

Navigating North Star Journeys:

A collaboration between



and



Strategic Plan

October 18, 2011

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QUESTIONS: Questions or inquiries should be directed to project director and primary author of this report, Jan Williams at jwilliams@tubman.org or at 612.767.6693.

MEMBER ORGANIZATIONS

Both Tubman and the Brain Injury Association of Minnesota strive to provide services, programs, and information to individuals to enhance their lives and to help them reach their full potential within their communities. Each organization recognizes that it will take a monumental systematic effort to eradicate brain injuries and domestic violence. For this project and into the future they are committed to exploring and capitalizing on each other's knowledge and expertise to minimize the effects of brain injury and domestic violence and create a model that can be replicated to a wider geographic area and across disability and other social service agencies.



Tubman is a multi-service agency with 35 years of experience serving individuals and families of domestic violence services. Tubman was formed from the merger of three separate organizations: Chrysalis, A Center for Women, founded in 1974; the Harriet Tubman Women's Center, founded in 1976; and Family Violence Network, founded in 1982. The agency offers a full complement of services such as family violence shelters; transitional housing; legal assistance; mental and chemical health counseling and therapy; parenting, financial literacy, and job seeking education; and violence prevention. Tubman strives to eliminate barriers to service and offers a comprehensive network of care to help more than 50,000 to promote safe and healthy individuals, families, and communities through evidence-based intervention, prevention, and education.



In 1984, a small group of families and providers came together to advocate for services for persons with brain injury and their families. The Brain Injury Association of Minnesota, headquartered in Minneapolis, is the only statewide nonprofit dedicated to enhancing the quality of life for individuals affected by brain injury. The Brain Injury Association of Minnesota envisions a world where every brain injury is prevented and where every injury is met with impassioned advocacy, extraordinary services, knowledgeable professionals, and quality choices. The Brain Injury Association's goal is to work towards a world where all avoidable brain injuries are prevented, all non-preventable brain injuries are minimized, and all individuals who have experienced brain injury can maximize their quality of life and realize their full potential and their value to our community.

Tubman

www.tubman.org

3111 1st Avenue South
Minneapolis, MN 55408
612.825.3333
612.767.6158 (TTY)
612.825.6666 (FAX)

Brain Injury Association of Minnesota

www.braininjurymn.org

34 – 13th Avenue NE
Minneapolis, MN 55413-1005
612.378.2742
800.669-6442 (toll-free)
612.378.2789 (FAX)

INTRODUCTION

Navigating North Star Journeys: A collaboration between Tubman and the Brain Injury Association of Minnesota

Navigating North Star Journeys is a collaboration between Tubman and the Brain Injury Association of Minnesota that commenced in November 2009. The three-year project is funded through a disabilities grant from the US Department of Justice, Office on Violence Against Women.

Brain injuries can place an individual in circumstances that may make them more vulnerable to domestic violence. In some cases, an individual with certain types of brain injury may have increased aggressiveness or impulsivity post-injury which may contribute to domestic violence. Further, individuals may depend on others for the daily care and can be vulnerable either physically, cognitively, or emotionally by their caregiver who may also be their intimate partner. Increasing training, screening, and assessment for brain injury and domestic violence by both domestic violence service providers and disability service providers can help address the barriers to access and services by identifying the unique needs of these individuals to enhance their lives when faced with life-changing events or circumstances.

The information contained in this strategic plan outlines the short- and long-term work of Tubman and Brain Injury Association of Minnesota over the next 3-5 years. A thorough needs assessment conducted by the project team identified strategic and operational enhancements that will lead to the creation of approaches and tools to identify, assess, and accommodate the needs of individuals living with the effects of brain injury and domestic violence.

Three broad areas will be undertaken in this strategic plan to: 1) build organizational capacity, 2) build staff capacity, and 3) enhance accessibility and safety for staff and participants. Activities include: 1) creation of new and/or revised organization processes and approaches based on best practices at the intersection of domestic violence and brain injury, 2) development of tools to support this model program, and 3) development of curriculum tailored to cross-train staff, interns, and volunteers.

The ability to tailor services to better meet the needs of individuals living with the effects of brain injury and domestic violence will improve the responsiveness and effectiveness of Tubman and the Brain Injury Association of Minnesota.

