

Regional Domestic Violence Plan
Progress on Initiative Implementation
Draft

Regional DV Plan Initiatives

Italicized items = Complete

Bold items = Some activity

Normal items = Inactive

Prevention/Early Intervention

- 1. Standardize and implement annual training for all hospital personnel.**
- 2. Implement universal screening and provide necessary follow-up services/resources to those who disclose problems with DV to healthcare providers or substance abuse and mental health intakes.**
- 3. Integrate DV training into core curriculum of medical, nursing, P.A., and N.P. programs, as well as masters degree programs in social work, psychology, and counseling.**
4. Create a policy change w/in State Board of Behavioral Health's Certification to require cross training on DV and mental health/substance abuse using AzCADV models.
5. Incorporate DV early prevention and early intervention into mental health/ substance abuse treatment programs.
6. *Develop and implement employer/employee DV workplace protocols and policy manuals.*
- 7. Businesses develop a comprehensive action plan to assist victims and address workplace violence.**
- 8. Establish an ongoing faith-based group focused on DV; incorporate DV training into theological curriculum and pastoral programming.**
- 9. Teach all children/teenagers/young adults about DV, conflict resolution, and anger management.**

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10. Make DV training for teachers a requirement for certification and recertification; require all school support staff to be trained on DV.
11. Implement DV education outside school setting.
12. Provide counseling and education for adults and children involved in criminal justice systems.
<i>13. Develop a media relation's campaign promoting a Zero Tolerance policy for DV.</i>
Crisis Intervention/Transitional Response
14. Standardize training for criminal justice personnel including judges, pro tem judges, court staff, prosecutors and police/fire departments.
15. Victims requesting Orders of Protection should be given priority service.
16. Noncompliant offenders should be held accountable by the criminal justice system through expeditious handling of cases, collection of relative data on the offender for judges, and supervised probation.
<i>17. Consider adopting the Family Violence Center model for larger communities (smaller communities capture aspects of the model perhaps on a regional level)</i>
18. All local governments should implement the Maricopa County Attorney's DV Protocols.
19. Establish and implement hospital protocols as mandated by the Health Resources and Services Administration; involve victims in the decision by hospital personnel of whether to report to police unless mandated by statute.
20. Establish and implement emergency service pre-hospital protocols (fire and emergency depts.)

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21. Establish and implement medical/dental clinic and physician's office protocols.
22. Provide an array of culturally diverse emergency and age-appropriate support services to victims of DV; create a program that addresses victims with substance abuse or mental illness.
23. Provide services to children affected by DV; improve linkages with CPS.
<i>24. Create a better link between social services and emergency service personnel at the scene through utilizing of Crisis Response Teams (CRT).</i>
25. Provide victim advocates at critical stages in the crisis response.
26. Create standards for the provision of services to victims of DV in transitional housing programs.
27. Establish and implement a treatment framework based on assessment and evaluation; expand services for offenders.
System Coordination/Evaluation
<i>28. Establish and implement city-based or regional interdisciplinary DV action teams.</i>
<i>29. Establish a Regional DV Coordinating Council.</i>
<i>30. Maintain web site which lists available social services and existing prevention programs, and links with other DV initiatives and organizations.</i>
31. Develop and implement a Collaborative Training Network.
32. Expand the victim services database collected by DES to include other victim service providers besides shelters.

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33. Expand the CONTACTS system to include a computerized resource notebook of transitional and affordable rental housing sources and eligibility criteria.
34. Implement a coordinated data collection and retrieval system in order hold offenders accountable.
Long-Term Response
35. Increase access to affordable child care for victims through the following means: on-site child care in shelter and court buildings, high level child care subsidies, and sharing of information on existing child care resources.
36. Institute a comprehensive long-term case management system for victims.
37. Implement supervised visitation centers to ensure safety of women and children in custody exchanges, potential locales including court buildings, churches, community-based organizations, and family service centers.
38. Increase amount of permanent affordable housing.
39. Mobilize neighborhood groups to become involved in the area of DV.
40. Create a companion brochure to the MAG DV Safety Plan focused on the role of informal helping networks.
41. Integrate employment support (job readiness, placement, retention, and peer support) into a long-term case management to assist victims in achieving economic independence.
Initiative Added in 2003
42. Establish additional emergency DV shelter beds.