

CVS Vera Institute of Justice

**A Rural Perspective: Serving
Survivors of DV/SA with
Disabilities in Rural Communities**

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>> ASHLEY BROMPTON: Good afternoon, everyone.
This is Ashley Brompton with the Vera Institute of Justice.
The webinar will begin in five minutes.
If you have a question or need any assistance, please send us a
message in the Q&A pod to the right of the PowerPoint.
Also, if you would like to download a copy of the PowerPoint, you can
do so by clicking on the file you wish to download in the webinar downloads
box and then clicking "download file." Again, we'll be getting started in just
a few minutes.

>> Good afternoon, everyone.
Thank you for joining our webinar today.
I'm Ashley Brompton with the Center for Victimization and Safety at
the Vera Institute of Justice.
I would like to welcome you to today's webinar.

We are pleased to bring you this as part of our 2019 End Abuse of People with Disabilities webinar series.

We have just a few quick logistical items to go over before we begin today.

There are two ways to communicate with myself and my Vera colleagues, presenters and other webinar participants today.

First, the chat pod.

The chat pod is used to communicate with the presenter and other attendees.

You may also use the chat box to introduce yourself and answer any questions the presenter may pose to the audience.

In addition to the chat box, there is a Q&A pod, which is used to communicate directly and privately with myself and my Vera colleagues.

If you have any technical difficulties or a question for the presenter, please post in the Q&A pod.

If you post about a technical issue in the chat pod, my Vera colleagues providing technical support may not see your post.

You may also post questions about the presentation in the Q&A pod.

Next, we'd like your assistance in testing the features of this webinar.

First, let's test the captioning pod. The captioning pod is located in the bottom left-hand corner of your screen directly below the PowerPoint presentation.

The words I am speaking should appear in the captioning pod.

Please note that if you are using the mobile app on your smartphone or tablet, you will be unable to see the captioning pod.

Instead, you will see a message that says "unsupported content."

If you are on a computer and cannot see the captioning, please send us a message in the Q&A pod so that myself and my Vera colleagues can assist you.

Next, in the pod to the right of the presentation you should see our American Sign Language interpreter.

How is the light?

Can you clearly see the interpreter?

If you cannot clearly see the interpreter and the lighting is good, please let us know in the chat pod.

If you can't clearly see them or the lighting is too dim to see, please use the Q&A pod to contact us.

I will now pause for a moment to see if anyone needs assistance and to allow time for our interpreters to make those adjustments.

If at any time you have difficulty seeing the interpreter, please contact

us in the Q&A pod.

Please note that we value complete access during our webinars.

This means that we will ensure the complete functionality of our captioning pod and interpreters before moving forward. Due to the nature of technology, we may experience technical difficulties.

If we do experience a technical challenge, you will see a message on your screen which reads "we are experiencing technical difficulties, please stand by." We will work to resolve these issues as quickly as possible.

If the issue cannot be resolved, we may have to cancel the webinar.

If this happens, we will send a follow-up email providing additional information to all attendees.

Participants are in listen-only mode, which means we are not able to hear you, but you should be able to hear us.

If you cannot hear the presenters speaking, if you are having any difficulties with the captioning, or any other technical difficulties during the presentation, please enter a message in -- it sounds like we are having technical issues. I'm just going to pause for one moment to let our technical person make any adjustments that might be necessary.

Okay. It seems like we are okay now. If at any time there is any technical issues, please let us know in the Q&A pod.

This is the best way to communicate with me or my Vera colleagues who are providing technical support throughout the webinar today.

We plan to have time after the presentation for questions and comments.

If you don't want to lose a question or comment during the presentation, please feel free to go ahead and enter it in the Q&A pod and we will hold onto your question until the end.

If you would like to download a copy of today's presentation, you can do so by going to the pod in the bottom right-hand corner of the screen. Select the document and click the download file button.

We will be recording today's webinar.

A link to the recording, as well as the PowerPoint, transcript, and ending survey will be emailed to all participants following the webinar. The webinar recording will also be posted on the End Abuse of People with Disabilities website within one week.

A record of attendance will be available for download at the end of the webinar.

Sounds like we are having some technical difficulties with the audio. I want to make sure everything is clear before we get started because I'm hearing some feedback. If you have called in to today's webinar, please

mute your line. Okay.

A record of attendance will be available for download at the end of the webinar.

Our presenter today is Kimberly Sparks. Kimberly Sparks is a grant manager of the Healing Program in Prestonburg, Kentucky.

She is a former Project Director of Bridging Safe Access to Big Sandy, an OVW Disability Grant Program grantee.

Kimberly began her work with people with intellectual or developmental disability, I/DD, five years ago as a day training instructor.

She loved working in this field and shortly thereafter became the Project Director of Bridging Safe Access to Big Sandy.

While in this position, she became a certified trainer for mental health first aid. She currently sits on a state board, "Cheer Advisory Council" for I/DD to encourage and improve their health and nutrition habits. Kimberly also sits as a board member for Kentucky association of sexual assault programs, in the state Sexual Assault Coalition.

Kimberly is an advocate for I/DD individuals and is co-chair for big sandy dream team ballpark for children, youth and adults with disabilities.

