STRATEGIC PLAN
Domestic Violence & Mental Health Collaboration Project

King County, WA
Revised September 2010
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Introduction & Overview

In October of 2007 the Office on Violence Against Women, U.S. Department of Justice awarded a three year grant to the Domestic Violence and Mental Health Collaboration Project. The purpose of the grant is to create sustainable systems change for survivors of domestic violence who have disabilities and/or who are Deaf.

The Domestic Violence & Mental Health Collaboration Project is working to create that change for survivors with mental health concerns. To accomplish this the project is working collaboratively with representatives from local government, a county-wide domestic violence coalition, a community-based domestic violence organization, a community-based mental health organization, and two organizations that provide mental health, chemical dependency, and domestic violence services. The latter two organizations specialize in services for the Spanish-speaking immigrant community and the LGBT community respectively. The six project partners are:

The City of Seattle Human Services Department, Domestic Violence and Sexual Assault Prevention Division which works to keep all adults and children safe from domestic violence and sexual assault. The City of Seattle helps victims and survivors create safe and violence-free lives, and heal from the trauma of abuse or sexual assault. The City of Seattle is represented by a Planning and Development Specialist.

Consejo Counseling and Referral Service which provides behavioral health, chemical dependency and domestic violence services to immigrants from Latin America who speak Spanish as their primary language. Consejo provides services across the state of Washington. Consejo is represented by staff from their domestic violence and mental health programs.

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

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

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

Sound Mental Health (SMH) which provides a full continuum of recovery-oriented, community-based mental health and drug/alcohol treatment services including crisis intervention, rehabilitation, support, education, outpatient therapy, and residential programs. Approximately 15,000 clients throughout King County receive services each year. Sound Mental Health is represented by their Director of Child and Family Services and a Manager from their Quality Assurance Department.

Four of the partner organizations provide direct services. This includes Consejo, New Beginnings, Seattle Counseling Service, and Sound Mental Health. Two of the partner organizations, the City of Seattle and the King County Coalition Against Domestic Violence, do not provide direct services. The changes outlined in this strategic plan primarily address creating changes at the partner organizations that do offer direct services. However, the City of Seattle and the Coalition will play integral roles in facilitating and sustaining these changes.
Planning

This strategic plan is the final step and cumulative result of a comprehensive planning process supported by this grant. The planning process is the first of two phases of the grant. Implementation is the second phase. The planning process is outlined in the graphic below. It began with relationship building with the project partners and the creation of a collaborative charter. The partners then worked together to narrow the focus of our project. Once our focus was clear, we developed a plan for an in depth needs and strengths assessment of our partner organizations. We conducted the assessment and were successful in learning a great deal about what is working well in our partner organizations and where there is room for improvement. We shared these lessons in a report that summarized our key findings and recommendations. That report informed our strategic planning.

Our strategic planning process began in March of 2009 when our project partners came together for a strategic planning retreat. The retreat was facilitated by staff from the Accessing Safety Initiative of the Vera Institute of Justice. At the retreat we utilized the key findings and recommendations from the needs and strengths assessment report to select initiatives for the implementation phase of the grant and for our work together after the grant period has ended. At subsequent project meetings we refined these initiatives and our plans for implementing them.

This report provides an overview of our strategic plan. The plan consists of three initiatives. Each initiative has associated activities that are outlined step by step. Our short term initiatives will be completed during the duration of this grant period. They will begin May 1, 2009 and will continue through December 31, 2010. These short term
initiatives will provide a strong foundation for our long term work together and have been designed to create sustainable change. Our long term work together will begin January 1, 2011 and will continue indefinitely.
Vision, Mission and Focus

As part of our planning process we identified our project’s vision, mission, and focus. All of our work together is guided by these.

Vision
We envision that domestic violence, mental health, chemical dependency and related organizations will be able to provide quality services to survivors of domestic violence who have disabilities in a manner that embraces their diversity.

Mission
The mission of the Domestic Violence and Mental Health Collaboration Project is to facilitate sustainable systems change within and among the participating organizations to better meet the mental health, safety and self-determination needs of survivors of domestic violence who have been traumatized or whose existing mental health problems have been exacerbated by domestic violence. The participating organizations will strive to make services more accessible, holistic, and integrated, to work more collaboratively together, and to effectively utilize reciprocal consultation.

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

- have a disabling mental health problem as a result of trauma or whose existing mental health problems\(^1\) have been exacerbated by domestic violence.

\[\text{AND}\]

- are accessing services at Consejo Counseling and Referral Service, New Beginnings, Seattle Counseling Service or Sound Mental Health.\(^2\)

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

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

\(^2\) Please note: The City of Seattle and KCCADV do not offer direct service.
Needs and Strengths Assessment Overview

The Domestic Violence and Mental Health Collaboration Project had five primary goals for our needs and strengths assessment. The first two goals focused on what we hoped to learn from domestic violence survivors. The last three goals focused on what we hoped to learn from service providers. Working on these goals enabled us to obtain the information necessary to develop a strategic plan to guide us in improving services for survivors of domestic violence with mental health concerns and in strengthening collaborative relationships.