VISION, MISSION, VALUES, AND GOALS

VISION

Tubman and BIA envision a **model of accessible service** that minimizes the effects of domestic violence and brain injury by **providing resources** within its programs, services, and information that **helps individuals understand their options** and **helps them navigate their choices**, free of violence and injury that **enhances their life journey**.

MISSION

To enhance Tubman and BIA's capabilities to **provide a holistic response** to serve the unique needs of those who have experienced a brain injury and violence within an intimate relationship where a pattern of abusive behaviors occurs. The organizations will create a plan that utilizes the following broad approaches to minimizing the effects of domestic violence and brain injury:

VALUES

The collaboration measures its work against the following:

Core Values:

- **Innovation.** Achieving service delivery excellence through continuous learning, practice, and performance by staff of both organizations that encourages new and innovative approaches to servicing individuals.
- **Choice.** Providing services that meet the individual needs and desires of those who are served that are not limited by prescribed approaches or resources.
- **Strengths-based.** Empowering individuals to advocate for themselves to reach their full potential through their skills, strengths, and talents. Where staff can explore with individuals those positive attributes that support and strengthen their lives.

Values:

- **Social change/activism.** Embracing justice and building strong communities in which people can thrive. Where all individuals can feel safe, be healthy, and be supported in their community.
- **Access to services.** Ensuring that people are aware of services and have access to those services that are physically, culturally, programmatically, and attitudinally appropriate for their particular lifestyle, needs, and desires.
- **Collaboration & cooperation.** Working together as a multi-disciplinary team to serve people while respecting their choices and unique needs that may be different from our own.
- **Person-centered.** Advocating and supporting individuals by understanding their current situation, not judging their choices, and helping them in their journey within their needs, preferences, desired outcomes and expectations.
- **Welcoming.** Providing a physical and emotional environment that is safe and accessible, and where everyone is treated with dignity and respect by each and every employee.

VISION, MISSION, VALUES, AND GOALS

GOALS

Tubman and the Brain Injury Association of MN have worked together over recent years to serve individuals. Each year the Brain Injury Association has provided training to Tubman employees about brain injury and provides information about its services and programs. Each organization has referred individuals to services and programs offered by the other agency. These opportunities to interface have strengthened relationships across the organizations. Through this project each organization is allowed additional time to learn more about each other's operations and to explore ways to enhance its services and programs for individuals at the intersection of domestic violence and brain injury. This ability to explore and reflect not only brings about awareness in how each organization operates but more importantly, it allows time to grow ideas and capitalize on each other's strengths. It is through a process that encourages reflection and inquiry that a plan of action can be cultivated to bring about sustainable growth and change to benefit those who are served. The project team has identified six goals in order to achieve its mission.

GOAL 1: Early identification. Identify the ability for each organization to engage and consult with one another early to identify an individual's unique needs in order to serve them accordingly.

GOAL 2: Reduce barriers to accessing services and programs. Identify the ability for individuals served to know, understand, and choose from a broad range of resources available within specific services and programs offered by each organization. This also includes access to information about domestic violence and brain injury prevention and intervention.

GOAL 3: Individualized choice. Determine how to best deliver service based in the participant's individual choice and allows each to grow and thrive, while balancing safety and minimizing unwanted consequences.

GOAL 4: Professional knowledge. Identify professional knowledge needed in staff from each agency to ensure competencies in understanding and meeting the unique needs of the populations it serves.

GOAL 5: Team-based approach. Identify or define how a multi-disciplinary approach that captures the collective knowledge of staff from diverse education, experience, backgrounds, and skill levels to help people navigate their individual options.

GOAL 6: Accessibility and safety. Identify what policies and procedures will promote accessibility and safety for individuals to create an environment that meets their unique needs.