Thanks, Kimberly, and I will now turn the presentation over to you.

>> KIMBERLY SPARKS: Thank you, Ashley, for that warm welcome. And thank you all much your time for taking time out of your very busy schedules to join us today. I am hoping that we have some rich conversation around serving survivors at the intersection of domestic violence and sexual assault who live in or seek services in rural communities.

We have some learning objectives for today. Following this webinar, participants will be able to describe barriers that survivors with disabilities in rural communities face when seeking services, identify at least one potential solution for each barrier, discuss strategies for implementing solutions within your own rural service agencies to better serve survivors with disabilities. As we were watching everyone say hello, I notice there's a couple people from Kentucky. About our rural service area, if you look at the map of Kentucky that I have provided for you, my service area is located in the very southern east corner of Kentucky, and I have highlighted that in blue. Bridging Safe Access to Big Sandy is in the Big Sandy region. We serve five counties with an estimated population of 141,738. And if you notice, it may be difficult to see, Pike County is that very eastern county. It's the largest county in our service area. The population in this county alone is just a little more than 60,000, and the reason I point that out is if an individual lives in one corner of that county and is seeking service in

another part of that county, our rural area, it could possibly take an hour one way just for service. So location in itself in our area becomes a barrier.

What I would like to do right now is tell a story as grant manager I communicate with GPOs for every single grant that we have, and two years ago we had a GPO for a different grant contact me about a site visit. Her question was when I arrive at the airport, what type of public transportation will I take to get to your agency? Will I take a train? Will I take a subway? What will I take to get there? We sort of giggled, had a little conversation. I explained to her that the airport is two-and-a-half hours away from our service area and that she would rent a car and drive down the beautiful mountain parkway to get to our office. So she realized right away that transportation and location is a barrier for service. And GPO is a grant program officer.

So on to our to service users. During the last quarter of reporting within our domestic violence and sexual assault work, January 1st through March 30th, 2019, as reported, 167 unduplicated individuals received services. 69 of those self-identified as having disabilities. And that is 41.31% of service users. As of yesterday, our new report data is in, and in that quarter, which was from April 1st through June 30th, 112 service users were seeking service -- I'm sorry, we had 112 unduplicated individuals receiving service. 79 self-identified as having some type of disability. So that is 70.53% of service users. This means that we are making progress in service. Our users are feeling very comfortable in seeking services with us due in part to a welcome, safe and accessible environment.

And what is rural? So a question I would like you to think what does rural mean to you. What does it mean to provide services in a rural community? So you can use the chat pod at the bottom of your screen just to share some of your thoughts. Think about the location of your service area or your region and keep in mind that rural is very different depending on your location. I'll pause for just a moment to give you time to think about what rural means to you.

>> I see that most of you are saying that it is an area where there are no public transportation, there may not be high volume of population of people, not a large amount of resources. So as defined, rural is any area or community respectively no part of which is within an area designated as a standard metropolitan statistical area by the Office of Management and Budget. Any area or community respectively that is within an area designated as a metropolitan statistical area or considered part of a metropolitan statistical area and located in a rural census tract, or any federally recognized Indian tribe. So the bottom line is that area isn't a part

of an urban or metropolitan area located in rural -- sorry, I repeated myself. I'm so sorry about that. Remember that the largest county in my service area was Pike County. That was the farthest tip. The highest elevation is 3100 feet. It's mountainous terrain and many of our roads are one-lane windy roads. Therefore, transportation and location again is a barrier for us.

So rural survivors with disabilities. People who live in rural areas are more likely to report having a disability -- so sorry -- more likely to have a disability and just as likely to experience sexual assault or domestic violence. 17.1% of rural Americans report having a disability compared to 11.7% of urban-dwelling Americans. And this statistic comes from those who actually report. Largely we have found in our service area, and I'm sure that that does not vary very far in your service area lots of individuals with disabilities do not report. So just think about this for a moment. Does anyone have any comments about this statistic? If so, please use the chat pod.

And moving on. So now that we have somewhat decided what a rural community is and how it may be defined by your service area, now let's get into the heart of our discussion. So I would like you to use the chat pod to answer this question. What barriers to service provision are you facing in your rural community? There may be the obvious barriers that you're aware of. Think not only about physical access but also about what barriers may not be visible. Is it attitude and stuff? Is it the way the crisis line is answered? Is it the way frontline staff may treat individuals with disabilities? Take a moment to type out your thoughts in the chat pod.

I'm seeing transportation. Serving 10 counties. Budget cuts. Exactly. Lack of affordable housing. Transportation and language barriers. So -- poverty. Some of the same things that we have faced and continue to face in our rural area. Availability of law enforcement quickly arriving. That is also something that we struggle with in our area. Lack of knowledge about domestic violence and sexual assault. Shelter is one hour away. Lack of knowledge. So it seems that we have lots -- lots of us share the same barriers. So I would like to move now into barriers for survivors with disabilities in rural communities. As Ashley said, we are Bridging Safe Access to Big Sandy and we are a grantee, and I am the former Project Director, and in our work within our rural community, we have identified barriers for survivors with disabilities to live in rural areas, including, and this is not every barrier, these were just some of the barriers that we did face and solutions: Lack of confidentiality. Communication and/or language access challenges. Lack of assistive technology. Limited

accessible transportation options. Cultural challenges. And limited resources. Lots of you guys mentioned things like that whenever you were writing in what you feel like may be barriers in your communities.