Assessment Goals

1. Learn from domestic violence survivors with mental health concerns:
   A. What is working well for them regarding services at partner agencies including:
      ▪ the accessibility of services
      ▪ the quality and responsiveness of services, and
      ▪ the cultural competency of services
   B. What gaps and barriers exist for them concerning services at partner agencies including:
      ▪ the accessibility of services
      ▪ the quality and responsiveness of services, and
      ▪ the cultural competency of services

2. Learn from partner organizations:
   A. What contributes to agencies’ ability to provide quality services to domestic violence survivors with mental health concerns?
   B. Where are there barriers to the ability of agencies to provide quality services to domestic violence survivors with mental health concerns?
   C. What opportunities exist for change in our organizations?
Methodology and Participation

We utilized a combination of data collection methods including focus groups, an Appreciative Inquiry Summit, and online surveys. Participants included board members and management, as well as people providing and receiving domestic violence, mental health, and chemical dependency services.

Focus Groups
Separate focus groups were held for service providers and service recipients. Service recipients who participated were asked to participate based on the location and type of services they were receiving (e.g. mental health services at Sound Mental Health) and not on the basis of identifying as both a survivor of domestic violence and someone with mental health or chemical dependency concerns. While participants fit into at least one of these categories, they did not necessarily fit into both. Not surprisingly though, many participants did share that they were struggling with both issues. Service providers participated in groups based on where they worked (e.g. the staff of Consejo’s Mental Health Program participated in a group together.)

Participants in the service recipient focus groups came from diverse backgrounds. They varied in age with most participants being 22 to 59 years old. Most were female, but we also had input from people who are male and trans / transgender. The majority identified as heterosexual, but a significant percentage identified as Lesbian, Queer, Bisexual, or Gay. Over one-third of respondents speak Spanish, 62% speak English, and 4% speak another language as their primary language. Participants primarily identified as White and Latino/Hispanic, but other ethnic/racial groups were represented as well. Nearly three-fourths of respondents are parents.

Since Seattle Counseling Service is focused on meeting the needs of people who are Lesbian, Gay, Bisexual, Transgender and Queer, and since Consejo Counseling and Referral Service is focused on meeting the needs of immigrants who are Spanish speaking, these groups were a particular focus of our assessment. As marginalized communities, their needs often are not adequately addressed when evaluating services for survivors of domestic violence with mental health concerns or with other types of disabilities. We hope to improve services for all survivors with mental health concerns by focusing particular attention on these culturally specific groups. If organizations can meet their needs, then we believe they will be better equipped to meet the needs of other marginalized communities, as well as the needs of more mainstream communities.
Appreciative Inquiry Summit
We utilized the organizational change philosophy of Appreciative Inquiry (AI) to collect data from service providers at a day long summit meeting. The service providers who attended represented multiple levels within our partner organizations as well as key community stakeholders. AI is the cooperative search for the best in people and their organizations. AI involves asking unconditionally positive questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential. At the AI Summit participants interviewed each other about accessibility, facilitating change, and working across organizations.

Online Surveys
We asked service providers and board members from Consejo, New Beginnings, Seattle Counseling Service and Sound Mental Health to complete online surveys. We surveyed board members to learn more about their organization’s readiness for change and their processes for creating change. We surveyed service providers about their experiences with providing services to survivors with mental health concerns, the challenges they have faced, and their ideas for improving services. 36% of people who received the survey responded. They represent a variety of types of professionals within their fields from top management to support staff, from people just starting in the field all the way up to those who have been in the field for over two decades.

We had excellent participation from all levels of all of our partner organizations. The graphic below illustrates the participation in each of our data collection methods.

<table>
<thead>
<tr>
<th>Focus Groups</th>
<th>AI Summit</th>
<th>Online Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Groups</td>
<td>32 Representatives from Partner Organizations</td>
<td>3 Surveys</td>
</tr>
<tr>
<td>102 Service Providers</td>
<td>8 Community Stakeholders</td>
<td>40 Board Members</td>
</tr>
<tr>
<td>95 Service Recipients</td>
<td>3 Vera Institute of Justice Staff</td>
<td>30 DV Service Providers</td>
</tr>
<tr>
<td></td>
<td>1 Office on Violence Against Women Staff</td>
<td>103 MH Service Providers</td>
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We had a total of 414 units of input. Each survey response, summit participant, and focus group participant is considered one unit of input. However, this is not an unduplicated count. Some service providers participated in two or even all three data collection methods. We were impressed with the generosity of the participants both in terms of the time they spent providing us with information and with their openness in giving us clear and honest feedback. As a result of their efforts, we were able to compile an extensive record of very useful findings.
Summary of Key Findings

The Project Coordinator reviewed all of the data that the collaborative agreed to disclose within the framework of the goals for the needs and strengths assessment (see page 8) and drafted a summary of the key findings that met the following criteria:

- They fit within the scope of the project
- They addressed the goals of the project
- They were common themes across the partner organizations
- They were identified as important issues by the participants in the needs and strengths assessment

The Project Coordinator reviewed the key findings with the partners and refined them with the assistance of the partners and staff from the Vera Institute of Justice. They are summarized on the pages that follow.

We found that the data primarily addressed three key questions about services for survivors of domestic violence with mental health concerns at our partner organizations:

1. **Who can get in?**
2. **Do needs get met?**
3. **How can we do better?**

**Question # 1 – Who can get in?**
This area of our findings addresses which survivors with mental health concerns are able to utilize services at our partner organizations. As the pyramid below illustrates, to address the question, “Who can get in?” we must first assess the foundational issue of capacity. We can then look at accessibility, and finally, screening and assessment*. Each of these issues builds upon the ones beneath it to determine who gets in.
Finding # 1A - Capacity
Demands on the partner organizations are so high that it is extremely challenging for them to address the complex needs of survivors of domestic violence with mental health concerns. Funders enable providers to offer services, but some of their requirements and policies can inadvertently act as barriers to survivors getting their needs met.

