

# Bridging Safe Access To Big Sandy



## Strategic Plan



Appalachian Research and Defense Fund



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## **Bridging Safe Access to Big Sandy Strategic Plan**

### **Introduction and Overview**

Bridging Safe Access to Big Sandy (BSABS) is made possible by the Training and Services to End Violence Against Women with Disabilities grant funded by the Office of Violence Against Women (OVW FY 2014). Our Technical Assistance is provided by Vera Institute of Justice.

Our collaboration is located in the Big Sandy Region of Kentucky and is made up of representatives from three agencies: Mountain Comprehensive Care Center's Developmental/Intellectual Disabilities and Healing Program (dual program), Appalachian Research and Defense Fund (legal aid), and Big Sandy Health Care. Our purpose is to implement systemic change to improve service delivery among our partner agencies at the intersection of behavioral health and/or developmental/intellectual disabilities and interpersonal violence.

Our collaboration was formally developed in 2014 when our lead agency, Mountain Comprehensive Care Center (MCCC) was awarded the disabilities grant. This three year grant is designed to facilitate local, systemic and policy change through a concentrated collaboration method. As part of our collaboration charter, we created a vision and mission statement to guide our purpose.

#### **Vision Statement**

“We envision a safe and accessible community that will bridge services within The Big Sandy Region, which will be tailored to the distinct needs and circumstances of individuals with behavioral health and/or developmental/intellectual disabilities, who are survivors of interpersonal violence<sup>1</sup>.”

#### **Mission Statement**

Bridging Safe Access to Big Sandy seeks to educate and create a community encompassing safe and accessible resources that are available to individuals with behavioral health and/or developmental/intellectual disabilities. Our collaborative seeks to achieve this by way of:

- Identifying gaps, barriers, strengths, and resources within our agencies.
- Empowering and welcoming survivors.
- Educating and cross-training within our agencies to share resources.
- Creating changes within our agencies to enhance our collaboration.
- Creating changes within our agencies which result in more welcoming and accessible services for survivors.

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<sup>1</sup> Interpersonal Violence is an umbrella term that encompasses domestic violence, sexual assault, dating violence, and stalking.

[www.thepca.org/what-is-ipv/](http://www.thepca.org/what-is-ipv/)

## **Bridging Safe Access to Big Sandy Strategic Plan**

### **Overview of Planning Phase to Date**

The U.S. Department of Justice, Office of Violence Against Women (OVW) awarded Mountain Comprehensive Care Center with the discretionary grant, “Training and Services to End Violence Against Women with Disabilities” in September 2014. The purpose of this three year project was to establish and strengthen multidisciplinary collaborative relationships and increase organizational capacity to provide accessible, safe, and effective services to individuals with disabilities and Deaf individuals who are victims of sexual assault, domestic violence, dating violence, and stalking. Foundational work began when Appalachian Research and Defense Fund (AppalRed), Big Sandy Health Care (BSHC) and Mountain Comprehensive Care Center (MCCC) committed to a Memorandum of Understanding that detailed the responsibilities of each agency for the period of the grant.

The initial phase of this project began as we chose members from each agency to serve on our Core Team. First, a Project Director was hired in October 2014 by the lead agency, Mountain Comprehensive Care Center. Next, AppalRed’s two representatives, a Legal Aid Attorney and Domestic Violence Coordinator came on board. A Patient Care Coordinator (RN) was chosen to represent BSHC on this team. Finally, Mountain Comprehensive Care Center’s two representatives, the Director of the Healing Program (dual domestic violence/sexual assault victim service program) and the Director of the Developmental/Intellectual Disabilities Program were added to the team.

In March 2015, we attended a “Virtual Orientation” through the New Grantee Orientation Webinar Series sponsored by Vera Institute of Justice. This was a three day event in which each Core Team members attended from their remote locations. This series included, “Overview of the Disability Grant Program”, “Overview of Planning and Development”, and “Fundamentals of Successful Collaborations”.

Our Vera Technical Assistant provided a two day retreat in April 2015. She met with our Core Team, as well as Executive Team, which included the President/CEO and Executive Director’s from each agency. After this retreat, the Core Team began to meet weekly for approximately two hours. This team chose to name our collaboration, “Bridging Safe Access to Big Sandy”. We came to this choice as the West Prestonsburg Bridge is a historical landmark in the Big Sandy Region. As we were brainstorming ideas, we kept talking about “bridging our gaps”. At this point, it became an obvious choice to use a photograph of the bridge as our logo, as well as to name our collaboration, “Bridging Safe Access to Big Sandy”.

During this time, the Core Team also attended the monthly webinar series provided by way of Vera Institute of Justice, “Building the Foundation and Promoting Effective Practices”. Each webinar offered foundational insight critical to creating the optimal collaboration to better serve survivors at the intersection of disability and interpersonal violence.

The core team met weekly to develop the first key deliverable, the Collaboration Charter. Each member of the team worked and talked through the mission, vision, values, contributions & commitments, confidentiality, decision making process, conflict resolution, communication, work plans, key terms, and contact information. During this time, our first Executive Team meeting was held in July 2015. The Charter was nearly complete. Each Executive received a copy, reviewed it, and was given the opportunity ask questions and make recommendations. With guidance from leadership and our Vera Technical Assistant, our Collaboration Charter was submitted to OVW and approved in September 2015.

Work quickly began on the next deliverable, the Needs Assessment Proposal Plan (NAPP). The NAPP components provided an expansion of our Collaboration Charter, a brief history of our collaboration partners, mission, vision, values, as well as the need for and the methodology of data collection essential to continue our work.

The NAPP detailed the process, responsibilities of members of Bridging Safe Access to Big Sandy (BSABS), and their agencies in gathering information. This proposed plan consisted of questions to be asked to individuals, survivors, staff, supervisors, therapists, advocates, and executive leadership within each of our agencies through focus groups and interviews. BSABS spent significant time and effort in creating questions for each level within our agencies and had these questions reviewed by our Vera Technical Assistant.

The next step in the assessment consisted of results from the Performance Indicators, which were recently introduced by Vera Institute of Justice. These indicators were used to help determine whether, and to what degree, progress is being made toward a certain objective. This comprehensive tool was used, in collaboration with our Key Findings, to track and improve our capacity to serve survivors with disabilities, as well as a step-by-step guide to implementation. These indicators were collected in two primary areas: commitment and capacity. MCCC was the only agency who participated in this measure. The Developmental/Intellectual Disability Program completed the “Measuring Capacity to Serve Domestic Violence and Sexual Assault Survivors with Disabilities: Disability Organizations Indicators”. Indicators included a document checklist, observation guide, staff interview guide, Component A: Commitment Progress, Component B: Capacity Progress, and scores at a glance. To date, these indicators were completed in April and October 2015, as well as April 2016.

MCCC’s Healing Program completed the “Measuring Capacity to Serve Survivors with Disabilities: Domestic Violence and Rape Crisis Dual Agency Indicators”. These indicators included a document checklist, observation guide, staff interview guide, Component A: Commitment Progress, Component B: Capacity Progress, and scores at a glance. To date, these indicators were completed in April and October 2015, as well as April 2016.

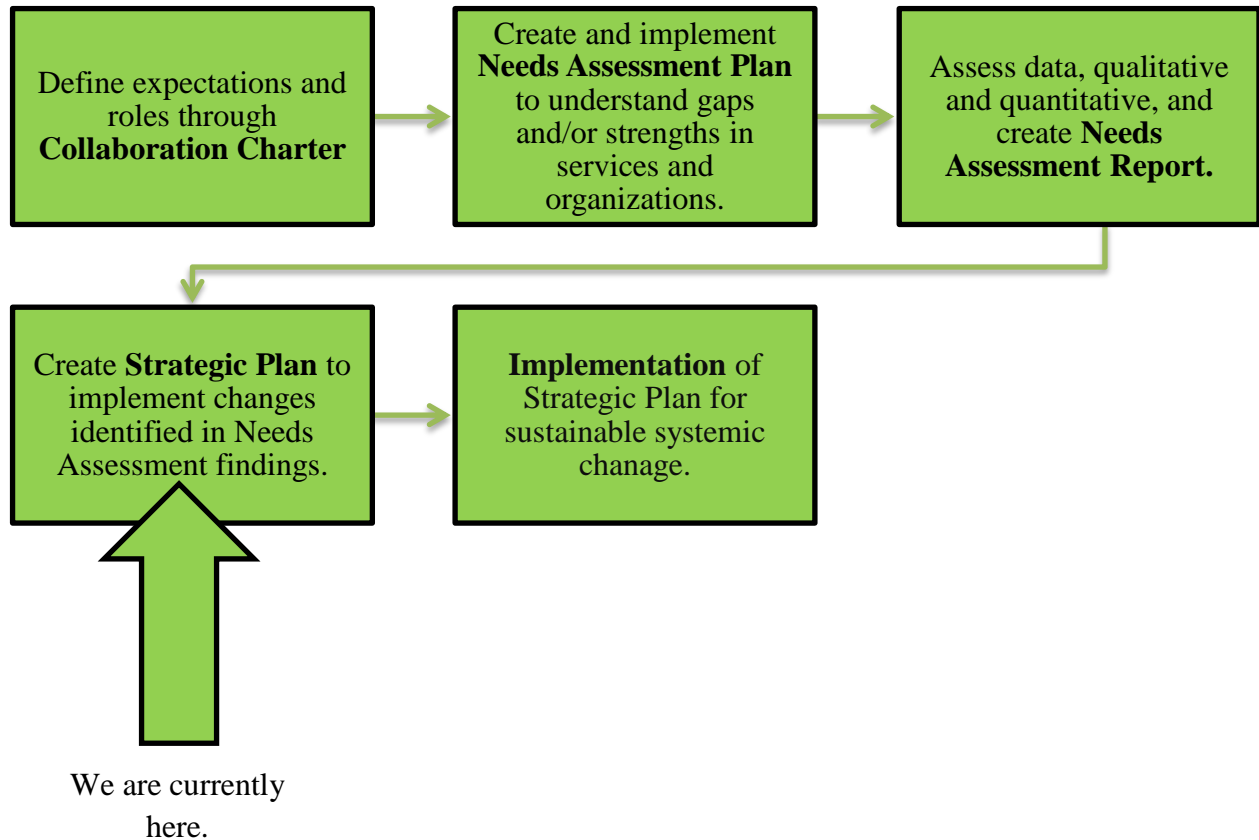
With guidance from our Vera Technical Assistant, our NAPP was submitted and approved by OVW in October 2015. At this time, we were given permission to begin our focus