So when we think about lack of confidentiality, if you're in a rural community, chances are you're in a very small community where everyone knows everyone and their business. Where we're located it's exactly like that. Everyone knows everyone. Also, perpetrators are less likely to be complete strangers. And in most cases individuals with intellectual or developmental disorders who experience domestic violence and sexual assault, their perpetrator, unfortunately, may be family or their personal care attendants. That in itself is a barrier. Especially if it's a family member or their guardian, personal care attendant, because they will keep them from seeking service.

So solutions. Some of the solutions that we came up with for lack of confidentiality, as a community mental health center, we provide a diverse array of services. Individuals who seek services with Mountain Comprehensive Care Center have access to basic healthcare services as well as behavioral health. So it is virtually impossible for people to identify exactly why an individual is seeing us. We provide basic healthcare. People can go there to have their blood pressure taken care of. People go there if they have any type of -- just normal day-to-day physical health condition. We -- in our clinic building we also have referrals for housing, foster care, case management. We have a therapeutic rehab program which is done as a TRP, and advocacy and support where individuals can go to receive emergency protection orders. And that's just to name a few.

People have -- I'm sorry -- we have multiple locations across our service area. So people can go into a location they feel most comfortable with -- [audio interruption]

>> KIMBERLY SPARKS: I'm sorry about that interruption. I'm sure Leslie is taking care of that for us. Can everyone hear me okay?

So as to having locations all across the area, if a client needed to see someone but they wanted to seek service out of their home county for anonymity, services are available across the five county region and we are expanding basically across the state now. And an emphasis on confidentiality among staff and service providers. In our agency we are trained quarterly in regards to client confidentiality. A lot of our intellectual disability clients work through a supported employment program, which are out in our communities, and confidentiality is a must. Our service providers, our clinicians and our service users all share the same community. And so our agency prides itself on continual evolving client

confidentiality issues. So that as you're thinking about confidentiality, that is something definitely that you want to think about, is your service providers and your users are sharing the same communities.

The next thing that we talked about as far as barriers, although our original grant did not focus on Deaf or hard of hearing, we had little communities all across the Big Sandy region who had language access barriers, and, of course, we had lack of access to interpreters, and these small communities were using home sign as opposed to interpreters, and then home sign that interpreters were not familiar with. So some of the solutions that we came up with, as we worked together with Big Sandy Health Care, who is one of our collaborative partners, we talked about where these little pods or where these little communities were located and we looked at what type of service that they were receiving, and unfortunately we realized that they were not even coming in for basic health needs. And so one of the things that moved out of this discussion is we need to build a relationship with an interpreting service, and at that point we got in contact with Interpreting Services of the Commonwealth and we now have this beautiful [no audio]

>> It sounds like we might have lost you, Kim. Do you want to try to mute your microphone and unmute it and see if that helps?

>> KIMBERLY SPARKS: I'm standing -- [no audio]

>> Kim, can you hear me?

>> KIMBERLY SPARKS: Sorry. Is everyone -- can everyone hear me?

>> I can hear you.

>> KIMBERLY SPARKS: Okay. I don't know what happened.

Okay. So we were talking about a relationship with interpreters. We built that relationship, and now we have those small communities of Deaf and hard of hearing individuals who are seeking services, and we also have interpreters who will attend court and interpret during domestic violence court cases.

So securing funding for language access, this is something that we decided, and I guess as grant manager I sort of had the say-so in working with our grant writers, is every grant that we write now, whether it is a grant that specifically asks for access -- money for access, we write that in because we are doing a disservice to our survivors if we do not write that in. So think about if language access is an area that's a barrier for you, communicate with your grant writers or talk to your funder about the availability of monies for language access.

Facilitating preparatory conversations with interpreters. This was

especially important in working with those families who use home sign, and so typically in that situation there is someone who can home sign with the Deaf or hard of hearing individual who can also communicate with the interpreter. And so that is something that is still evolving, but that was just a way that we worked to get those individuals familiar with ASL interpreters. Building relationships with community partners with a vision to increase access to service. So the U-Haul clinic which is our Big Sandy healthcare clinic that is our community partner, really they are the people who help set this in motion, and as a direct result we now have this collaborative that is able to provide interpreting services on a monthly basis. And whenever we think about what grew that from, in that particular clinic alone when we started our work there were 12 individuals who identified as Deaf or hard of hearing who came for service, and in a three-year period that number has increased to 85. And without a doubt it's probably slightly larger than that now. So this allowed us to increase access for Deaf survivors and have better outcomes. And I think a key thing here to remember is building these relationships along with the desire to provide accessible services. That is the way to meet the diverse needs of rural survivors. First you have to look at what challenges that you have before you, and keep in mind that those challenges will be different in every rural community.