Finding # 1B – Accessibility
Each partner organization is strong in particular areas of accessibility, but they each have room for improvement in other areas of accessibility. The lack of accessible and welcoming services in the community at large makes it much harder for service recipients to get their needs met, and puts more strain on the service providers who will help them. The environment in which services are provided makes a difference.

Finding # 1C - Screening & Assessment
A one size fits all approach to screening and assessment does not meet the needs of many service recipients.

*We used the term “screening and assessment” while conducting our needs and strengths assessment and in our findings report. We have since decided that these terms may be misleading because they are defined differently by domestic violence and mental health professionals and have different meanings depending on the context in which they are used. We have decided to now use the term “issue identification” to describe the process by which service recipients are asked about their experiences with domestic violence or their concerns about mental health.
Question # 2 – *Do needs get met?*
If the conditions are right for survivors with mental health concerns to be able to get services (there is sufficient capacity, services are accessible, and they have been screened in to the appropriate services), then will they be able to get their domestic violence and mental health related needs met?

As the Venn diagram below illustrates, we found that needs get met when quality services and collaboration overlap.

![Venn diagram](image)

**Finding # 2A - Service Quality**
Service recipients want integrated, quality services that support them as a whole person. In order for services to be well integrated, referral processes need to be improved.

Services need to be strengthened in order to better meet the community’s needs.

**Finding # 2B – Collaboration**
Philosophical differences, trust and bias concerns, confusion about roles, and confidentiality and capacity issues can be barriers to collaboration between domestic violence and mental health service providers.

**Question # 3– How can we do better?**
This area acknowledges that we have room for improvement and addresses how we can create change.

As the puzzle pieces below illustrate, we can do better by piecing together our strengths, knowledge, good communication, and readiness for change.
Doing
Better =

Finding # 3A – Sharing Strengths
Partner organizations each have valuable expertise and strengths that could benefit the other partner organizations.

Finding # 3B – Knowledge
Service providers need more training, more consultation, and better policies in order to improve services for survivors of domestic violence with mental health concerns.

Finding # 3C – Communication
Communication limitations within organizations and between organizations negatively impact both service providers and service recipients, but there are times when communication works very well.

Finding # 3D - Readiness for Change
Organizational leadership is ready for change and ways to facilitate successful change have been identified.
Short Term Initiatives

The findings outlined in the previous pages all are significant, important and worthy of addressing. However, our collaborative will not be able to implement initiatives corresponding to each key finding due to limitations on our resources (time, staffing, and funding.) Rather than attempt to address everything superficially, our collaborative partners narrowed the scope of our change initiatives so that we would be able to make significant changes that could be sustained over time.

We developed a set of guiding principles to assist us in selecting our change initiatives. We decided that each initiative needs to:

- Fall within the grant parameters
- Fulfill our mission and be grounded in our vision and values
- Promote sustainable systems change
- Enhance the ways our partner organizations work together
- Be focused equally on changes at domestic violence and at mental health programs
- Respond to what we learned in our needs and strengths assessment
- Be feasible given our resources

With those guidelines in mind, we selected four initiatives to focus on in the short term, the period remaining in our grant (May 1, 2009 – September 30, 2010.) All of the initiatives are focused on improving services for survivors of domestic violence with mental health concerns. The initiatives are:

1. Welcoming Environments
   Integrate understanding of best practices in creating welcoming environments

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

3. Issue Identification & Response
   Strengthen issue identification and response among partner agencies

4. Collaboration
   Increase collaboration and communication among partner agencies
As the graphic below illustrates, each of these initiatives is interconnected and centers on our goal of improving services for survivors of domestic violence with mental health concerns. Environments need to be welcoming so that service recipients feel they can access services. Knowledge is a necessary component of all the initiatives. Strengthening issue identification and response is essential to be able to identify people’s needs and direct them to the most helpful services. Partner agencies need to increase collaboration and communicate more effectively with each other in order to be able to meet the complex needs of service recipients.

On the following pages we will describe each of these initiatives in greater detail.
Implementation Roles

Most of the initiatives in this plan are focused on making and institutionalizing changes and improvements in the delivery of services to survivors of domestic violence who have mental health concerns. The City of Seattle Human Service Department, Domestic Violence and Sexual Assault Prevention Division and the King County Coalition Against Domestic Violence do not provide direct services. Therefore, most of the changes outlined in these initiatives are not applicable to them and they will not be implementing them. However, they will use their influence to take what is learned through the implementation of these initiatives to promote improvements in service delivery in other agencies in our community.

KCCADV will be providing leadership to facilitate the implementation of all of the initiatives. The Project Coordinator employed by KCCADV will convene all of the work groups needed for implementation and will work with the partner agencies to keep the plan on track with the timeline. The Project Coordinator will also continue to facilitate collaborative meetings and will set up the online sharing tool discussed in Activity # 4B.

A Planning and Development Specialist for the City’s Domestic Violence and Sexual Assault Prevention Division will participate in and assist with staffing the work groups, as needed.

