechanisms for better self-care and preventing vicarious trauma in the orientation training for all staff begins to shift the workplace culture to one that acknowledges the difficulties of working in human services and starts conversations about how to better support one another.

### **Timeline**

The addition to training will be made in the Fall/Winter of 2019. Further steps to build support into the workplace will be developed in future steps.

### **Participants**

emPowerBC partners, Human Resources from the Arc, education and outreach team from New Hope (as needed), consultation from New Hope Clinical team (as needed)

### **Anticipated Outcomes**

Changing workplace culture will not necessarily change one's internal feeling of safety. However, having conversations about trauma and taking care of oneself emotionally can help create a safer space for employees.



This activity is the first step in changing the workplace culture at The Arc to be more trauma informed for its employees as well as constituents.

### **Change and sustainability**

This training component will be built into the Arc's New Employee onboarding. We recognize there will be further work to do once we implement this training. For example, the Arc may look into implementing regular supervision between supervisors and employees.

## **Activity 3.4: Revise on-boarding orientation at New Hope to include targeted module on access and accommodations**

*New Hope*

### **Rationale**

Through the Needs Assessment, we found that staff at New Hope were working in ways that promote access to services, but did not identify them as disability-centric accommodations. Based on this gap between knowledge and practice including specific training in access should be included in new employee training. At New Hope, employees and volunteers are mandated by the Department of Public Health (DPH) to receive (minimally) 40-hours of training to be certified as a rape crisis advocate. We will add a section focused on access and accommodations to this training to ensure all staff are receiving uniform information that aligns with New Hope's practice and values around access.

### **Timeline**

New Hope reviews its Preservice Training quarterly. This activity will be included in the Fall/Winter 2019 revision.

### **Participants**

emPowerBC Partners, Education & Outreach managers at New Hope, with feedback from the DPH Health & Disability Program in the Office of Health Equity

### **Anticipated Outcomes**

New Hope staff members and all participants in Preservice training at New Hope will have higher comfort and knowledge in addressing access concerns.

### **Change and sustainability**

Based on DPH funding, rape crisis centers in Massachusetts are required to include disability humility training in Preservice training. This activity is an extension of that mandate to address the needs identified at New Hope. Because New Hope runs its Preservice training on a set schedule

and has open registration, this activity will reach participants from other DSV agencies, volunteers, community members, and professionals in allied industries like criminal justice, health care, and higher education.

## **Potential Future work in this initiative**

### **Activity 3.1**

Potential future components of this project include establishing a workgroup, researching best practices, deciding how to implement the screening, and who is best suited to do so.

**Find our Work plan on Following Page**



## Potential future work

During the Strategic Planning Retreat, emPower Bristol County identified a fourth initiative that speaks to the need for systems advocacy within Massachusetts. We believe the findings from our Needs Assessment align with larger systemic issues surrounding mandated reporting, sexual assault response and consent, trauma screening and care, guardianship, and accessibility. These issues are present at the local, state, and national levels. Based on our needs assessment and some of the practical barriers we identified during strategic planning (i.e. state level regulations, lack of legal clarity or precedent around consent to sexual assault forensic kits).

Some of the preliminary activities we brainstormed ended up grouped under this initiative because they require a different configuration of partners to make changes, will require ongoing work beyond our implementation period, and/or require in depth research into interventions and best practices to complete. These activities are:

### **Longer-term clarity around mandated reporting.**

emPower Partners have identified the changes we can make at the agency level to increase empowerment and autonomy in mandated reporting. As stated the future work section for Initiative #1, we plan to review the policy and protocol we develop with the DPPC for legal compliance and possibly share that policy to other mandated reporter agencies within the state who have also experienced a lack of clarity. We recognize that necessary education will also be components of responsible distribution of a policy that changes the way mandated reporters have historically interacted with their legal requirements.

We also view this as an opportunity to partner with the Disabled Persons Protection Commission (oversight agency for mandated reporting), Department of Developmental Services (oversight and funding of disability services programs), Department of Public Health (oversight and funding of DSV programs), MA OVW grantees, and other stakeholders.

## **Development of a Historical Trauma Screening Tool**

One of the concerns staff expressed was identifying whether reports and behavioral indicators are the result of recent or historical trauma and how to create environments that support survivors to feel safe and supported. Our goal is to find a way to assess for care needs and positive behavioral support strategies that allow survivors to develop resiliency skills without activating past trauma.

As an example model of this concept, the Child Trauma Academy has developed the Neurodevelopmental Model of Treatment and Assessment (NMT) for use with youth. The survey used during assessment, when completed entered into the NMT tool, provides a functional brain map that identifies areas where resilience skills are strong and where targeted interventions can be used to increase resiliency (i.e. sleep patterns, impulse control, startle response). As the practice of merging neuroscience with therapeutic interventions is relatively new, this activity would require more research and development than could be completed in our implementation period.

## **Universally designed Curriculum for Identification of Abuse and Help-Seeking Strategies**

In our current implementation period, we will complete the curriculum module focused on mandated reporting. emPower partners recognize there is not time to complete a full comprehensive, universally designed, inclusive healthy relationships curriculum. Therefore, the full curriculum will be developed through future collaboration and, ideally, continuation funding.

## **Conclusion**

The preparatory work embedded in this grant allowed us time to hone our response to direct service needs identified by our constituents. emPower Bristol County's collaboration team holds decades of experience in the non-profit sector, disability services, domestic and sexual violence services, sexual health, social work, and activism. The development process for the collaboration charter gave us an opportunity to take our experience and define the mission and vision of emPower BC - one that takes into account the intersection of all of our work.

The needs assessment provided us with the opportunity to see where our strengths lie and which issues are most pressing when it comes to serving survivors with IDD. As professionals with experience, we had some idea of what we wanted to accomplish to solve what we saw as the barriers to service. Our constituents reinforced that knowledge and brought forth perspectives and barriers we had never considered. Our conversations and surveys showed where our own abstract ideas of what barriers were restricting access, we missed some necessary basic needs.

Strategic Planning retreat gave us the time to come together as a collaboration to look at what we learned from our constituents and how to move forward. We felt passionately about our implications and findings, and were able to finalize these into our three initiatives, with strong steps and true sustainability for both agencies. As a collaboration, we feel that forming interagency work groups to target the work centered on these initiatives will create agency buy in which will then begin to change company culture and the way we do business.

**Appendix 1: Find the Full Work plan on the Next Page**