Technology. And this was big for us. We had a lack of assistive devices to assist in service provision and communication. When we began our work, it almost felt as though we were in some type of ice age as assistive technology goes. The only thing we had was text telephone, the TTY. That was it. So huge barrier for us. Some of the solutions, as our grant required, we conducted a safety and access review to determine gaps, and as we did our safety and access review, based on the diverse needs of our service area, we found that there were things like pocket talkers with headphones that would block out the background noise and amplify the conversation for the person who was hard of hearing, that those were desperately needed, and as part of our safety and access review, we asked for that and those were some of the things that were approved, and all of our community partners have those, and then we also looked at laptops with communication apps, and -- the intention for this is not only for individuals who may be hard of hearing, but also individuals with intellectual disabilities who may have difficulty expressing what they want to say. So you also have to think about everything being in plain language. Being able to easily communicate or break things down so that you can communicate with individuals, especially those with an intellectual disability. And then another thing that came from our safety and access

review was some of our community partner and our web sites did not have an accessibility to increase the font size, and we also purchased Zoom Text for web sites so that individuals with difficulty seeing, some visual impairment, could increase the font size for easy accessibility of services provided at each of our partnerships. And these again would vary based on what your community needs. If you are in a more metropolitan area, some of these same barriers may not be there for you. Your barriers may be different. And so I would suggest using a safety and access review to determine where your gaps are, what barriers that you may have. And then I would also say that my contact information will be at the very end, and if you do not have any idea what a safety and access review is like or looks like, you can contact me or you can contact the folks at Vera and we will be more than glad to share that information with you and get you headed in the right direction.

And now this seems to be the big one for everybody. Transportation. So some of the problems that we faced were modes of transportation were extremely limited. In our area, I know this is going to be shocking for you to believe, we do not have cabs. We do not have Lyft. And we do not have Uber. No public transportation. Accessible transportation is available, this is through a community action partnership group, but the individuals seeking transportation must have a 72-hour notice. If someone in their home has a car in their name, regardless of if they're still a licensed driver, that person cannot use transportation. And there are also income limits and copays. Again, think back to that largest county in my service area. A client can live more than one hour away in one direction from where they need to go to seek service. So you can see how transportation becomes a huge barrier for us.

So some of the solutions that we have come across is funding for accessible transportation and grant applications. We have a different grant, which is part of our Healing Program, and that grant has afforded us two vans. Neither of those are wheelchair accessible. However, if it's an individual in a walker or on a cane or just an individual, for example, who doesn't meet that income guideline, we have community support specialists who can use those vans to go get that client and bring them in for service. So that has been wonderful. And then our Community Support Associates can use their own vehicles as long as it is not someone who is wheelchair-bound. Several of our grants have written in mileage for those folks to be able to help transport, and we also have fuel cards. Several of our grants will provide fuel cards so if that individuals have a vehicle but struggle with funding to get to appointments, several grants provide fuel

cards for that. And then VOCA, which is the -- I'm so sorry, my computer is freezing here. Due to the number of clients who can't access services, we have used VOCA funds to ask for a handicap accessible van, and this would allow those clients in wheelchairs to be able to be transported easily, and this all came as the Sandy Valley community action transportation could not carry individuals in wheelchairs because their copay was too high, and we had a male survivor seeking service at our healing place who was rejected, the transportation department rejected him, and so that conversation took place, and so we have requested that and we find out this fall if we get that van. So we're keeping our fingers crossed that that comes through for us.

And then moving on to culture. Culture was a big barrier in, I think, all three of our programs when we started this grant. There was the lack of trauma-informed knowledge that basically went back and forth between our disability program, sexual assault/domestic violence program, which is all housed under Mountain Comprehensive Care Center, and then the trauma-informed culture of a legal aid. One of our partners is a legal aid. And then an actual health service. And so one of the things that we did was -- and this came out of our needs assessment -- is that we needed to work on staff capacity so that our staff in all three community partnerships were comfortable in offering trauma-informed accessible service. So some of the things that we talked about is creating a culture with the desire to shift so that we have welcoming environments, so that when an individual with a disability came for service they didn't feel like it was a big thing to disclose that they had a disability. And if you think back to what our latest stats were, we had 70% of individuals seeking service this past quarter who self-identified as individuals with disabilities. And when I think back at where we were when we started this, that is a huge gain for us, huge gain. Cross training to build staff capacity. This was one of the things that we talked about as a victim service program. Any person who works in the Healing Program has to have trauma-informed training, and so we thought about this, and that also was something we wanted to offer to especially frontline staff at the legal aid and to staff who are front desk staff at Big Sandy healthcare. And just being able to feel comfortable in asking an individual, "Do you need any type of modifications, do you need someone to read this to you --" especially in the legal department -- "do you need me to say this in a more simple way so that you can understand?" And lots of things in the legal world are difficult for able-bodied people to understand as opposed to individuals with intellectual disabilities. And so we've worked very diligently in that training. As new staff are hired, that training