If any of the recommendations that arise from Initiative # 1 (Welcoming Environments) are applicable to The City of Seattle Human Service Department, Domestic Violence and Sexual Assault Prevention Division and/or the King County Coalition Against Domestic Violence, then they will work to integrate those recommendations. In addition, key staff will be encouraged to participate in training and relationship building activities as is appropriate to their roles.

In the description of the initiatives in the following pages, references to “each partner agency” refer to each partner agency that provides direct services. These agencies are:

- Consejo Counseling and Referral Service
- New Beginnings
- Seattle Counseling Service
- Sound Mental Health
Initiative # 1 – Welcoming Environments

Integrate understanding of best practices in creating welcoming environments

We learned in our needs and strengths assessment that the environment in which services are provided makes a difference. As a result, we will be working collaboratively to create more welcoming environments for service recipients. We want all of our partners to offer services in an environment that embraces the diversity of the service recipients and enables them to feel comfortable accessing services there. We will provide training to our partners on strategies for making their agencies more welcoming to survivors of domestic violence with mental health concerns and we will implement changes based on the recommendations shared. We have one activity planned for this initiative.

Activity # 1A - Hold consultative visit with expert, share expertise between agencies, and implement changes
A work group will be convened with representatives from each partner agency. The group will determine the goals, purpose and format for a consultative visit with an expert on universal design for people with psychiatric disabilities. The expert will be a consultant provided by the Vera Institute of Justice. We will ask the expert to train us on best practices for creating welcoming environments for survivors with mental health concerns. We will ask the expert to walk us through a location at one of the domestic violence agencies and at one of the mental health agencies to demonstrate for us how to look for areas to improve. The work group will then walk through the other two partner agencies utilizing the information learned from the expert to look for potential areas of improvement. Service recipients will be invited to participate in the walk through at the agency where they are receiving services to provide their input.

Following the training with the expert, each agency will develop a list of recommendations based on their own expertise on creating welcoming environments. They will share these recommendations at a relationship building event. Each partner agency will select from the ideas offered by the expert and by the other partner agencies and will implement the ideas that are the best fit and most feasible for their agency and the people they serve.

Leadership for Activity # 1A
The work group for this activity will include representatives from:
  The City of Seattle Human Services Department, DV & SA Prevention Division
  Consejo Counseling and Referral Service

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Anticipated Results / Sustainable Systems Change
We anticipate that learning about universal design for people with psychiatric disabilities and working to create more welcoming environments for survivors with mental health concerns will result in service recipients from a wide range of backgrounds feeling comfortable accessing services. Since partner agencies will have learned from an expert in this area how to look for the need for improvements and how to implement changes, they will be able to continue this work on an ongoing basis.
Initiative # 2 – Knowledge

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

We learned in our needs and strengths assessment that service providers need more training in order to improve services for survivors of domestic violence with mental health concerns. As a result, we will be working collaboratively to enhance the knowledge of service providers at our partner agencies. We will provide basic training to domestic violence advocates on mental health and to mental health service providers on domestic violence. We will also provide training to both professions on strategies for making their agencies more welcoming to survivors of domestic violence with mental health concerns. We have two activities planned for this initiative.

Activity # 2A - Develop basic training on domestic violence, mental health, and related issues
We will convene a work group with representatives from the fields of domestic violence and mental health. This group will utilize the findings from our needs and strengths assessment and their own experience to determine what type of basic training is needed for each field to improve services for survivors of domestic violence with mental health concerns. They will research existing training curricula on domestic violence and on mental health and select courses or components of courses that will work best for our partner organizations. The group will combine the best elements of the available curricula with new content that the group will create.

The work group will also research e-learning tools and services to determine the best format for delivering the training. As much as possible, the basic training will be put in an accessible, e-learning format, so that it can be utilized at the convenience of service providers and without the need of trainers. Service providers will be able to access the training via their work computers or they can participate in the training as a group by projecting the training onto a large screen.

The training will be submitted to the Office on Violence Against Women, U.S. Department of Justice for approval and will be revised, if needed.

Leadership for Activity # 2A
The City of Seattle Human Services Department, Domestic Violence and Sexual Assault Division, the King County Coalition Against Domestic Violence, and Seattle Counseling Service will participate in the work group for this activity.
Activity # 2B - Integrate basic training into staff orientations at partner agencies
The work group that created the basic training will be expanded to include representatives from each of the partner agencies. This group will seek buy in from the collaborative and from each agency for the basic training. Each agency will then agree to adopt the training as part of their staff orientation and will take the steps necessary to integrate the training into the orientation. The work group will work with each agency to plan the launch of the training for current staff. The training will be provided to current staff at the partner organizations. It will then be integrated into staff orientation at each organization, so that all new staff will receive the same information. The work group will evaluate how the training is working.

Leadership for Activity # 2B
The work group for Activity # 2A will be expanded to include representatives from:
- Consejo Counseling and Referral Service
- New Beginnings
- Seattle Counseling Service
- Sound Mental Health

Anticipated Results / Sustainable Systems Change
We anticipate that having a basic understanding of domestic violence and mental health will enable service providers to be more responsive to the needs of survivors with mental health concerns and will prepare them to work more effectively with providers in the other partner organizations. We believe that this initiative will result in improved services.