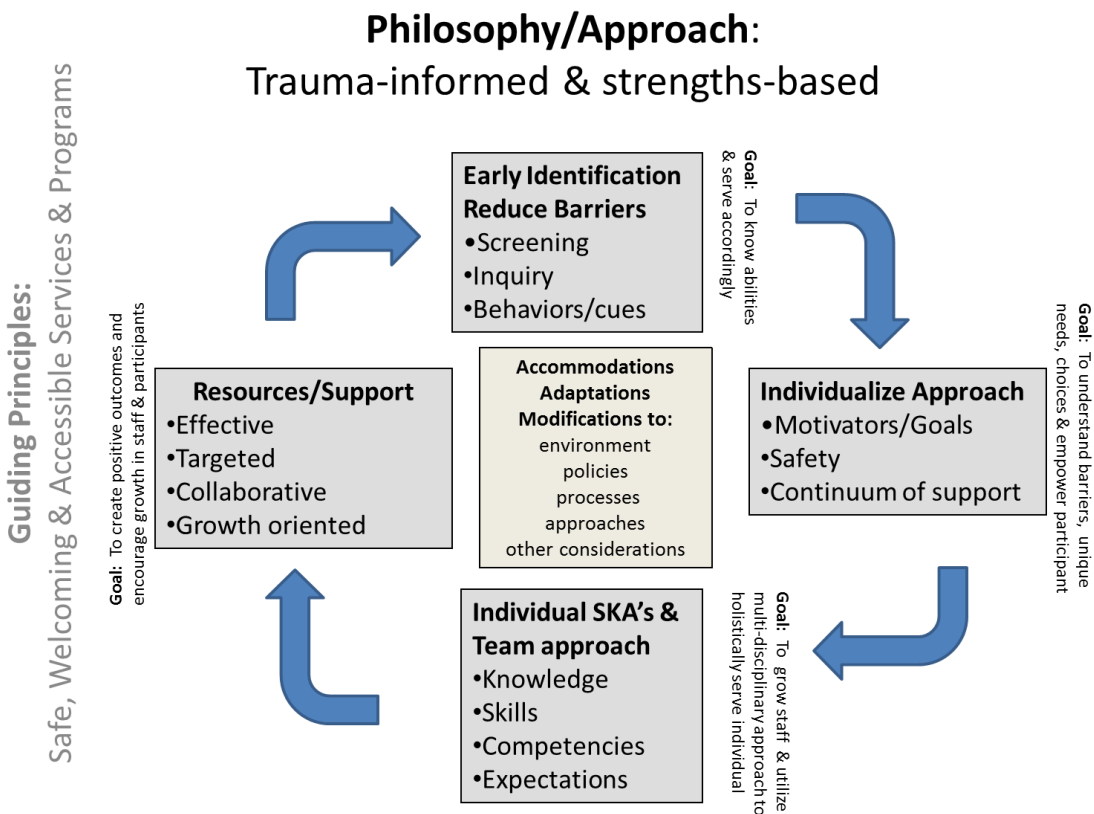
NEEDS ASSESSMENT OVERVIEW

In order to understand what changes Tubman and the Brain Injury Association of MN would need to make to better serve individuals in a safe, accessible, and welcoming environment, the project team conducted a needs assessment with participants of their programs and services. The needs assessment also sought to identify the needs and strengths of the organizations and staff that serve these individual to understand how to best improve their effectiveness.

The project team utilized a combination of data collection methods which included: 1) focus groups of consumers served by the Brain Injury Association of MN and residents and clients served by Tubman, 2) focus groups of staff from both organizations, 3) phone interviews for consumers served by the Brain Injury Association of MN, 4) individual interviews for residents who required an interpreter, 5) individual interviews for agency leadership, and 6) online survey for staff of Tubman and the Brain Injury Association of MN.

Employees and participants were invited to provide information about the organizations to better understand the processes, attitudes, and linkages. Twenty focus groups were conducted with a total of 202 total participants: 72 staff, 18 interns, and 112 program participants (75 Tubman residents/clients and 37 BIA consumers). The agency executive directors, as well as select staff, were interviewed individually, and staff from each agency was invited to participate in an anonymous on-line survey.

After synthesizing the information from the needs assessment process, the following graphic depicts where the organizations plan to spend time improving its processes, approaches, and resources to best serve participants.