groups and/or interview sessions. Within the months of October 2015 – January 2016, our needs assessment focus groups and/or interviews were conducted. At the conclusion of this assessment, we had identified Key Findings to would guide our strategic planning. These will be discussed in more detail in the Needs Assessment Overview section. Our Needs Assessment Report was approved in June of 2016.

Our Vera Technical Assistant provided a two day retreat to guide our strategic planning phase of the project. There is a detailed overview in the next section

The flow chart below summarizes this process. A comprehensive, in depth description of our Needs Assessment, as well as key findings and performance indicators follows in this report.

**Bridging Safe Access to Big Sandy’s Planning Process to Date:**





## **Bridging Safe Access to Big Sandy Strategic Plan**

### **Overview of Strategic Planning Process/Strategic Plan**

In June, our Vera Technical Assistant held a two day Strategic Planning retreat with our entire collaboration, both Executive and Core team members. She discussed our key findings and how those will likely become initiatives for our work plan. During the first day, our President/CEO and Executives learned about the strategic plan and all it entails. Each President/CEO and/or Executive gave verbal approval to proceed, as everyone felt comfortable with our proposed key findings entering into our final planning stage of the project. The second day, the Core Team met to develop initiatives from these key findings.

As we discussed this transition from planning to implementation, it was important for us to keep in mind what we heard during the needs assessment. Staff at all partner agencies indicated the need for training and education to ensure comfort and capacity to serve individuals at the intersection of interpersonal violence, as well as the need for policy & procedure review or clarification and/or creation. Individuals voiced the need for safety and accessibility within all partner agencies, as well as the need for awareness tools. With guidance from our Vera Technical Assistant, we prioritized these key findings into the following initiatives:

- Initiative 1: Staff Comfort and Capacity
- Initiative 2: Policy & Procedure
- Initiative 3: Safety and Access
- Initiative 4: Awareness Tools

After we had decided the initiatives along with activities for each, we discussed the need to form inter-agency work groups to complete the tasks and deliverables for each initiative. At this point, we knew we wanted to recruit and include individuals we serve to participate in these groups. We also discussed both the short and long term goals of this plan. We liked the idea that former grantee, WEAVE shared with us in regards to a “kickoff event” for all work group members. We plan to incorporate this into our work plan to ensure our teams are prepared for this crucial phase of our project. It is our expectation that the enthusiasm of this event will build a strong foundation moving toward implementation.

## **Bridging Safe Access to Big Sandy Strategic Plan**

### **Needs Assessment Overview**

Bridging Safe Access to Big Sandy used focus group and interview sessions to collect Key Findings in this part of the Needs Assessment. Our questions were created to address staff capacity, education and training needs, safety and accessibility, as well as address policy and procedure.

Bridging Safe Access to Big Sandy conducted focus groups with survivors, individuals with developmental/intellectual disabilities, staff, supervisors, advocates, and therapists. These sessions were held in locations that were accessible, comfortable, and provided the least amount of disruption to everyone's daily routine. A counselor and safe room were available during each session that included individuals.

Interviews were conducted with staff at BSHC, AppalRed, SANE Nurse, and with President/CEO and Executive Directors. We chose interviews for these groups due to the nature of their job responsibilities, as well as to accommodate the schedules of each President/CEO and Executive Director. These interviews with BSHC and AppalRed were held in conference rooms at each agency. We traveled to the SANE Nurse to provide the least amount of disruption in her daily schedule. Each of our President/CEO and Executive Directors were interviewed in their respective offices.

Both focus groups and interview sessions utilized a facilitator to lead the discussion and a recorder to take notes. An introductory script was read to each participant prior to the beginning of each discussion. This introduction addressed confidentiality, mandatory reporting, safety issues, as well as our goals and needs for the session. Samples of these scripts were included in the Needs Assessment Proposal Plan. A debriefing session was held immediately after each session to identify key thoughts, quotes, or themes that stood out in the session. This information was entered into a binder that contained the data collected from each focus group and/or interview. Core Team members then reviewed the data and grouped it according to goals. That list then became the key findings.

The Performance Indicators were used to collect data from Mountain Comprehensive Care Center's Healing Program and Developmental/Intellectual Disabilities Program. This information is collected every six months. We collected our second round of data for indicators during the Needs Assessment. The indicators measured both commitment and capacity. As we collected data from focus groups and/or interviews, we also were noting the results of the indicators. When all data had been charted, the indicator results matched those key findings from the focus group and interview sessions. Full details follow in the Key Findings section of this report.



## Bridging Safe Access to Big Sandy Strategic Plan

### Summary of Key Findings

As we continue our project and focus our work to move toward implementation, these key findings will help us to prioritize our work and to focus as we prepare for our strategic plan. As we reviewed these key findings, we purposely included multiple perspectives and provided quotes to illustrate both the fruitfulness of our Needs Assessment, and the insight of our participants.

**Key Finding #1: There is a lack of staff capacity with all collaboration partners to serve individuals with behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence.**

The following table reflects the scores achieved on the performance indicators for our disability program, as well as the Healing Program (dual program).

<b>Disability Program Indicators:</b>	<b>Score:</b>
1.1 Recognizes Violence Against People with Disabilities as a Priority	25.00%
1.4 Includes in a Budget	0.00%
2.1 Partners with DV Agency	25.00%
2.2 Partners with Rape Crisis Center	0.00%
2.6 Inclusion of Persons with Disabilities	0.00%
5.4 Practical Learning Opportunities	0.00%
6.1 Mandatory Reporting Procedures	25.00%
6.3 Immediate Safety Planning	0.00%
6.4 Informed Referrals	0.00%
6.6 Serving Victims and Perpetrators	0.00%
<b>Dual Program Indicators:</b>	<b>Score:</b>
1.1 Recognizes Violence Against People with Disabilities as a Priority	25.00%
1.3 Raises Funds	0.00%
1.4 Includes in a Budget	25.00%
1.5 Collects Data	25.00%
1.6 Uses Data	0.00%
5.4 Practical Learning Opportunities	0.00%
5.5 Volunteer Training	25.00%
6.1 Community Outreach and Education	0.00%
6.2 Case Management	0.00%
6.3 Legal Advocacy	0.00%
6.4 Skill-building	0.00%
6.5 Crisis Intervention	0.00%
7.1 Community Outreach & Education	0.00%
7.2 Consent for Services	0.00%
7.3 Counseling Services	0.00%
7.4 Medical Advocacy	0.00%
7.5 Legal Advocacy	0.00%
7.6 Crisis Intervention	0.00%

What we heard in our focus groups and interview sessions supports the data collected in the indicators, as well as the key findings.

One of the greatest needs that came from our sessions in all three agencies was lack of awareness among our staff capacity to better serve our individuals. We found that within AppalRed and BSHC there are substantial gaps in how to communicate with individuals who have behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence. Other gaps included; consent for an individual with a guardian, as well as what resources and information were available. Most all of the staff within our partner agencies have a general understanding of D/ID individuals, with that said; most all of the staff at each partner agency indicated they want cross-training with MCCC’s D/ID department.

**Key Finding #2: There is a lack of awareness about the resources and/or services provided by collaboration partner agencies.**

The following table reflects the scores achieved on the performance indicators for our disability program, as well as the Healing Program (dual program).

<b>Disability Program Indicators:</b>	<b>Score:</b>
2.1 Partners with DV Agency	25.00%
2.2 Partners with Rape Crisis Center	0.00%
2.3 Partners with Law Enforcement	25.00%
2.5 Inclusion of Persons with Disabilities	0.00%
2.6 Participates in Multi-Disciplinary Collaboration	0.00%
5.4 Practical Learning Opportunities	0.00
6.4 Informed Referrals	0.00
<b>Dual Program Indicators:</b>	<b>Score:</b>
2.1 Partners with Disability Agency	0.00%
2.2 Builds Relationships with Deaf Community	0.00%
2.4 Includes People with Disabilities	0.00%
2.5 Participates in Multi-Disciplinary Collaboration	0.00%

What we heard in our focus groups and interview sessions supports the data collected in the indicators, as well as the key findings.