continues to happen. As Big Sandy healthcare or our Apple Red Legal Aid hires new staff they are constantly communicating with us saying "Hey, we have these folks we to get trauma-informed trained," and it has been wonderful. That has been one of the things that has really helped to shift our culture and make it welcoming and just allow individuals to feel at ease when they come to seek service. We have individuals who come for emergency protection orders now who will say to the advocate who attends court with them, "I know you're going to be there to explain it to me. I don't have to worry." And I feel like all of those are things that came out of our work. And that leads into weaving into a person-centered focus into everything that we do. We want to make sure that just being person-centered is an innate part of our work. We want it to just be who we are. And so now we've put on the lens of being person-centered and everything we think about, everything we do comes back to, is this going to make access for individuals with intellectual or developmental disabilities? And if the answer is no, we continue to modify until it is accessible. And then eventually it just becomes part of everything you do. Again, we've worked very diligently to train our community partners, and not only did we train them in trauma-informed care, but we've also trained them in mental health first aid. Mental health first aid is something that is extremely important. When an individual may be contacting the crisis line or coming to see an advocate or even going to legal aid, if that person is at risk, we as frontline staff or direct service providers need to realize that person is at risk and we also need to have a toolkit to be better prepared to help that person, and from that came a resource guide, and we all have that resource guide now so that if someone is at risk, then there's a protocol already in place and our frontline staff know exactly who to contact so that we're able to help our folks, and that again is just part of culture change. And culture is a huge barrier. I don't -- and I've seen it change in the five years that I've been in our program. It's shifted dramatically, and I'm so proud of that. And I feel like that just been a team effort.

So I saw lots of you talked about limited resources. So there are a lack of resources available to fill in the gaps that we have identified, and so some of the things that I wanted to talk to you about is SAMHSA, which is the Substance Abuse and Mental Health Services Administration. There are a plethora of funding opportunities through SAMHSA, most of those funding opportunities will allow you to write in accessible services. And so if you are the person at your agency who is responsible for writing the grants or communicating with your grant writers, make sure that you look at in your solicitation what type of accessibility things can be funded through

SAMHSA. Also family violence and prevention services act, FVPSA. FVPSA is the grant that provided us with two vans, and that grant specifically that we have is to serve children and their non-offending caregivers who are affected by domestic violence. And although their monies paid for those vans, our entire Healing Program has access to those. So if any of you apply for funding through FVPSA, again this is family violence and pre-convenient sir services act, keep that in mind, VAWA, violence against women's act, there is more money -- well, there is more money invoke a, which is Victims of Crime Act, but I do know that VAWA will allow money for interpreters. Prior to getting this grant we did use some VAWA money for interpreters. VOCA, the Victims of Crime Act, will allow for lots of accessibility. So if you have VOCA money, make sure to look at what is available. I know several other programs in the state of Kentucky were awarded vehicles for transportation. I believe that we are the first to ask for an actual wheelchair accessible van, and we have documented in our reports that these are barriers and that solutions to these barriers are ways that we can get clients in for services is to have wheelchair-accessible vans. And so while I'm there, I do want to take a moment to mention, no matter what your funding source is, you all have reports, either quarterly or semiannual reports. In every single one of your reports there is an area where you write a narrative and discuss strengths of your program as well as challenges or barriers. That is your opportunity to talk about lack of resources. That's your opportunity to talk about why you feel like you need fuel cards or why you feel like you need assistive technology. Use those reports. Do not think about, "Oh, I just need to put this in so that VOCA says I'm compliant and will continue to give me money." Those people read those reports and they look at what you're saying you need based on what your next funding request is. And so document all of your challenges. That will go a long way in helping you receive funding for most of your barriers that you face. And then, of course, Office of Violence Against Women. There are a plethora of grants available there. In our program we have several OVW grants. Every OVW grant that we've had in my time with our program allows for accessibility. So make sure -- and lots of people don't even know what all types of OVW grants you can apply for. We have OVW grants that allow for safe visitation. There is accessibility money in that grant in case we have children or parents who are visiting that need interpreters. We have advocacy and support, which is improving criminal justice response. There is money built in that to provide interpreters for domestic violence hearings at court. And then, of course, the disabilities, and there's lots of money

built in for access there. So don't be limited to your normal typical streams of funding. Think outside the box. And if any of you have questions about what types of funding may be available, please feel free at the end when you see my email, jot that down, email me. I'm fairly familiar with almost any kind of grant that a victim service program can apply for. As you're partnering with other organizations in your community facing similar resources, show share your expertise and resources. I do want to make a comment here. At the beginning of our grant we had a fourth partner, which is a domestic violence shelter. Things did not work out, and they had to pull their partnership. But it is not all lost. As our relationship continued to grow, even though they were not a partner in our grant, that domestic violence shelter relied on us to share information with them and recently they had to move based on the highway coming in, and one of the things that the director at that domestic violence shelter is very proud of now is because of that work that we've done together and that she's seen, she actually has a suite for individuals with disabilities. It's an entire suite. Everything has been modified so that if they have someone who comes into the domestic violence shelter in a wheelchair, everything is perfect for someone who is seeking safety but also in a wheelchair, and the room is set up so that if the female has children, her children can be in the same suite with her and not have to go to a different part of the shelter. And so I feel like because we have that relationship and we're sharing that expertise, that is a direct result of us still continuing to build that relationship even though they were not able to continue as a partner in our grant. So each agency will have folks that have different expertise that they can bring to the table. Some of the most important expertise they can bring to the table is compassion and commitment. If they have compassion and commitment, then it's going to make your services so much easier to be accessed by individuals with disabilities, and culture and attitudes are what needs to be most accessible. If an individual calls the crisis line and they have a speech impediment and they can pick up that the person answering the crisis line sort of is a little frustrated they may have to deal with them, chances are they may hang up and not call back. So you want to make sure you build that culture from the very bottom all the way through the end to make sure that individuals with disabilities know this is a welcome, safe place for me to come and receive service, seek service. And so creative funding, we already talked about that.