By integrating basic training into the staff orientations of each partner organization, we believe that increased understanding and responsiveness to the needs of survivors with mental health concerns will be sustained over time. Since this training will be provided to new staff in an e-learning format, it will always be available and will continually be offered. We believe that the increased knowledge resulting from this training will naturally lead to a desire to make additional improvements and will result in ongoing systems change.
Initiative # 3 – Issue Identification & Response

*Strengthen issue identification and response among partner agencies*

We learned in our needs and strengths assessment that the process for identifying and responding to the need for domestic violence or mental health services at each of our partner agencies was not working well for many survivors with mental health concerns. As a result, we will be working collaboratively to strengthen each agency’s ability to identify and respond to those needs. This will include developing a tool each agency can use and a process for using the tool. We will also develop response and referral protocols, so that each agency can strengthen their ability to meet the identified needs and so that we can work more effectively together to meet the needs. Service providers will be trained on how to do all of this and the collaborative will assist each agency in implementing the changes. We have five activities planned for this initiative.

Activity # 3A - Develop issue identification tools
We will convene a work group with representatives from the fields of domestic violence and mental health. The work group will review current practices at the partner agencies regarding identifying the need for domestic violence and/or mental health services. The work group will also review best practices, as well as relevant federal and state laws regarding rights for people with disabilities. The group will then develop a tool domestic violence programs can use to identify the need for mental health services and a tool mental health programs can use to identify the need for domestic violence services. The group will also provide guidance on when and how to use these tools. The tools will be piloted with service recipients to ensure that it is effective.

The tools will be submitted to the Office on Violence Against Women, U.S. Department of Justice for approval and will be revised, if needed.

Leadership for Activity # 3A
The King County Coalition Against Domestic Violence and Sound Mental Health will participate in the work group for this activity.

Activity # 3B - Integrate issue identification tool into partner agencies’ existing materials
The work group that created the issue identification tools will be expanded to include representatives from each of the partner agencies. This group will seek buy in from the collaborative and from each agency for the tools. Each agency will then determine how to best utilize the tools. Once the response and referral protocols have been approved
and staff have received training on how to utilize the tools and the protocols, the tools will be integrated into each agency’s materials and staff will begin using it.

Leadership for Activity # 3B
The work group for this activity will include representatives from:
- Consejo Counseling and Referral Service
- New Beginnings
- Seattle Counseling Service
- Sound Mental Health

Activity # 3C - Develop response and referral protocols
The work group for Activity # 3B will also work on Activity # 3C. This group will assist each agency in developing response and referral protocols to ensure a quality response when needs are identified. They will begin their work by sharing the release of information processes that each agency uses. They will then work on developing the new protocols including procedures to address safety issues for survivors when their current or former abusive partner is utilizing services at the same agency where they are a service recipient. Agencies will share their protocols with each other and assist each other in creating the best protocols possible. Each agency will then approve the response and referral protocols created for their agency.

Leadership for Activity # 3C
The work group for this activity will include representatives from:
- Consejo Counseling and Referral Service
- New Beginnings
- Seattle Counseling Service
- Sound Mental Health

Activity # 3D - Train agency staff on issue identification and response protocols
The work group for Activity # 3B and # 3C will also work on # 3D. The group will develop training and related materials to strengthen service providers’ skills in identifying domestic violence and mental health needs and to teach them how to effectively implement the new issue identification tools and the response and referral protocols. The training will be provided to current staff at the partner agencies. It will then be integrated into staff orientation at each agency, so that all new staff will receive the same information.

Leadership for Activity # 3D
The work group for this activity will include representatives from:
- Consejo Counseling and Referral Service
Activity # 3E - Implement issue identification and response protocols
The work group for Activity # 3B, # 3C and # 3D will also work on # 3E. They will arrange for the necessary materials to be printed and distributed to the partner agencies and each agency will begin using the new tools and protocols. The work group will evaluate how the training is working and changes will be made as needed.

Leadership for Activity # 3E
The work group for this activity will include representatives from:
   Consejo Counseling and Referral Service
   New Beginnings
   Seattle Counseling Service
   Sound Mental Health

Anticipated Results / Sustainable Systems Change
We anticipate that survivors of domestic violence with mental health concerns will be able to have their need for domestic violence services recognized if they go to a mental health service provider and their need for mental health services recognized if they go to a domestic violence advocate for assistance. We anticipate that once their needs are identified they will be able to access the assistance they need at whichever of the partner agencies they have utilized or that they will be able to get the assistance they need through an effective referral. We believe that this initiative will result in improved services.

By integrating training on issue identification and response into the staff orientations of each partner agency, we believe that increased understanding and responsiveness to the needs of survivors with mental health concerns will be sustained over time. We believe that the improvements made to referral processes will naturally lead to stronger collaborative relationships between providers and between the partner agencies. This will result in ongoing systems change.
Initiative # 4 – Collaboration

*Increase collaboration and communication among partner agencies*

We learned in our needs and strengths assessment that our partner agencies are ready to create change and that they could benefit from better communication and more collaboration with the other partners. Each agency and each discipline has valuable expertise and strengths that could benefit the others. As a result of this, we will work collaboratively to support each other in making changes. We will share information among partner agencies so that we can more easily communicate with each other and better understand what each other has to offer. We will hold events where we can get to know each other better and where we can discuss the issues that impact all of us. We will create a liaison system that will facilitate better access and knowledge sharing between the partner agencies. Finally, we will develop a process for holding case reviews and we will put that process into action. We have five activities planned for this initiative.