We discovered that staff within AppalRed and BSHC had considerable gaps in their knowledge and understanding of what MCCC’s D/ID and Healing Programs offer, who key contacts were, and what information is available to their individuals. Many of the direct care staff from the D/ID program were familiar with the Healing Program itself, but unfamiliar with all the services provided by advocates and therapists. Many staff did not realize that The Healing Place is an actual Rape Crisis Unit with a SANE Nurse who can do the SAFE Exam on sight, as well as provide a safe haven until it is safe to return to their environment. As well as, the Healing

Program therapists, advocates, and nurse indicated a lack of knowledge about resources available to D/ID individuals.

**Key Finding #3: All agencies need clearer policies and procedures at the intersection of behavioral health and/or developmental/intellectual disabilities and interpersonal violence.**

The following table reflects the scores achieved on the performance indicators for our disability program, as well as the Healing Program (dual program).

<b>Disability Program Indicators:</b>	<b>Score:</b>
3.4 Service to Victims and Perpetrators	0.00%
6.1 Mandatory Reporting Procedures	25.00%
6.3 Immediate Safety Planning	0.00%
6.4 Informed Referrals	0.00%
6.6 Serving Victims and Perpetrators	0.00%
<b>Dual Program Indicators:</b>	<b>Score</b>
3.1 Eligibility	0.00%
3.2 Accommodations	25.00%
3.4 Service Animals	0.00%
3.5 Guardianship	25.00%
3.6 Resident Handbook (Residential Only)	0.00%
3.7 Medications (Residential Only)	0.00%

What we heard in our focus groups and interview sessions supports the data collected in the indicators, as well as the key findings.

Depending on the focus group and/or interview, ranging from direct care staff to leadership, we heard the need for policy and procedure review and clarification within each agency. In the state of Kentucky, we are all obligated to mandatory reporting. All partner agencies have a generalized policy in place to address these reports. Leadership at AppalRed and BSHC indicated they are well aware of “work to do” around policy and procedures of individuals with behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence.

It became clear that leadership is aware of the need to review policy and procedures relating to abuse and neglect, accessibility, client rights and confidentiality, as well as the D/ID Program’s Sexual Assault policy. One staff from the Healing Program indicated that our policies and procedures need review to be certain they address the needs of our individuals and not just “blanket policies” that unintentionally leave gaps in access to services.

**Key Finding #4: There are safety and accessibility concerns at all agencies for individuals with behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence?**

The following table reflects the scores achieved on the performance indicators for our disability program, as well as the Healing Program (dual program).

<b>Disability Program Indicators:</b>	<b>Score:</b>
1.2 Assesses for Safety and Responsiveness	0.00%
4.3 Victimization-Oriented Communication Boards	0.00%
<b>Dual Program Indicators:</b>	<b>Score</b>
1.2 Promotes Accessibility	0.00%
4.1 Accessible Modes of Communication	0.00%
4.2 Accessible Location	25.00%
4.3 Alternative Formats	25.00%
4.4 Inclusive Materials	0.00%
4.5 Accessible Transportation	25.00%

What we heard in our focus groups and interview sessions supports the data collected in the indicators, as well as the key findings.

Throughout the needs assessment process, safety and accessibility gaps were identified in all partner agencies. Gaps in these areas are barriers to service. As stated in our mission, Bridging Safe Access to Big Sandy seeks to educate and create a community encompassing safe and accessible resources that are available to individuals with behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence. As part of our mission, we must address these gaps and barriers in services to ensure our survivors feel safe and have accessible services. Data analysis from the sessions fit into two main categories: physical environment and programs and/or services.

**A: Safety and Accessibility for Physical Environments**

As our focus groups and interview sessions evolved, physical environmental safety and accessibility issues were often mentioned as needing improved upon. Our survivor group indicated they have a need for automatic opening doors at their center. This group also indicated they would like the windows in the door to be tinted to help them feel “safe” in the event someone “should be upset and stalking the place”.

Our therapists indicated automatic doors are needed at all locations within MCCC. Other physical and environmental concerns this group addressed, included physical accessibility within and getting to some of the counseling and/or case management offices, unlocked doors within the buildings allows random people to enter the building without notice, general concerns that not all facilities are as physically accessible as they could be. It is also noted that there is

construction underway at one of these locations and that physically accessible issues are being addressed in that current construction.

Advocates in the Healing Program indicated the thresholds have a “lip” that may be an issue for a person in a wheel chair or for someone on a walker. Other safety concerns for this program are the narrow hallways and the small office sizes. The signage needs to be updated to make locating advocates easy upon entering the building.

During our D/ID residential focus group, most of the individuals felt that their environments were very accessible. They made mention that although they have to step up and over the bath tub; they do have bars to hold onto to help them in and out of the tub. Someone even made mention of wanting a bath mat in the tub to make them feel safe. One individual indicated that he is in need of a new bed and/or mattress. The only other mention of physical safety was a night light.

Staff and/or leadership with BSHC facilities have appropriate physical accessibility, with the issue of a more private patient check-in room noted. The room at the Mud Creek clinic may be a little difficult for a wheel chair to navigate. However, staff indicated their ability to accommodate any patient with physical needs in the more open area just outside the check-in room.

During the interview sessions with staff and leadership at AppalRed, the physically accessible issue continued. There is no handicap access ramp to the sidewalk in front of the building; it is at the other end of the block. Although the building does not have an elevator, there is a chair lift at the stairway leading to the second floor. Staff indicated that to meet the needs of any individual with physical needs, the entire ground floor is accessible.

## **B: Safety and Accessibility in Programs and/or Services**

We heard from many individuals in all groups, just how important an aesthetically welcoming environment is. They believe that lobbies to clinics, to their homes, and their center should be comfortable, welcoming and create a sense of safety. They indicated that it makes their day to be greeted, welcomed, and acknowledged when they arrive.

In our survivor group, the idea of having to “wait too long” when at the clinic was disturbing. While these individuals said they feel very comfortable when asking for help, they do not like the idea of appointments being delayed. Other issues this group discussed as a barrier to services: lack of resources in one place (resource guide), better access to online services, transportation, and better communication. We heard from some of the individuals in the day training facilities that just being able to communicate their need can sometimes be a barrier.

**Key Finding #5: There is a lack of knowledge within all agencies about guardianship roles at the intersection of interpersonal violence.**

The following table reflects the scores achieved on the performance indicators for our disability program, as well as the Healing Program (dual program).

<b>Disability Program Indicators:</b>	<b>Score:</b>
3.4 Service to Victims and Perpetrators	0.00%
5.1 Practical Learning Opportunities	0.00%
6.3 Immediate Safety Planning	0.00
6.6 Serving Victims and Perpetrators	0.00%
<b>Dual Program Indicators:</b>	<b>Score</b>
3.5 Guardianship	25.00%
7.2 Consent for Services	0.00%
7.3 Counseling Services	0.00%
7.4 Medical Advocacy	0.00%
7.5 Legal Advocacy	0.00%
7.6 Crisis Intervention	0.00%

What we heard in our focus groups and interview sessions supports the data collected in the indicators, as well as the key findings.

In the responses we heard from staff focus groups and interviews, there is confusion surrounding guardianship at all agencies. It was articulated that training is needed within our partner agencies around guardian roles, authority, consent process, and types of guardianship.

We heard advocates and therapists articulate the need for training on how to better serve individuals with guardians. Both groups expressed confusion about the roles of guardians; if the guardian is payee only, medical, or legal. With this confusion, these groups conveyed the message that at times it is difficult to determine if the guardian is involved in the correct way for the individual. We heard some staff say that at times, some guardians can be “too protective”, “too lenient”, and that “we know guardians only want what is best” for our individuals. We do; however need to create a balance for the sake of our individuals.

Staff with AppalRed and BSHC has more clarity in the roles of guardianship as they see individuals for medical and legal services. With that said, there are times that staff sees the roles of guardians differently or have confusion around their roles, especially at the intersection of interpersonal violence.



## Bridging Safe Access to Big Sandy Strategic Plan

### Short-Term Initiatives

As we worked together with our Vera TA during the Strategic Planning retreat, we chose the following initiatives based on the key findings from our Needs Assessment:

- **Initiative 1: Staff Comfort and Capacity**  
Increase staff comfort and capacity to effectively work with survivors of interpersonal violence with behavioral health and/or developmental/intellectual disabilities.
- **Initiative 2: Policy and Procedure**  
Promote consistent trauma/disability aware staff response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence through clear policies and procedures.
- **Initiative 3: Safety and Access**  
Promote access and enhance safety of the physical and communication environments of the partner agencies. To include safety and access reviews of the following sites:
  - Mudd Creek Clinic
  - Magoffin Day Training Greenhouse
  - Residential D/ID
  - Healing Place (Dwale Building)
  - Imagination Station
  - AppalReD
  - Floyd County Outpatient Clinic
- **Initiative 4: Awareness Tools**  
Provide information to service users, staff and others to enable them to make informed choices around the issues specific to individuals with behavioral health and/or developmental/disabilities that have experienced interpersonal violence.

## Bridging Safe Access to Big Sandy Strategic Plan

### Short-Term Initiatives - Justification

#### **Initiative 1: Staff Comfort and Capacity:**

Increase staff comfort and capacity to effectively work with survivors of interpersonal violence with behavioral health and/or developmental/intellectual disabilities.