Final tips for success. So culture change is the most important factor in successfully serving survivors with disabilities in rural communities. So thinking about access and safety in everything your agency does. I will

also say here, think outside the box. Don't be limited to, well, it's just physical access. When we started, that 'think is where most of us were. We were looking at physical accessibility, but within just a few interviews, whenever we did focus groups, we realized that probably there were more cultural areas that needed to be worked on as opposed to physical areas. So don't just be stuck with physical access. Be creative. Think about how you can leverage your existing relationships and resources to provide accessible services. And one of the things that I want to talk about here is, our Executive Director, just in our work that we've done, he wanted to be a catalyst for change, and as our work evolved, he decided that we just wanted to be that agency that already when we bought new properties, let's go ahead and make these changes as we go. And I feel like that that was a direct result of him being a key part of our work. And so when you're being creative about how to leverage for exist young relationships, don't forget about those key relationships, your stakeholders, your chief financial officers. They are the people who know where the money is and how you can spend the money. So be creative and pull us a those people together. And when, especially in rural communities, when people start saying "thank you" to your Executive Director, people who are your service users, that goes a long way. We had a state sexual assault coalition site visit one day, and the lady who was here, the program coordinator, went into our clinic and new furniture was being delivered, and she looked, and she said, holy cow, what's going on? And our service users had created a survey -- or had completed a survey, and they had let our Executive Director know that the chairs in the waiting area were not comfortable. So these nice, modern, comfortable chairs were moved in. It appears to be more of, like -- almost like a reception area or a waiting area in a fancy hotel. They're really nice and plush. There's rugs. There's some little side tables and lamps. And it just created a very welcome atmosphere, and that was because our executive was getting client surveys and the clients said, it's hard, it's cold, it's not inviting, it's not welcoming, and, again, because he is -- he has that relationship with us, that was able to make a change.

He can more beyond your community. There are likely state, and national resources available to you. Again I'm just going to ask you, when you have a need, reach out. If you have domestic violence coalitions, sexual assault coalitions, reach out. Those people will help you. Say, hey, I have these barriers, I have these things I need help with. Is there a way you can help me with this. And you will learn that people want to share their resources. They want to share their information with you, because at the end of the day, we want individuals who need our service to come get

our service. That's what we're here for.

And so now I am going to ask if you have any particular questions or some things that you would like to know more about. Please use the Q&A, and then you also have my contact information there. My email is Kimberly.sparks@MTcomp.org. And that is my office line. I do work from home a lot, so email would be the best way to contact me.

>> ASHLEY BROMPTON: We already have a bunch of questions lined up for you. The first is that resource guide that you mentioned that you have for staff, is that something you would be willing to make publicly available?

>> KIMBERLY SPARKS: Absolutely, yes. And it was something -- the resource guide was something that bits and pieces were already in existence, but after our needs assessment we realized it needed to be more comprehensive, and that was something that we worked together to make sure was available for our entire region, and I do have that available, and if anyone would like to see that, you can email me and I can send you an electronic copy, and it would sort of give you an idea of how to structure your resource guide.

>> ASHLEY BROMPTON: That would be great. I think they're looking for some guidance on how to structure that as well as how to frame the issues.

>> KIMBERLY SPARKS: Right. And the one thing that I will mention about the resource guide is a resource guide in a metropolitan area may look entirely different than ours, and this was just compiled over the resources that we knew individuals in our area would most likely need. So just keep in mind that you will need to adjust that based on your area.

>> ASHLEY BROMPTON: Great. Thank you.

We also have a question regarding sexual assault nurse examiner exams, and the question is, this person has been facing barriers because there's a lack of nurses in nearby hospitals. Many times victims are having to find themselves to travel to hospitals very far away, which is serve as a huge barrier for survivors with disabilities and other survivors that don't have transportation. Have you dealt with this? And if so, what solutions have you been able to think of?

>> KIMBERLY SPARKS: So we, again, have a rural shelter grant from OVW which allows us to have the only rape crisis center in the state of Kentucky that offers on-site safe exams along with acute residential stay after. It's just a four-bed shelter. And that is, again, the Office of Violence Against Women rural shelter grant, and we have SANE nurses that are there. That facility is staffed 24/7, and when the police, state police, or

local law enforcement bring a victim there, they actually get the SAFE exam there. Now, we have had hospitals in our region who did have but now do not have SANE nurses and so they will ask law enforcement to transport them to us if they come to the hospital first. I would also tell you to write that into your VOCA applications. VOCA will pay for SANE training if you have a state sexual assault coalition, your state -- I'm sorry -- your state sexual assault coalition chances are will provide the training for you. There may be a small fee, but VOCA will pay that. And then hospitals, if your hospital does not have a SANE nurse, reach out to your local clinics. We, Big Sandy Healthcare, is actually training two additional SANE nurses so that we will have back-up on-call SANE nurses at our crisis center.