**Activity # 4A - Foster a change orientation**

Directors at each of the partner agencies will meet semiannually to discuss implementation strategies and to share challenges and successes. The purpose of the meetings will be to foster a culture of change at each of the agencies and to learn from each other. The directors will also create memoranda of understanding (MOU’s) between the agencies to specify how they will work collaboratively together during the implementation phase and beyond. The MOU’s will also include agreements regarding information sharing, reciprocal consultation, case reviews, and the use of liaisons. Each agency will sign off on the MOU’s.

**Leadership for Activity # 4A**

The following people will participate in this activity:
- The Executive Director of Consejo Counseling and Referral Service
- The Executive Director of New Beginnings
- The Executive Director of Seattle Counseling Service
- The Chief Clinical Officer of Sound Mental Health
- Staff from the City of Seattle Human Services Department, Domestic Violence and Sexual Assault Prevention Division and the King County Coalition Against Domestic Violence will participate as needed.
Activity # 4B - Share information
The Project Coordinator will research options and select a tool for online information sharing. The Project Coordinator will then set up the online site to facilitate information sharing. The partners will post the following information on the site:
   ▪ Contact information for key staff
   ▪ Organizational charts
   ▪ Eligibility criteria for services
   ▪ Roles and responsibilities for each type of service provider
The partners will be responsible for updating this information semiannually, so that it remains current and useful. After the implementation phase they will update the information based on the terms of the MOU each agency has signed.

Leadership for Activity # 4B
The Project Coordinator will provide leadership for this activity. A representative from each of the partner agencies will be responsible for posting and updating the information on the site.

Activity # 4C – Build relationships
To increase communication and understanding and to foster positive working relationships, each partner agency that provides direct services will host one relationship building event during the course of the implementation phase. The collaborative will determine the format for the events and will plan them. These could include lunch and learn sessions, tours, or other activities.

The events will have the following topics:
   1. Strategic plan kickoff (implementing systems change)
   2. Creating welcoming environments (see Activity # 1A)
   3. Utilizing liaisons (see Activity # 4D)
   4. Collaborative successes and next steps (celebrating and sustaining systems change)

Leadership for Activity # 4C
The collaborative will provide the overall leadership for this activity, but each of the following agencies will host one of the relationship building events:
   Consejo Counseling and Referral Service
   New Beginnings
   Seattle Counseling Service
   Sound Mental Health
Activity # 4D - Designate liaisons at each agency  
A work group will be convened with representatives from each partner agency. The group will determine a process for utilizing liaisons at each of the partner agencies that provide direct services. The purpose of the liaisons will be to increase access and understanding between partner organizations and to work together more effectively. Liaisons will be able to provide information about their agency’s services to other partner agencies and will be able to find out information about the partner agencies for the co-workers at their own agency. The liaisons will not be expected to provide consultation, but will help connect providers to the people who can best assist them. Each agency will select their own liaison or liaisons. An agreement about how the liaisons will be utilized will be part of the memoranda of understanding created as part of Activity # 4A. Service providers will learn about how to best utilize the liaisons at a relationship building event (see Activity # 4C.) After this event is held and after the basic training described in Activity # 2A is implemented the liaisons will begin their work. Since providers will have basic knowledge of domestic violence and mental health after the training, and an understanding of how to utilize the liaisons after the relationship building event, they will be better positioned to make effective use of the new system.

Leadership for Activity # 4D  
The work group for this activity will include representatives from:  
  Consejo Counseling and Referral Service  
  New Beginnings  
  Seattle Counseling Service  
  Sound Mental Health

Activity # 4E – Develop and deliver a case review process  
The work group from Activity # 4D will also work on this activity. The group will determine the need for and purpose of holding cross-disciplinary case reviews. The group will research existing models for case reviews and will create a process for conducting case reviews among the partner agencies. The group will get buy in for the process from the collaborative and from each agency. They will then plan for the first case review and begin holding them on a monthly basis. An agreement about holding case reviews will be part of the memoranda of understanding created as part of Activity # 4A.

Leadership for Activity # 4E  
The work group for this activity will be the same as the work group for Activity # 4D.
Anticipated Results / Sustainable Systems Change

We anticipate that this initiative will result in increased communication and better understanding between providers, as well as increased understanding of and better services for survivors with mental health concerns. We anticipate that the changes resulting from this initiative will help both service providers and recipients feel better about the services offered at the partner agencies.

The avenues for increased communication this initiative will create (information sharing, liaisons, and case reviews) will be sustained through the memoranda of understanding signed by each of the partner agencies. The relationship building events will have served as a good foundation for effective use of the liaisons. Providers will also be able to communicate more effectively as a result of the online information sharing that will be in place. The information sharing site will be easy to maintain on an ongoing basis because each organization will be responsible for updating their own information. We also expect that the opportunities for collaboration created by this initiative will naturally result in relationships that continue over time.
Long Term Plans

Our short term initiatives will provide a solid foundation for our ongoing work together. We have identified some important areas to address in the future to build on our increased knowledge, improved issue identification and response, and our stronger collaboration. The following are the areas we would like to address (in no particular order):

1. Advanced training
   After basic training on domestic violence and mental health has been implemented for service providers at our partner agencies, we would like to provide advanced training on the issues for a subset of service providers. We recognize that it may not be feasible for all service providers to have advanced training, but our needs and strengths assessment taught us that it is important for key staff to have deeper understanding. They can then serve as resources for their colleagues. Advanced training should include a social justice analysis and information about trauma informed care.