The first key finding in our Needs Assessment indicated a lack of staff capacity with all collaboration partners to serve individuals with behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence. The second key finding indicated a lack of awareness about the resources and/or services provided by collaboration partner agencies.

In order to address these key findings, it is essential that we increase staff comfort and capacity to effectively work with survivors of interpersonal violence with behavioral health and/or developmental disabilities.

**Initiative 2: Policy and Procedure:**

All agencies need clearer policies and procedures at the intersection of behavioral health and/or developmental/intellectual disabilities and interpersonal violence.

Key finding #3 calls for review, clarification, or creations of Policy and Procedure. As part of sustainable change, we will be reviewing Policy and Procedure from partner agencies in regards to confidentiality, accommodations, workplace domestic violence, mandated reporting, informed consent, and guardianship, as well as to create trauma-informed Policy and Procedure.

**Initiative 3: Safety and Access:**

Promote access and enhance safety of the physical and communication environments of the partner agencies.

This initiative address key finding #4 which brought about the awareness of safety and accessibility concerns at all agencies for individuals with behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence.

**Initiative 4: Awareness Tools:**

Provide information to service users, staff and others to enable them to make informed choices around issues specific to individuals with behavioral health and/or developmental intellectual disabilities who have experienced interpersonal violence.

Key finding #5 along with the following performance indicators is indicative of the need to create such awareness tools as: guide to guardianship, pictorial guide to the SAFE Exam, and outreach materials.

<b>Disability Program Indicators:</b>	<b>Score:</b>
3.4 Service to Victims and Perpetrators	0.00%
5.1 Practical Learning Opportunities	0.00%
6.3 Immediate Safety Planning	0.00
6.6 Serving Victims and Perpetrators	0.00%
<b>Dual Program Indicators:</b>	<b>Score</b>
3.5 Guardianship	25.00%
7.2 Consent for Services	0.00%
7.3 Counseling Services	0.00%
7.4 Medical Advocacy	0.00%
7.5 Legal Advocacy	0.00%
7.6 Crisis Intervention	0.00%

The initiatives we chose for our Strategic Plan are ones we felt would foster the most feasible and beneficial sustainable and systemic change within our partner agencies. Each initiative will bring about a change, which will address key findings from what was heard within our Needs Assessment, will continue to build upon the foundation our collaboration had created, and promote sustainability well into the future.

## **Bridging Safe Access to Big Sandy Strategic Plan**

### **In-depth Initiative Overview**

To ensure staff throughout our agencies has a concrete understanding of our initiatives, the purpose behind workgroups and to set the tone for a successful implementation, we will hold a kickoff event. This event would ensure members from across our agencies to meet, discuss and commit to holding a valuable part in our work for the implementation phase of the grant.

The kickoff event will lay a strong foundation for our work, as well as to assure each work group understands exactly what will need to be accomplished, the timeline of each task and what resources will be available to them. The Core Team will plan and facilitate this event and will be structured in a way that will be beneficial to the members of our four work groups. Our work groups will be:

1. Staff Comfort and Capacity
  - a. Referral Tool
  - b. Intake Tool
  - c. Staff Training
  - d. Cross-Training
2. Policy and Procedure
3. Safety and Access
4. Awareness Tools
  - a. Guide to Guardianship
  - b. Guide to SAFE Exam
  - c. Outreach Materials

Upon conclusion of this event, work group members will understand the importance of each initiative, as well as be prepared to immediately begin the variety of tasks needed to achieve during implementation phase.

**Initiative 1: Staff Comfort and Capacity:**

Increase staff comfort and capacity to effectively work with survivors of interpersonal violence with behavioral health and/or developmental/intellectual disabilities.

This initiative will be carried out by the Staff Comfort and Capacity Work Group. This group will be divided into four different teams: Resource/Referral Tool, Intake Tool, Staff Training, and Cross-Training. Each of these teams will consist of Core Team members, as well as staff from each agency. The purpose of this initiative is to increase staff comfort and capacity to serve individuals. Involving staff from each agency will create a consistent and cohesive level of understanding for all staff.

<b>Initiative: 1 Staff comfort and capacity to effectively work with survivors of interpersonal violence with behavioral health and/or developmental/intellectual disabilities.</b>
<b>Who is Responsible: Bridging Safe Access to Big Sandy Team</b>
<b>Required Deliverables: Kick-off Event for Work Groups</b>

<b>Timeline &amp; Task</b>		<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>
<b>Task 1</b>	Create workgroup roles and descriptions.				
<b>Task 2</b>	Develop guide and resources for work group members.				
<b>Task 3</b>	Recruit workgroup members.				
<b>Task 4</b>	Select workgroup members from partner agencies.				
<b>Task 5</b>	Plan kick-off event for workgroup members.				
<b>Task 6</b>	Host kick-off event				
<b>Task 7</b>	Communicate kickoff event				

	and work group plans throughout partner agencies.				
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**Initiative 1.1 Resource/Referral Guide**

The task for this activity is to research hard copies and web based resource sharing tools created by other grantees. The work group will then determine all the information needed to create our guide. At this point, surveys will be created to gather information from all partner sites. Surveys and additional tools, including referral and intake process will be included. The guide will then be compiled and sent for OVW approval.

Upon approval, the guide will then become a living document to be shared with all staff in partner agencies. Training will become key in the success of this guide. All staff will receive training as this guide will be a resource of services, as well as contact for each service.

This activity will create a universal guide that is shared among partner agencies. The result will be a comprehensive guide that is both electronic and hard copy at the disposal of all staff within our partner agencies. As a result of this activity, the work group will be able to meet annually to update the guide, as it will be easily sustained beyond the grant period. This initiative will be carried out over the next year of implementation.

<b>Initiative: 1.1 Resource/Referral Guide</b>
<b>Who is Responsible: Resource Guide Workgroup</b>
<b>Required Deliverables: Resource Guide</b>

Timeline & Task		Wks 5-8	Wks 9-12	Wks 13- 16	Wks 17- 20	Wks 21- 24	Wks 25- 28	Wks 29- 32	Wks 33- 36	Wks 37- 40	Wks 41- 44	Wks 45- 48	Wks 49- 52
<b>Activity: To create resource/referral guide.</b>													
<b>Task 1</b>	Research hard copy and web based resource sharing tools by other grantees.												
<b>Task 2</b>	Determine all the information needed for the guide.												

<b>Task 3</b>	Create surveys to gather information from all partner agencies.													
<b>Task 4</b>	Conduct surveys.													
<b>Task 5</b>	Gather additional tools (including intake and referral process).													
<b>Task 6</b>	Create guide using surveys and other tools.													
<b>Task 7</b>	Submit to management for approval.													
<b>Task 8</b>	Work group reviews guide.													
<b>Task 9</b>	Submit to OVW for approval													
<b>Implementation</b>														

**Initiative 1.2 Referral Tool**

The task for this activity is review current formal and informal referral process being used by staff at the partner agencies. The work group would determine if one process can work across partner agencies or if each should be different, based on agency. The work group would



create a detailed referral process and/or form for referrals between partners. Upon approval from OVW, this tool would be formatted into the Resource Guide in Initiative 1.1.

The referral tool would then be used by each agency to track which agency we refer individuals to and for which services. The expected impact of this activity will be a tracking system to ensure individuals are receiving wrap-around services from our partners. With all staff trained in the use of the referral tool, it is expected that individuals will be aware of the plethora of services available to them within our agencies.

Once the tool is adopted, sustainability would consist of the work group meeting annually to review the tool and determine if revisions are needed. If so, then the group would adjust the tool to meet the current need of all agencies.

The long term plan of this tracking could possibly serve as data to apply for other grants available to our partners. This initiative will be carried out over the next year of implementation.

<b>Initiative: 1.2 Referral Tool</b>
<b>Who is Responsible: Referral Tool Workgroup</b>
<b>Required Deliverables: Referral Tool</b>

Timeline & Task		Wks 5-8	Wks 9-12	Wks 13- 16	Wks 17- 20	Wks 21- 24	Wks 25- 28	Wks 29- 32	Wks 33- 36	Wk 37- 40	Wks 41- 44	Wks 45- 48	Wks 49- 52
<b>Activity: To create a referral tool.</b>													
<b>Task 1</b>	Review current formal/informal referral process being used by staff at partner agencies.												
<b>Task 2</b>	Determine if one process can work across partner agencies or if they should be different based on agencies.												
<b>Task 3</b>	Review intake												

	process by all partners.												
<b>Task 4</b>	Create a detailed referral process/form for interagency referrals												
<b>Task 5</b>	Submit to management for approval												
<b>Task 6</b>	Workgroup reviews tool.												
<b>Task 7</b>	Send to OVW for approval.												
<b>Task 8</b>	Format referral tool to fit into resource guide 1.1.												
<b>Implementation</b>													
<p><b>Long-term goals for initiative:</b> The long-term plan for this tool is that it will allow tracking of interagency referrals. This data could possibly serve partner agencies when applying for other grants, as we work into sustainability.</p>													

### Initiative 1.3 Intake Tool

The task for this activity is to review current intake forms and processes being used by staff at partner agencies. The work group would review intake tools created by other grantees. They would also determine if changes are needed to make the intake process trauma-informed and accessible. Upon approval from OVW, this tool would be formatted into the Resource Guide in Initiative 1.1.