>> ASHLEY BROMPTON: Thank you so much.

One of the other questions that we got involved how to identify trained American Sign Language interpreters and what that process looked like for you to identify a reputable interpreting agency.

>> KIMBERLY SPARKS: So we have -- because we have the intellectual and developmental disability program in our community mental health center, the director of that program basically gave us the contact information, and I just set up a meeting with one of the ladies there, and that's when the relationship began. So I would probably reach out to a disability organization because someone in that department would have a regional or state contact information for ASL interpreters.

>> ASHLEY BROMPTON: Thank you. Another question that we have had is when we're talking about confidentiality, one of the questions came in around how you all have approached mandatory reporting requirements in Kentucky and what that looks like for your agency. That's something they are struggling with.

>> KIMBERLY SPARKS: So in the state of Kentucky every one is a mandatory reporter, and the way that we have addressed this is that we have the conversation with the individual, and we talk to the individual about the mandatory report, we talk to them about what it's going to look like, and we allow the individual to be decision-makers in that, and if -- so that the individual has input on making the report. Fortunately, that is not something that we have to deal with often, but we do have policy and procedure around that, and if anyone would like to see our policy and procedure, I would be more than glad to share that with you as well..

>> ASHLEY BROMPTON: Thank you. Thank you. One of the other questions -- I've heard people saying they would love to see some of the resources Kim has mentioned, including the mental health toolkit, mandatory reporting policies and procedures. If you are interested in those

specific materials, please reach out directly to Kim so that she can send those to you. And we'll try to get you as many of the resources as we can, but in the meantime please reach out to Kimberly at the email address up on the screen. We still have a few more questions. We have a question regarding the communication app that you mentioned, particularly that you used for those with I/DD, and they're just wondering if you could provide, like, the names of those apps or an example of how they work.

>> KIMBERLY SPARKS: Again, that would be something I would have to send out in an email because I would have to switch from this screen to go over to where that is. But some of the examples are, like, the speech to text -- like where an individual would speak and it would text, or where someone would speak and pictures would pop up. And then we have an individual at one of our grant houses who is a Deaf-mute individual, and he has apps that he can actually scroll through and look at pictures and he communicates by typing pictures -- tapping pictures, and the instructors many work with him at the greenhouse communicate with him by tapping pictures.

>> Great. Thank you. So if you're interested in that, also please email Kimberly directly for that as well.

One of the trends that I noticed in the chat pod while you are speaking today, Kimberly, was around lack of other community resources. So not having a -- maybe they're a sexual assault organization that doesn't have mental health providers in their community, or there's not a disability community -- or disability agency within their community. How would you recommend them approaching the issue when they don't have other community-based organizations within their same rural community?

>> KIMBERLY SPARKS: Just make communication -- try to join some listservs. In our -- in our state there was a statewide coalition before our local coalition. Leslie may remember this. Project Safe. Some of you who are from Kentucky may have heard that. Project Safe was a statewide coalition that addressed accessible services for domestic violence and sexual assault all across the state. So even though your rural community may not have those resources, reach out to others. Use the website for end abuse for people with disabilities to find out where state coalitions exist, and just research as best you can. I had actually heard about Project Safe long before I started this work, and if I'm not mistaken, and Leslie can correct me if I'm wrong, I think that they were a grantee for three straight cycles, and so as a statewide collaborative, there were tons of things available that individual regions may not be aware of, and it was just a matter for me of researching, finding out who these contacts were, and

making contact with them. So if you don't have that resource available locally, reach beyond your local. Ask regionally or state and check out the end people with abuse website because you guys have everything listed there.

Also I would say check with your local state behavioral health organizations at the state level. Those folks could direct you to where services are available and who your contacts would be for that.

>> ASHLEY BROMPTON: Thank you. I'm trying to scan the chat pod to see if there are any other questions. If you have any other questions for Kimberly, we have some time left. So this is your opportunity to ask her about maybe a barrier that you're facing within your agency that she didn't address today, or a problem that you've come across that you would like to talk through with her, or any sort of other ideas you might have. I'm going to open it up in the chat pod for just a few minutes and see if anything else comes up.

>> KIMBERLY SPARKS: Ashley, I do see that Maria had asked a question about the mental health toolkit. Maria, was that in regards to the mental health first aid training?

>> ASHLEY BROMPTON: It looks like, yes, it was.

>> KIMBERLY SPARKS: Okay. So this is a SAMHSA grant, and it is mental health and first aid awareness grant training, and you could probably just Google that to find out who the trainers are in your areas. I am a certified trainer, and it's an actual very strict 8-hour training that you do with agencies, individuals who want to learn. It's for church people. It's for parents. Anybody who just wants to be better informed. And there is a book that comes with it, and it breaks down different types of depression, anxiety. It gets you very familiar with individuals who talk about suicide. And what typical behavior would be like and what behavior in crisis would be like, and how you respond based on, oh, that's just typical, or, oh, no, this is crisis, it can escalate, this is what I need to do. And so it is an invaluable training. So you could probably just Google "mental health first aid training" to locate instructors, because this is nationwide, and you could locate instructors that are close to you. And an instructor can certify you in any state.