2. Cross-discipline services
   During our needs and strengths assessment mental health service providers expressed an interest in providing culturally specific counseling at domestic violence organizations and in co-facilitating support groups with domestic violence advocates. Providers and residents at domestic violence housing facilities expressed a need for culturally specific counseling on site. Service recipients expressed a desire for support groups that address both domestic violence and mental health concerns. Since providing direct services is outside the scope of this grant, we would like to explore opportunities in the future for this type of cross-discipline service provision.

3. Services for children
   During our needs and strengths assessment we learned that survivors of domestic violence with mental health concerns benefited greatly when services were provided not just for them, but for their children. Service recipients described the peace of mind it gave them when their children’s needs were met, how it enabled them to access services for themselves, and how the well being of their family increased. Service providers described how survivors were able to more easily access mental health services because their children were receiving mental health services. They also shared that mothers who were not interested in receiving counseling for themselves did utilize counseling if their children were
involved. A lack of childcare or children’s services at some organizations was also identified as a significant barrier for survivors being able to access services. Since this need for integrated children’s services was outside the scope of our grant, we did not attempt to address it during our implementation phase. However, we would like to address this need in the future.

4. Public Policy
While public policy work is also outside the scope of our grant, we will keep track of public policy issues as they arise, so we can address those needs in the future. A public policy need that was identified during our assessment was the impact of funding requirements on survivors’ use of mental health services. Service recipients and providers both shared that survivors may choose to forgo greatly needed mental health services due to the requirement that County-funded mental health providers need to diagnose service recipients. Many survivors do not want to be diagnosed due to the risk of losing custody of their children because of a mental health issue. We believe that we may be able to address this concern in the future by working in partnership with funders.

5. Family Law Issues
Another strategy for addressing the custody implications of mental health diagnoses would be to work for change within the family law system. While this is outside the scope of our grant, this is an area we would like to address in the future.

6. Implementing Our Short Term Initiatives Throughout King County
We believe the lessons we have learned throughout our planning phase and the skills we develop during our implementation phase would be of great value to other domestic violence and mental health agencies in our county. We would like to share our initiatives with them and assist them with implementation.

Sustaining the Collaboration
We will sustain the work we are doing together in the implementation phase by integrating our new trainings into staff orientations and through memoranda of understanding between the partner agencies. Some of our partners have been working together for years to improve services for survivors of domestic violence with mental health concerns. As a result of all that we have learned and accomplished together, we expect to continue working together to create change for many years to come.
Conclusion

Our change initiatives all have something in common. They are all about building trust:

- Service recipients being able to trust that providers will have the necessary knowledge and understanding to be able to help them
- Service recipients being able to trust providers enough to ask for what they need
- Service recipients being able to trust providers will respond appropriately to their needs or refer them to someone who can
- Providers being able to trust each other to provide quality services and helpful consultation
- Providers being able to trust each other to work collaboratively to meet the needs of service recipients

One of the service recipients who participated in our focus groups asked this of providers, “Trust me like I trust you.” We hope that the implementation of the change initiatives described in this report will result in service providers and recipients having greater trust in each other and reaping the rewards of improved services and stronger collaborative relationships. Working together we can earn that trust.
Glossary

For the purpose of our project and our ongoing work together, we believe it is important to create a common understanding of some of the frequently used terms in the domestic violence and mental health professions by defining them in the glossary below. We have also defined terms that are less common in the domestic violence and mental health fields, but which we will be using in our collaborative work.

Accessibility
Usability or ease of access by as diverse a group of people as possible. The dimensions of accessibility include attitudinal, financial, and physical accessibility, as well as accessibility related to communication. Attitudinal accessibility refers to providing services in a manner that is open, welcoming and culturally appropriate. Financial accessibility refers to providing affordable services and may encompass issues of transportation and childcare availability in addition to fee scales. Physical accessibility refers to ease of maneuverability in getting to, entering, and moving around the space where services are provided. Accessibility related to communication refers to ensuring that as diverse a group of people as possible can communicate with service providers. This may mean providing written materials in multiple formats (e.g., large print) and offering interpreter services.

Advocacy-Based Counseling
Advocacy-Based Counseling means the involvement of a client with an advocate counselor in an individual, family or group session with the primary focus on safety planning and on empowerment of the client through reinforcing the client’s autonomy and self-determination. Advocacy-Based Counseling uses non-victim blaming problem-solving methods that include:

1. Identifying the barriers to safety;
2. Developing safety checking and planning skills;
3. Clarifying issues;
4. Providing options;
5. Solving problems;
6. Increasing self-esteem and self-awareness; and
   Improving and implementing skills in decision making, parenting, self-help, and self-care.
(From the Washington Administrative Code regulating state funded domestic violence advocacy programs)
Collaboration
A working partnership between organizations for the purpose of accomplishing common goals. Partners all have a stake in the success of the collaboration and have a high level of interactivity. The partnership includes the sharing of information, resources and effort, as well as sharing the benefits of achieving the goals.

Competency
Competency is being well qualified for one’s specific role and having the necessary skills, knowledge and abilities to provide quality services. Cultural competency, the ability to provide culturally appropriate services, is an essential component of basic competency.

Competency also means knowing one’s limitations and how to obtain consultation when needed, knowing when it is necessary to refer someone elsewhere for assistance and when it is most helpful to provide the assistance yourself or in collaboration with someone else. Experience and advanced training can lead to providers having more sophisticated levels of competency.