The intake tool would then be used by each agency as we will strive to make the intake process more trauma-informed and accessible. The expected impact of this activity will be an

intake tool to develop a respectful screening and assessment process that is routine, competently done and culturally relevant, as well as sensitive.

Once the tool is adopted, sustainability would consist of the work group meeting annually to review the tool and determine if revisions are needed. If so, then the group would adjust the tool to meet the current need of all agencies. This initiative will be carried out over the next year of implementation.

<b>Initiative: 1.3 Intake Tool</b>
<b>Who is Responsible: Intake Tool Workgroup</b>
<b>Required Deliverables: Intake Tool</b>

Timeline & Task		Wks 5-8	Wks 9-12	Wks 13- 16	Wks 17- 20	Wks 21- 24	Wks 25- 28	Wks 29- 32	Wks 33- 36	Wks 37- 40	Wks 41- 44	Wks 45- 48	Wks 49- 52
<b>Activity: To create an intake tool.</b>													
<b>Task 1</b>	Review current intake process being used by staff at partner agencies.												
<b>Task 2</b>	Review intake tools created by other grantees.												
<b>Task 3</b>	Determine changes Needed to make intake trauma-informed and accessible.												
<b>Task 4</b>	Add questions, make changes and submit to management for approval.												
<b>Task 5</b>	Make any changes necessary												
<b>Task 6</b>	Workgroup reviews tool.												
<b>Task 7</b>	Send to OVW for approval.												

<b>Task 8</b>	Format referral tool to fit into resource guide 1.1.												
<b>Implementation</b>													

**Initiative 1.4 Staff Training**

The task for this activity is to review existing Trauma-Informed Service and Youth Mental Health First Aid staff training. The work group would review these training agendas and topics to be taught. Upon approval from OVW, these trainings would be conducted with identified staff from partner agencies.

The anticipated result of this training is that staff will become well-informed about the concept of trauma and its influence on the positive or negative outcomes of the individuals who participate in direct services. The goal of this training is to support staff in gaining a better understanding of the concept of trauma, and how its prevalence among individuals has a profound effect on both positive and negative outcomes. This goal is accomplished by helping staff to understand that being trauma informed often means evaluating and possibly modifying an organization's products and services based on an understanding of trauma and the vulnerabilities of trauma survivors, ensuring that individuals are supported, while avoiding re-traumatization. This initiative will be carried out over the next year of implementation.

<b>Initiative: 1.4 Staff Training</b>
<b>Who is Responsible: Staff Training Workgroup</b>
<b>Required Deliverables: Training Agenda and Topics</b>

<b>Timeline &amp; Task</b>	<b>Wks 5-8</b>	<b>Wks 9-12</b>	<b>Wks 13-16</b>	<b>Wks 17-20</b>	<b>Wks 21-24</b>	<b>Wks 25-28</b>	<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wks 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To train identified staff at partner agencies in trauma-informed service and youth mental first aid.</b>												
<b>Task 1</b>	Use existing Trauma-informed service and Mental Health First Aid training											

	materials.												
<b>Task 2</b>	Send training agendas and topics to OVW for approval.												
<b>Task 3</b>	Identify staff from partner agencies to attend training.												
<b>Task 4</b>	Schedule trainings.												
<b>Task 5</b>	Conduct trainings.												
<b>Long-term goals for initiative:</b> The long-term plan for this initiative will result in direct “front line” staff being trained in trauma-informed service; which will result in better staff comfort and capacity to serve individuals at the intersection of interpersonal violence.													

**Initiative 1.5 Cross Training**

The task for this activity is to schedule cross training opportunities for staff at partner agencies. The work group would be responsible for creating a post training survey, collect and review the data from the surveys. Then the group would use the resource guide as a training curriculum with partner agencies in educating each of their sections including information on the people they serve, programs and/or services offered, and referral process to use, etc. OVW would then receive a final report on number of staff trained, satisfaction survey results, etc.

The anticipated result of this training among partner agencies is that all staff will be trained in how our resource guide is designed, the purpose and intent of having a guide, and how this will allow for better service delivery for our individuals. This training will allow for staff to become proficient and knowledgeable in the programs and/or services offered, the referral process, as well as the intake tool and trainings we offer. This initiative will be carried out over the next year of implementation.

<b>Initiative: 1.5 Cross Training</b>
<b>Who is Responsible: Staff Training Workgroup</b>
<b>Required Deliverables: Number of Trained Staff, Survey Results</b>

<b>Timeline &amp; Task</b>		<b>Wks 21-32</b>	<b>Wks 33-36</b>	<b>Wks 37-47</b>	<b>Wks 48-52</b>
<b>Task 1</b>	Create cross training using the resource guide as the curriculum.				
<b>Task 2</b>	Create post training survey				
<b>Task 3</b>	Submit to management for approval.				
<b>Task 4</b>	Workgroup review the cross training curriculum to make necessary changes.				
<b>Task 5</b>	Submit to OVW for approval.				
<b>Task 6</b>	Schedule cross training opportunities for staff partner agencies.				
<b>Task 7</b>	Conduct cross training using partner agency staff to teach each of their sections including information on the people they serve, programs/services offered, referral process, etc.				
<b>Task 8</b>	Provide OVW with final report on number of staff trained, satisfaction				



	survey results, etc.				
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**Long-term goal for initiative:** The anticipated long-term goal for this initiative will result in ongoing training among new staff in partner agencies to be trained in how our resource guide is designed, the purpose and intent of having a guide, and how this will allow for more accessible service delivery for the individuals we serve.

**Initiative 2: Policy & Procedure:**

Promote consistent trauma and/or disability aware staff response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence through clear policies and procedures.

This initiative will be carried out by the Policy and Procedure Work Group. This group will consist of Core Team members, as well as staff from each agency who sit on policy and procedure teams. The purpose of this initiative is to review, clarify, and/or create clearer policies and procedures at the intersection of behavioral health and/or developmental/intellectual disabilities and interpersonal violence.

**Initiative 2.1 Revise/Create Trauma-Informed Policy & Procedure**

The task for this work group will be to gather and review Policy & Procedure from partner agencies (confidentiality, accommodations, workplace domestic violence, mandated reporting, informed consent, guardianship, etc.). Once these Policy & Procedures have been reviewed, the group will then create or revise as needed. Once OVW has approved Policy & Procedure changes, these will be formatted to the resource guide.

The anticipated result of this initiative is to revise and improve upon existing Policy & Procedure. Key finding #3 indicated the need for clearer Policy & Procedure so that staff can feel comfortable at the intersection of interpersonal violence and disability. Although we have a plan to address some of the gaps with training and education, reviewing and clarifying the language in written policies is a vital part of the process. This initiative will be carried out over the next year of implementation.

**Initiative: 2 Promote consistent trauma/disability aware staff response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence through clear policies and procedures.**

<b>Initiative: 2.1 Revise/Create Trauma-Informed Policy &amp; Procedure</b>
<b>Who is Responsible: Policy &amp; Procedure Workgroup</b>
<b>Required Deliverables: Revised or new Policy &amp; Procedures to include:</b>
<b>1. Confidentiality 2. Accommodations 3. Workplace Domestic Violence</b>

**4. Mandatory Reporting 5. Informed Consent 6. Guardianship**

<b>Timeline &amp; Task</b>		<b>Wk 5-8</b>	<b>Wk 9-12</b>	<b>Wk 13- 16</b>	<b>Wk 17- 20</b>	<b>Wk 21- 24</b>	<b>Wk 25- 28</b>	<b>Wk 29- 32</b>	<b>Wk 33- 36</b>	<b>Wk 37- 40</b>	<b>Wk 41- 44</b>	<b>Wk 45- 48</b>	<b>Wk 49- 52</b>
<b>Activity: To revise/create Trauma-Informed Policy &amp; Procedure.</b>													
<b>Task 1</b>	Review of tools used for Policy & Procedure analysis by other grantees.												
<b>Task 2</b>	Work group revises tool if needed.												
<b>Task 3</b>	Submit to OVW for approval.												
<b>Task 4</b>	Gather and review policy & procedure from partner agencies (confidentiality, accommodations, workplace domestic violence, mandatory reporting, informed consent, guardianship)												
<b>Task 5</b>	Using tool, create/revise policy & procedure as needed.												
<b>Task 6</b>	Send to management/QI for approval.												

<b>Task 7</b>	Workgroup to make changes as necessary												
<b>Task 8</b>	Submit to OVW for approval.												
<b>Task 9</b>	Format for resource guide.												
<b>Implementation</b>													
<b>Long-term goal for initiative:</b> The long-term goal for Policy & Procedure review/creation will include using the adopted review tool to examine/create Policy & Procedure at the intersection of interpersonal violence with behavioral health and/or developmental/intellectual disability													

**Initiative 3: Safety and Access:**

Promote access and enhance safety of the physical and communication environments of the partner agencies.

This initiative will be carried out by the Safety and Access Work Group. This group will consist of Core Team members, as well as staff from each agency who are responsible for building organizational infrastructure that facilitate services to survivors with behavioral health and/or developmental/intellectual disabilities.