>> ASHLEY BROMPTON: Great. Thank you.

We have had some questions about the records of attendance that we provide. We provide those at the very end of the webinar for download. So once Kimberly has done and we've wrapped up all the questions, we will provide that to you to download it or you can email me directly to receive those records of attendance. We did have another question for

you, Kimberly, and that was, really, what started your agencies looking at expanding your accessibility services and what was your first step?

>> KIMBERLY SPARKS: I was not a part of our agency at that time, believe it or not. I was teaching kindergarten at that time. We did have different staff then, and her whole reason behind wanting to apply for the disabilities grant is she knew with our large population of intellectual disability folks that we had to have gaps. She knew that there were gaps. She knew that people were not seeking service that needed service, and she knew there had to be a way to make service accessible. And so she contacted the grant writer. They sat down. They talked about what they wanted. And we got the grant and then I feel like that it's just -- I think it's grown beyond what she ever imagined it would because now it's just part of the fabric of who we are. Everything we do we see through the eyes of an individual with developmental disabilities.

>> ASHLEY BROMPTON: I did type the name of the grant that you originally applied for, which is OVW's training and enhanced services to end violence against women with disabilities grant program, also known as the Disability Grant Program for short. That was sort of what started your momentum, right, in moving forward.

>> KIMBERLY SPARKS: Absolutely. Yes.

>> ASHLEY BROMPTON: Are there any other questions for Kimberly? Shana asks do your counselors have specific certifications to serve people with disabilities?

>> No, they do not have anything specific for individuals with disabilities. They all do have the same types of trauma-informed, evidence-based training. I think that we pride ourselves in sending our trauma therapists to as much training as we can. We meet on a monthly basis as a staff, and we talk about, like, trending needs, and we talk about ways that clinicians can make seeking service for an individual with disabilities easier, and I feel like when we collect our data reports each month that's why we see so many individuals self-identifying. Our clinics are just -- they just treat everyone as family. They treat everyone as equals. And it doesn't matter if it's an individual with an intellectual disability or if it's a 12-year-old who identifies as bisexual. Everyone knows this is a safe place. I can come to you and tell you exactly what I need and I know you're going to help me. So we're very person-centered. We're very trauma-informed. We meet everyone where they are.

>> ASHLEY BROMPTON: I'll just add to that that having worked with Kim's organization and seeing the work they have done, they have put in a lot of work in partnering with disability organizations and other people in the

community in order to really make sure that they're providing services that are accessible. So as much as she underestimates the effort they will really put into it, it's been a long process for them to build in accessibility into everything that they've done.

>> KIMBERLY SPARKS: Yes.

>> ASHLEY BROMPTON: I'm not seeing any other questions right now. I am see -- I want to give a quick thank you to Melanie, the interpreter, and to Larry, the captioner. I am seeing some thank you's from audience members for your hard work during this webinar. We appreciate that. Nancy is saying to reach out to your local centers for Independent Living, Arc. Other organizations. One of the things many Kimberly -- requires that it's cross-agency. So there is an disability partner and -- it's automatically built in that you're sort of cross working together. Nancy used the example of the ark of Minnesota who partnered with a sexual violence center. That's another grantee based outside of Minneapolis. So the work that they do really is multiple agencies coming together to share their knowledge and expertise in disability and victimization.

Kim, do you have any lost thoughts?

>> KIMBERLY SPARKS: No, I do not. I just thank you all so much for joining me today. Make sure that if you would like copies of any of the -- our guides -- I would also like to throw out there that we created both a female and male picture guide for the SAFE exam and I can send you those as well. Just reach out to me if there are any other questions that you have or any of the product that we have created. I would be more than glad to share that with you.

>> ASHLEY BROMPTON: Thanks so much. Thank you again for presenting today. This was a very informative presentation. And I would like to thank all of you for participating in today's webinar. And we do ask that you complete a brief evaluation survey. You can find the link either in the PowerPoint or directly below the PowerPoint where it says "webinar evaluation." You would just click on the words "webinar evaluation" and click "browse to." We would appreciate it if you could take a few minutes to share your thoughts with us so we can continue to work to meet your needs during these webinars.

A quick note, if you would like a record of attendance, it is in the bottom right-hand corner of your screen in the files pod. So if you click on the words "record of attendance July 2019," and then you click "download file" the copy of the record of attendance will download to your computer. If you have any trouble getting that record of attendance you can email us at CVS@vera.org and we can help you out. Also available for download in

that pod is the PDF of our PowerPoint presentation. For those of you interested in downloading a transcript of the webinar, you can do so by going to the captioning pod at the bottom of your screen and clicking where it says "save." I'll leave the webinar open for just a few moments to give you time to download this. Again, a transcript as well as the PDF file and a recording of the webinar today will be emailed to you within 48 hours of this webinar.

Thank you and have a great afternoon, everyone!