Cross-Discipline Case Review
This is a structured process where two or more disciplines (e.g. domestic violence advocates and mental health service providers) meet to discuss one or more cases. The purpose is to address system issues and to better meet the needs of survivors of domestic violence who have mental health concerns. The goal of cross-discipline case review is to identify systemic or cross-system challenges with an aim to improve collaboration. The goal is NOT to find fault with any particular individual or organization. Rather, the focus is to identify system barriers that impede effective collaboration and service coordination, as well as obstacles to meeting the needs of service recipients.

Disabilities
According to the newest definition developed by the World Health Organization, disability is not something that a person has but, instead, something that occurs outside of the person—the person has a functional limitation. Disability occurs in the interaction between a person, his or her functional ability, and the environment. A person’s environment can be the physical environment, communication environment, information environment, and social and policy environment.

This new definition helps us to understand that disability is a matter of degree: one is more or less disabled based on the intersection between herself, her functional abilities, and the many types of environments with which she interacts. Moreover, the experience of disability can be minimized by designing environments to accommodate
varying functional abilities and providing individualized solutions when needed. (From the Accessing Safety Initiative Website)

**Domestic Violence**
Domestic violence is a pattern of assaultive and coercive behaviors that an adult or adolescent uses to gain and maintain power and control over an intimate partner. The behaviors can be physical, sexual, psychological, and/or economic. Domestic Violence is a learned pattern of behaviors.

Intimate partners include people who are currently or formerly in dating, sexual, marital, or domestic partner relationships or who otherwise define themselves as being in an intimate relationship.

This behavioral definition differs from the legal definition of domestic violence in Washington State (RCW 26.50 and RCW 10.99). For the purposes of our collaborative project, it can be assumed that when we use the term “domestic violence” we are referring to the above behavioral definition.

**Mental Health / Mental Illness**
“Mental health” and “mental illness” are not polar opposites, but may be thought of as points on a continuum. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society... What it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures. (From Mental Health: A Report of the Surgeon General)

**Mental Health Counseling**
Mental health counseling is the provision of professional counseling services including the application of principles of psychotherapy, human development, learning theory, and group dynamics. Mental health counseling addresses the etiology of mental health problems and dysfunctional behavior with individuals, couples, families, and groups for the purposes of promoting optimal mental health, dealing with normal problems of living, and treating psychopathology. (Adapted from the American Mental Health Counselors Association)

**Reciprocal Consultation**
Domestic violence, chemical dependency, and mental health service providers can strengthen their ability to meet the needs of survivors of domestic violence by receiving and providing consultation from their colleagues in the other two fields. Reciprocal
consultation enables providers to expand their knowledge, skills, and understanding of each other’s fields of expertise and to address the needs of the people they are serving rather than merely referring them elsewhere. Reciprocal consultation may take place between providers working for the same organization or between providers from different organizations.

Resilience
Resilience describes the process and outcome of successfully adapting to difficult or challenging life experiences, especially highly stressful or traumatic events. Resilience is an interactive product of beliefs, attitudes, approaches, behaviors, and, perhaps, physiology that help people fare better during adversity and recover more quickly following it. ... Being resilient does not mean that life's major hardships are not difficult and upsetting. Instead, it means that these events, though difficult and upsetting, are ultimately surmountable. (From American Psychological Association’s Task Force on Resilience in Response to Terrorism)

Secondary (or Vicarious) Traumatization
The impact of trauma not experienced directly, but, rather, through contact with, including caring for, someone who has directly experienced trauma or crime victimization or even through hearing about a traumatic event. (Adapted from After the Crisis Initiative: Healing from Trauma after Disasters)

Secondary trauma is prevalent among domestic violence & mental health professionals and can negatively impact their ability to provide effective services. It contributes to staff turnover and low morale.

Self-Determination
People having the degree of control they desire over those aspects of life that are important to them. (From the Research and Training Center on Community Living) For people who have abusive partners who have imposed decisions on them, it means reclaiming their right to make choices for themselves.

Stigma
Stigmatization of people with mental health problems has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental health problems, especially severe disorders such as schizophrenia. It reduces access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters people from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright
discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society....Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment (adapted from Mental Health: A Report of the Surgeon General)

**Sustainable Systems Change**

Systems change refers to alterations to internal organizational policies, procedures, practices, and budgets, as well as how the organization interacts with other organizations. Sustainable systems changes are changes that can be maintained over time with few new resources or without new funding. Sustainable systems changes do not rely on the preferences or motivations of individuals.

**Trauma**

Trauma is the impact on the individual of experiencing an event that involves the threat of death or serious injury and an emotional response of fear, helplessness, or horror. It is different from other painful and stressful events that constitute the normal vicissitudes of life, such as divorce, loss, serious illness, and financial misfortune. Examples of traumatic events include domestic violence, stalking, child abuse, sexual assault and witnessing interpersonal violence. (Adapted from After the Crisis Initiative: Healing from Trauma after Disasters)

**Trauma-Informed Care**

Trauma-Informed Care (TIC) provides a new paradigm under which the basic premise for organizing services is transformed from “what is wrong with you?” to “what has happened to you?” TIC is initiated through an organizational shift from a traditional “top-down” environment to one that is based on collaboration with consumers and survivors. (From the National Center for Trauma-Informed Care)
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Questions?

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