The task for this group is the select a team of reviewers that include individuals with disabilities and survivors of interpersonal violence. This team would review tools used by other grantees, choose a tool that will work best in our programs and adapt as needed.

Once OVW approves the tool, the reviews for the following locations can be scheduled:

- Mudd Creek Clinic
- Residential D/ID
- Healing Program
- Healing Place
- Imagination Station
- Magoffin Day Training Greenhouse
- AppalReD

- Floyd County Outpatient Clinic.

This group will then conduct the reviews, report their findings in a written report, as well as drafting the Barrier Removal Plan for each reviewed site. This tool will also be used into ongoing safety and access reviews for long term implementation of the initiative.

**Initiative 3.1: Barrier Removal Plan**

This initiative is to involve the Safety and Access team in creating a Barrier Removal Plan for each site that was reviewed.

These plans will include recommendations about ways to improve safety and access within the Bridging Safe Access to Big Sandy agencies. We will develop both short and long term changes, the associated cost and upon approval of OVW, changes will be implemented. The result will be ongoing MOU’s with our partners to conduct annual safety and access reviews. This initiative is long term in the fact that it will carry well into sustainability after the grant period ends.

**Initiative: 3 Promote access and enhance safety of the physical and communication environments of the partner agencies.**

**Initiative: 3.1 Conduct Safety and Access Reviews**  
**Who is Responsible: Safety and Access Review Work Group**  
**Required Deliverables: 1. Safety and Access Review Tool 2. Conduct Safety and Access Reviews**

Timeline & Task		Wk 5-8	Wk 9-12	Wk 13- 16	Wk 17- 20	Wk 21- 24	Wk 25- 28	Wk 29- 32	Wk 33- 36	Wk 37- 40	Wk 41- 44	Wk 45- 48	Wk 49- 52
<b>Activity: To conduct safety and access reviews at pre-selected agency sites.</b>													
<b>Task 1</b>	Review of tools used for safety and access by other grantees.												
<b>Task 2</b>	Work group revises tool if needed.												
<b>Task 3</b>	Submit to OVW for approval.												
<b>Task 4</b>	Train safety and access												

	team on review tool.												
<b>Task 5</b>	Schedule reviews at pre-selected agency sites.												
<b>Task 6</b>	Conduct safety and access reviews at pre-selected agency sites.												

<b>Initiative: 3.2 Barrier Removal Plan</b>
<b>Who is Responsible: Safety and Access Review Work Group</b>
<b>Required Deliverables: 1. Barrier Removal Plan</b>

<b>Timeline &amp; Task</b>		<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wk 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To create a barrier removal plan.</b>							
<b>Task 1</b>	Review results from the safety and access review at each pre-selected agency site.						
<b>Task 2</b>	Write a barrier removal plan.						
<b>Task 3</b>	Work group identifies short/long-term changes.						
<b>Task 4</b>	Submit to management for approval.						
<b>Task 5</b>	Submit to OVW for approval.						
<b>Implementation</b>							

**Long-term goal:** The long term goal for this initiative: 1. To conduct ongoing site reviews and create barrier removal plans at sites throughout partner agencies. 2. To seek funding and solutions to remove those barriers which are unable to be removed using OVW grant funds.

**Initiative 4: Awareness Tools:**

Provide information to service users, staff and others to enable them to make informed choices around issues specific to individuals with behavioral health/and or developmental/intellectual disabilities who have experienced interpersonal violence.

This initiative’s work group will consist of Core team members, staff from the Healing Place (SANE Nurse) and identified staff from each partner agency. The task for this group will be to create materials that will enhance understanding of guardianship (for both guardian and individual), pictorial guide to the SAFE Exam, and to create community outreach material for Bridging Safe Access to Big Sandy.

**Initiative 4.1: Guide to Guardianship**

The work group will review existing guardianship materials and explore different types of guardianship (payee, Power of Attorney, medical, etc.). This group will then create a staff guide with a flow chart and/or decision tree. This guide/chart will become a very valuable resource for direct service staff.

Next, the group will create a guide for individuals with D/ID and/or behavioral health. This guide will be beneficial for the individuals we serve in that it will be written in person first language, easy to understand, as well as informing individuals about how they can still have a voice, even with full guardianship.

The group will then create a guide for guardians that will clarify and explain the different types of guardianship. Again, this guide will be written in person first language and easy to understand. We believe guardians need to be informed as to their responsibilities to individuals, as well as encouraging them to make informed decisions that respect and include their individual. .

Once these guides are approved by OVW, they will be printed and formatted to the resource guide and/or for distribution. This initiative will be carried out over the next year of implementation.

**Initiative: 4 Provide information to service users, staff and others to enable them to make informed choices around issues specific to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence.**

<b>Initiative: 4.1 Guide to Guardianship</b>
<b>Who is Responsible: Guardianship Work Group</b>
<b>Required Deliverables: 1. Staff Guide to Guardianship 2. Consumer Guide to Guardianship 3. Guide for Guardians</b>

Timeline & Task	Wk 5-8	Wk 9-12	Wk 13- 16	Wk 17- 20	Wk 21- 24	Wk 25- 28	Wk 29- 32	Wk 33- 36	Wk 37- 40	Wk 41- 44	Wk 45- 48	Wk 49- 52
<b>Activity: To create guides for staff, consumers, and guardians about guardianship.</b>												
<b>Task 1</b>	Review of existing guardianship materials by other grantees.											
<b>Task 2</b>	Explore different types of guardianship, payee, Power of Attorney, medical, etc.											
<b>Task 3</b>	Create staff guide with flow chart and/or decision tree.											
<b>Task 4</b>	Create guide for individuals with D/ID and/or behavioral health.											
<b>Task 5</b>	Create guide for guardians.											
<b>Task 6</b>	Send to management for approval.											
<b>Task 7</b>	Workgroup reviews guides and make changes as necessary.											
<b>Task 8</b>	Send to OVW for approval.											
<b>Task 9</b>	Print and format to											

resource guide and/or distribution.													
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**Long-term goal:** The long term goal for this initiative is ongoing education of guardianship, the types of guardians, how to make services more accessible for individuals with guardians, as well as education for guardians themselves. This initiative also strengthens staff comfort and capacity to better serve individuals in our partner agencies.

**Initiative 4.2: Picture Guide to SAFE Exam**

The work group will review existing picture guides created by other grantees, create an outline of SAFE Exam Process, take pictures at the Healing Place, compile the guide. The review team (individuals with D/ID, advocates, and SANE Nurse) will then approve the guide. Upon approval from OVW, the guide will be printed and distributed to the Healing Place and all hospitals in the Big Sandy region.

The expected change this will create is part of the trauma-informed approach we seek to achieve as a result of this grant. Many of the individuals we serve would be less apprehensive about pursuing the exam once the SANE Nurse shares the guide with them. This will open the avenue of conversation and the nurse can explain the exam with the guide in hand. This initiative will be carried out over the next year of implementation.

<b>Initiative: 4.2 Picture Guide to SAFE Exam</b>
<b>Who is Responsible: SAFE Exam Work Group</b>
<b>Required Deliverables: Picture Guide to SAFE Exam</b>

Timeline & Task		Wk 5-8	Wk 9-12	Wk 13-16	Wk 17-20	Wk 21-24	Wk 25-28	Wk 29-32	Wk 33-36	Wk 37-40	Wk 41-44	Wk 45-48	Wk 49-52
<b>Activity: To create a picture guide to the SAFE Exam.</b>													
<b>Task 1</b>	Review of existing picture guides created by other grantees.												
<b>Task 2</b>	Create an outline of the SAFE Exam process.												
<b>Task 3</b>	Take pictures accordingly.												
<b>Task 4</b>	Compile the guide.												
<b>Task</b>	Work group												



<b>5</b>	team will review the guide (individuals with D/ID, advocates, and SANE Nurse)												
<b>Task 6</b>	Send to management for approval.												
<b>Task 7</b>	Make changes as necessary.												
<b>Task 8</b>	Send guide to OVW for approval.												
<b>Task 9</b>	Print and distribute.												
<b>Long-term goal:</b> The long term goal for this initiative is ongoing education by SANE Nurse to create a trauma-informed approach to the SAFE Exam.													

**Initiative 4.3 Community Outreach Material**

The work group will consist of Core Team members, as well as identified staff from partner agencies to create Bridging Safe Access to Big Sandy awareness materials. These materials will include, but not be limited to outreach brochures. Upon approval of OVW, the materials would be created and printed for distribution.

The outreach material would be created in person first language and be available to all individuals within each partner agency. As a result of the outreach material, individuals with behavioral health and/or developmental/intellectual disabilities will be aware of the increased efforts with partners to ensure service delivery is accessible. This initiative will be carried out over the next year of implementation.

<b>Initiative: 4.3 Community Outreach Materials</b>
<b>Who is Responsible: Community Outreach Work Group</b>
<b>Required Deliverables: Bridging Safe Access to Big Sandy awareness materials.</b>

<b>Timeline &amp; Task</b>	<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wk 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To create a barrier removal plan.</b>						

<b>Task 1</b>	Create Bridging Safe Access to Big Sandy awareness materials.						
<b>Task 2</b>	Send to management for approval.						
<b>Task 3</b>	Price out print/distribution cost.						
<b>Task 4</b>	Submit to OVW for approval						
<b>Task 5</b>	Create and distribute materials.						

**Long-term goal:** The long term goal for this initiative is to provide ongoing awareness of Bridging Safe Access to Big Sandy and our commitment to providing safe and accessible services to the individuals we serve in our partner agencies.

**Bridging Safe Access to Big Sandy Strategic Plan**  
**Long-Term Plans**

As part of our long-term goals, we are committed to education and training for both our staff and the individuals we serve. While we have Trauma-Informed and Youth Mental Health training already in our curriculum, the long-term benefits will come in the number of staff that will receive the training, as well as the ongoing training into sustainability beyond the grant period. Staff turnover, along with new information and technology effect our agencies on a daily basis. The cross training outlined in initiative 1.5 will provide a solid foundation for this work; however staff training is an ongoing and long-term commitment.

As indicated in Initiative 2, Policies & Procedures will be reviewed, clarified and/or created. This is a time sensitive process and will require approval from management level at each agency. We will continue to review Policy & Procedure annually as we strive to strengthen and improve each policy to better support individuals with behavioral health and/or developmental/intellectual disabilities at the intersection of interpersonal violence. We are committed to this long-term process.

Another of our long-term goals is to include survivors and individuals with behavioral health and/or developmental/intellectual disabilities as part of our annual review teams. As mentioned in the Initiative 3, we will conduct yearly safety and access reviews. It is imperative that our service recipients participate in such reviews. Their perspective of safety and access is much different than that of the service provider.

As outlined in Initiative 4.1, we have long-term plans to create a better understanding for staff regarding the complexities of guardianship and including the voices of guardians into our training systems. We are aware of the ongoing need for this initiative to continue through the next few years to address the issue. There is also the need for dialogue between guardians and their individuals to allow the voice and informed decision making process happen together.

Finally, our long-term goal is to apply for continuation funding through OVW in January 2017. We understand that ongoing funding is not a guarantee, and will explore additional local, state, and national resources of funding. We are committed to and confident that the work we have begun is just the beginning for Bridging Safe Access to Big Sandy.

**Bridging Safe Access to Big Sandy Strategic Plan**  
**Sustainability**

Our plan for sustainability includes both our Core and Executive team members. We will continue to work on monitoring all initiatives, consulting with all partner agencies, and progress of work groups. Bridging Safe Access to Big Sandy is committed to ongoing systemic awareness, reflection, and analysis so that we may continue to provide accessible change among our agencies. The awareness and transparency among partners during work groups will be vital to the sustainability of our project.

We expect our implementation phase to be completed by the end of September 2017. Upon completion, the work groups will distribute the materials and resources they create and communicate the shared calendar and training opportunities with all partner agencies.

Finally, as part of sustainability, our partners have committed to a minimum of quarterly meetings for the Core team members and annually for President/CEO and Executive members. This will allow each work group to make reports on annual reviews, as well as reporting any areas of concern or change needed.

**Bridging Safe Access to Big Sandy Strategic Plan**

**Conclusion**

Bridging Safe Access to Big Sandy is committed to the initiatives outlined in our Strategic Plan. This plan will guide our work and enable us to improve services at all partner agencies to better support survivors with behavioral health and/or developmental/intellectual disabilities. We are confident that our commitment to our vision and mission, and shared values will continue to provide a solid foundation for our work and that we will be able to sustain our efforts throughout the Big Sandy Region.

Our Strategic Plan embraces the idea of systems change and promotes accessible service delivery systems in all our agencies to better serve survivors at the intersection of behavioral health and/or developmental/intellectual disability. Our Strategic Plan was developed with our vision firmly in mind. We are excited and ready to begin the ongoing work that will enable us to ensure that all individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence will have access to a trauma-informed response from our agencies’ highly skilled professionals. We are confident that the foundation we created through the planning and development stage of this project has prepared us for our future work together during implementation.

**Bridging Safe Access to Big Sandy Strategic Plan**

**Work Plan Timeline**

**Initiative: 1 Staff comfort and capacity to effectively work with survivors of interpersonal violence with behavioral health and/or developmental/intellectual disabilities.**

**Who is Responsible: Bridging Safe Access to Big Sandy Team**

**Required Deliverables: Kick-off Event for Work Groups**

<b>Timeline &amp; Task</b>		<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>
<b>Task 1</b>	Create workgroup roles and descriptions.				
<b>Task 2</b>	Develop guide and resources for				

	work group members.				
<b>Task 3</b>	Recruit workgroup members.				
<b>Task 4</b>	Select workgroup members from partner agencies.				
<b>Task 5</b>	Plan kick-off event for workgroup members.				
<b>Task 6</b>	Host kick-off event				
<b>Task 7</b>	Communicate kickoff event and work group plans throughout partner agencies.				

**Initiative: 1.1 Resource/Referral Guide**  
**Who is Responsible: Resource Guide Workgroup**  
**Required Deliverables: Resource Guide**

<b>Timeline &amp; Task</b>		<b>Wks 5-8</b>	<b>Wks 9-12</b>	<b>Wks 13-16</b>	<b>Wks 17-20</b>	<b>Wks 21-24</b>	<b>Wks 25-28</b>	<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wks 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To create resource/referral guide.</b>													
<b>Task 1</b>	Research hard copy and web based resource sharing tools by other grantees.												
<b>Task 2</b>	Determine all the information needed for												

	the guide.												
<b>Task 3</b>	Create surveys to gather information from all partner agencies.												
<b>Task 4</b>	Conduct surveys.												
<b>Task 5</b>	Gather additional tools (including intake and referral process).												
<b>Task 6</b>	Create guide using surveys and other tools.												
<b>Task 7</b>	Submit to management for approval.												
<b>Task 8</b>	Work group reviews guide.												
<b>Task 9</b>	Submit to OVW for approval												
<b>Implementation</b>													

<b>Initiative: 1.2 Referral Tool</b>
<b>Who is Responsible: Referral Tool Workgroup</b>
<b>Required Deliverables: Referral Tool</b>

Timeline & Task	Wks 5-8	Wks 9-12	Wks 13- 16	Wks 17- 20	Wks 21- 24	Wks 25- 28	Wks 29- 32	Wks 33- 36	Wk 37- 40	Wks 41- 44	Wks 45- 48	Wks 49- 52
<b>Activity: To create a referral tool.</b>												
<b>Task 1</b> Review current formal/informal referral process being used by staff at partner agencies.												
<b>Task 2</b> Determine if one process can work across partner agencies or if they should be different based on agencies.												
<b>Task 3</b> Review intake process by all partners.												
<b>Task 4</b> Create a detailed referral process/form for interagency referrals												
<b>Task 5</b> Submit to management for approval												

<b>Task 6</b>	Workgroup reviews tool.												
<b>Task 7</b>	Send to OVW for approval.												
<b>Task 8</b>	Format referral tool to fit into resource guide 1.1.												
<b>Implementation</b>													
<p><b>Long-term goals for initiative:</b> The long-term plan for this tool is that it will allow tracking of interagency referrals. This data could possibly serve partner agencies when applying for other grants, as we work into sustainability.</p>													

<b>Initiative: 1.3 Intake Tool</b>
<b>Who is Responsible: Intake Tool Workgroup</b>
<b>Required Deliverables: Intake Tool</b>

<b>Timeline &amp; Task</b>		<b>Wks 5-8</b>	<b>Wks 9-12</b>	<b>Wks 13-16</b>	<b>Wks 17-20</b>	<b>Wks 21-24</b>	<b>Wks 25-28</b>	<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wks 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To create an intake tool.</b>													
<b>Task 1</b>	Review current intake process being used by staff at partner agencies.												
<b>Task 2</b>	Review intake tools created by other grantees.												



<b>Task 3</b>	Determine changes Needed to make intake trauma-informed and accessible.												
<b>Task 4</b>	Add questions, make changes and submit to management for approval.												
<b>Task 5</b>	Make any changes necessary												
<b>Task 6</b>	Workgroup reviews tool.												
<b>Task 7</b>	Send to OVW for approval.												
<b>Task 8</b>	Format referral tool to fit into resource guide 1.1.												
<b>Implementation</b>													

<b>Initiative: 1.4 Staff Training</b>
<b>Who is Responsible: Staff Training Workgroup</b>
<b>Required Deliverables: Training Agenda and Topics</b>

<b>Timeline &amp; Task</b>	<b>Wks 5-8</b>	<b>Wks 9-12</b>	<b>Wks 13-16</b>	<b>Wks 17-20</b>	<b>Wks 21-24</b>	<b>Wks 25-28</b>	<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wks 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To train identified staff at partner agencies in trauma-informed service and youth mental first aid.</b>												
<b>Task 1</b>	Use existing Trauma-informed service and Mental											

	Health First Aid training materials.												
<b>Task 2</b>	Send training agendas and topics to OVW for approval.												
<b>Task 3</b>	Identify staff from partner agencies to attend training.												
<b>Task 4</b>	Schedule trainings.												
<b>Task 5</b>	Conduct trainings.												

**Long-term goals for initiative:** The long-term plan for this initiative will result in direct “front line” staff being trained in trauma-informed service; which will result in better staff comfort and capacity to serve individuals at the intersection of interpersonal violence.

<b>Initiative: 1.5 Cross Training</b>
<b>Who is Responsible: Staff Training Workgroup</b>
<b>Required Deliverables: Number of Trained Staff, Survey Results</b>

<b>Timeline &amp; Task</b>		<b>Wks 21-32</b>	<b>Wks 33-36</b>	<b>Wks 37-47</b>	<b>Wks 48-52</b>
<b>Task 1</b>	Create cross training using the resource guide as the curriculum.				
<b>Task 2</b>	Create post training survey				
<b>Task 3</b>	Submit to management for approval.				
<b>Task</b>	Workgroup				

<b>4</b>	review the cross training curriculum to make necessary changes.				
<b>Task 5</b>	Submit to OVW for approval.				
<b>Task 6</b>	Schedule cross training opportunities for staff partner agencies.				
<b>Task 7</b>	Conduct cross training using partner agency staff to teach each of their sections including information on the people they serve, programs/services offered, referral process, etc.				
<b>Task 8</b>	Provide OVW with final report on number of staff trained, satisfaction survey results, etc.				

**Long-term goal for initiative:** The anticipated long-term goal for this initiative will result in ongoing training among new staff in partner agencies to be trained in how our resource guide is designed, the purpose and intent of having a guide, and how this will allow for more accessible service delivery for the individuals we serve.

**Initiative: 2 Promote consistent trauma/disability aware staff response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence through clear policies and procedures.**

**Initiative: 2.1 Revise/Create Trauma-Informed Policy & Procedure**  
**Who is Responsible: Policy & Procedure Workgroup**

**Required Deliverables: Revised or new Policy & Procedures to include:**  
**2. Confidentiality 2. Accommodations 3. Workplace Domestic Violence**  
**4. Mandatory Reporting 5. Informed Consent 6. Guardianship**

Timeline & Task		Wk 5-8	Wk 9-12	Wk 13- 16	Wk 17- 20	Wk 21- 24	Wk 25- 28	Wk 29- 32	Wk 33- 36	Wk 37- 40	Wk 41- 44	Wk 45- 48	Wk 49- 52
<b>Activity: To revise/create Trauma-Informed Policy &amp; Procedure.</b>													
<b>Task 1</b>	Review of tools used for Policy & Procedure analysis by other grantees.												
<b>Task 2</b>	Work group revises tool if needed.												
<b>Task 3</b>	Submit to OVW for approval.												
<b>Task 4</b>	Gather and review policy & procedure from partner agencies (confidentiality, accommodations, workplace domestic violence, mandatory reporting, informed consent, guardianship)												
<b>Task 5</b>	Using tool, create/revise policy & procedure as needed.												
<b>Task 6</b>	Send to management/QI for approval.												

<b>Task 7</b>	Workgroup to make changes as necessary												
<b>Task 8</b>	Submit to OVW for approval.												
<b>Task 9</b>	Format for resource guide.												
<b>Implementation</b>													
<b>Long-term goal for initiative:</b> The long-term goal for Policy & Procedure review/creation will include using the adopted review tool to examine/create Policy & Procedure at the intersection of interpersonal violence with behavioral health and/or developmental/intellectual disability													

**Initiative: 3 Promote access and enhance safety of the physical and communication environments of the partner agencies.**

**Initiative: 3.1 Conduct Safety and Access Reviews**  
**Who is Responsible: Safety and Access Review Work Group**  
**Required Deliverables: 1. Safety and Access Review Tool 2. Conduct Safety and Access Reviews**

<b>Timeline &amp; Task</b>	<b>Wk 5-8</b>	<b>Wk 9-12</b>	<b>Wk 13-16</b>	<b>Wk 17-20</b>	<b>Wk 21-24</b>	<b>Wk 25-28</b>	<b>Wk 29-32</b>	<b>Wk 33-36</b>	<b>Wk 37-40</b>	<b>Wk 41-44</b>	<b>Wk 45-48</b>	<b>Wk 49-52</b>	
<b>Activity: To conduct safety and access reviews at pre-selected agency sites.</b>													
<b>Task 1</b>	Review of tools used for safety and access by other grantees.												
<b>Task 2</b>	Work group revises tool if needed.												

<b>Task 3</b>	Submit to OVW for approval.												
<b>Task 4</b>	Train safety and access team on review tool.												
<b>Task 5</b>	Schedule reviews at pre-selected agency sites.												
<b>Task 6</b>	Conduct safety and access reviews at pre-selected agency sites.												

<b>Initiative: 3.2 Barrier Removal Plan</b>
<b>Who is Responsible: Safety and Access Review Work Group</b>
<b>Required Deliverables: 1. Barrier Removal Plan</b>

<b>Timeline &amp; Task</b>		<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wk 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To create a barrier removal plan.</b>							
<b>Task 1</b>	Review results from the safety and access review at each pre-selected agency site.						
<b>Task 2</b>	Write a barrier removal plan.						
<b>Task 3</b>	Work group identifies short/long-term changes.						
<b>Task 4</b>	Submit to management for approval.						
<b>Task</b>	Submit to						

5	OVW for approval.											
<b>Implementation</b>												
<p><b>Long-term goal:</b> The long term goal for this initiative: 1. To conduct ongoing site reviews and create barrier removal plans at sites throughout partner agencies. 2. To seek funding and solutions to remove those barriers which are unable to be removed using OVW grant funds.</p>												

**Initiative: 4 Provide information to service users, staff and others to enable them to make informed choices around issues specific to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence.**

**Initiative: 4.1 Guide to Guardianship**

**Who is Responsible: Guardianship Work Group**

**Required Deliverables: 1. Staff Guide to Guardianship 2. Consumer Guide to Guardianship 3. Guide for Guardians**

Timeline & Task	Wk 5-8	Wk 9-12	Wk 13-16	Wk 17-20	Wk 21-24	Wk 25-28	Wk 29-32	Wk 33-36	Wk 37-40	Wk 41-44	Wk 45-48	Wk 49-52
<b>Activity: To create guides for staff, consumers, and guardians about guardianship.</b>												
<b>Task 1</b>	Review of existing guardianship materials by other grantees.											
<b>Task 2</b>	Explore different types of guardianship, payee, Power of Attorney, medical, etc.											
<b>Task 3</b>	Create staff guide with flow chart and/or decision tree.											
<b>Task</b>	Create guide											

<b>4</b>	for individuals with D/ID and/or behavioral health.												
<b>Task 5</b>	Create guide for guardians.												
<b>Task 6</b>	Send to management for approval.												
<b>Task 7</b>	Workgroup reviews guides and make changes as necessary.												
<b>Task 8</b>	Send to OVW for approval.												
<b>Task 9</b>	Print and format to resource guide and/or distribution.												

**Long-term goal:** The long term goal for this initiative is ongoing education of guardianship, the types of guardians, how to make services more accessible for individuals with guardians, as well as education for guardians themselves. This initiative also strengthens staff comfort and capacity to better serve individuals in our partner agencies.

<b>Initiative: 4.2 Picture Guide to SAFE Exam</b>
<b>Who is Responsible: SAFE Exam Work Group</b>
<b>Required Deliverables: Picture Guide to SAFE Exam</b>

<b>Timeline &amp; Task</b>	<b>Wk 5-8</b>	<b>Wk 9-12</b>	<b>Wk 13-16</b>	<b>Wk 17-20</b>	<b>Wk 21-24</b>	<b>Wk 25-28</b>	<b>Wk 29-32</b>	<b>Wk 33-36</b>	<b>Wk 37-40</b>	<b>Wk 41-44</b>	<b>Wk 45-48</b>	<b>Wk 49-52</b>
<b>Activity: To create a picture guide to the SAFE Exam.</b>												
<b>Task 1</b>	Review of existing picture guides created by other grantees.											
<b>Task 2</b>	Create an outline of the SAFE Exam											



	process.												
<b>Task 3</b>	Take pictures accordingly.												
<b>Task 4</b>	Compile the guide.												
<b>Task 5</b>	Work group team will review the guide (individuals with D/ID, advocates, and SANE Nurse)												
<b>Task 6</b>	Send to management for approval.												
<b>Task 7</b>	Make changes as necessary.												
<b>Task 8</b>	Send guide to OVW for approval.												
<b>Task 9</b>	Print and distribute.												

**Long-term goal:** The long term goal for this initiative is ongoing education by SANE Nurse to create a trauma-informed approach to the SAFE Exam.

<b>Initiative: 4.3 Community Outreach Materials</b>
<b>Who is Responsible: Community Outreach Work Group</b>
<b>Required Deliverables: Bridging Safe Access to Big Sandy awareness materials.</b>

<b>Timeline &amp; Task</b>		<b>Wks 29-32</b>	<b>Wks 33-36</b>	<b>Wk 37-40</b>	<b>Wks 41-44</b>	<b>Wks 45-48</b>	<b>Wks 49-52</b>
<b>Activity: To create a barrier removal plan.</b>							
<b>Task 1</b>	Create Bridging Safe Access to Big Sandy awareness materials.						
<b>Task 2</b>	Send to management for approval.						

<b>Task 3</b>	Price out print/distribution cost.						
<b>Task 4</b>	Submit to OVW for approval						
<b>Task 5</b>	Create and distribute materials.						

**Long-term goal:** The long term goal for this initiative is to provide ongoing awareness of Bridging Safe Access to Big Sandy and our commitment to providing safe and accessible services to the individuals we serve in our partner agencies.