KEY FINDINGS

What we learned

Participants shared in focus groups and interviews that they have many barriers in their lives that make it difficult to function and thrive. They shared stories about their challenges and dreams and what could help them move forward in their lives. Many identified social, emotional, health, housing, and economic barriers that may it difficult for them to identify appropriate resources to assist them in overcoming these barriers. All shared examples of social stigmatization of their situation and/or health conditions. Isolation was noted at a significant by-product. This made it difficult for individual's to reach out for services, or for an employee to provide services. Lastly, guidelines and processes related to obtaining services through federal, state, and local programs are challenging for people to understand and navigate when under high stress, have significant health issues, or are cognitively impaired.

Staff shared many best practices and approaches to working with participants. However, they indicated a strong desire to learn more about each other's organization in order to better serve individuals. A wealth of information was gathered regarding their desire to learn more on how to provide a safe, welcoming and accessible environment to the participants. There is a desire for training, clarity in processes, development or enhancements to policies, best practice methodologies, and knowledge about other factors that influence the accommodations, adaptations, and modifications needed in order to create the best and individualized approach that begins by "...meeting them where they are at" in their lives. There was overwhelming consensus that both organizations provide services that are trauma-informed and build on the individual strengths of participants - honoring their choices, goals, and desires.

Findings

The needs assessment produced a number of findings based on the data collected and analyzed. These findings are thoroughly described in the needs assessment findings report. The following five key findings show areas for improvements based on what participants and staff shared during the needs assessment process. Each organization has strengths and by systematically improving areas this will increase the foundational support needed by staff to assist individuals served through their programs and services. Tubman and the Brain Injury Association of Minnesota found:

FINDING #1: Staff do not have adequate identification and screening policies and processes to assess and serve the individualize needs of people living with the effects of domestic violence and brain injury.

FINDING #2: There are gaps in the current tools, resources, and approaches that limit staff's ability to best serve individuals in their programs and services.

FINDING #3: There are barriers in serving participants that includes the environment, interdisciplinary knowledge, and collaboration.

FINDING #4: Staff require training and development to increase their knowledge, skills, competencies to meet the unique needs of individuals living with the effects of domestic violence and brain injury.

FINDING #5: Both organizations would benefit from strengthening this collaboration, both internally and across the agencies, by bringing people with diverse education, experience, and skill levels to help participants navigate their options and resources.

STRATEGIC INITIATIVES

The needs assessment focused on identifying unmet needs of the participants who have utilized the services of each organization and more importantly, the participants identified unmet needs in many other systems. Additionally, staff needs were identified to understand what gaps exist in each organization in order to address issues that will then better serve the participants at the intersection of brain injury and domestic violence.

Both organizations have very strong trauma-informed and strengths-based approaches when working with participants. Knowing these strengths allowed the project team to shape five key strategic initiatives to increase the effectiveness of their services and programs offered to participants.

The project team embarked on a two-day strategic planning retreat in late July 2011 to specifically identify the initiatives and activities to address the gaps identified in the needs assessment. At the outset of the project collaboration the team identified six goals and the members referenced them during the data analysis to identify specific gaps to be addressed during the implementation phase.

The findings were synthesized before the focus was narrowed to priority needs which were determined to fall into three thematic areas which include enhancements to: 1) build organizational capacity, 2) build staff capacity, and 3) increase accessibility and safety for staff and participants.

The project team recognizes that there could be other initiatives included in this plan but choose to focus on foundational areas that they believe will have the most direct impact on those they serve. The team feels confident that the initiatives will increase safety, accessibility, and provide a welcoming environment at the intersection of domestic violence and brain injury and will assist participants on their journey.

STRATEGIC INITIATIVES

The following is an overview of the five strategic initiatives.

Enhancements to build organizational capacity

INITIATIVE #1: Develop accessible and trauma-informed system processes at the intersection of brain injury and domestic violence.

- a. Address gaps and barriers in the current intake process (timing, type of information collected and shared, environment, feedback loops, etc.)
- b. Create effective screening, assessment, and identification of domestic violence and brain injury.

INITIATIVE #2: Create and utilize resources and tools to assist staff to best serve participants.

- a. Develop effective interview approaches both in person and over the phone.
- b. Enhance safety and goal planning resources and tools.
- c. Develop or utilize screening tool to identify domestic violence and brain injury at the earliest point of contact within each organization.

Enhancements to build staff capacity

INITIATIVE # 3: Build staff confidence and competence to work at the intersection of brain injury and domestic violence.

- a. Create opportunities to connect with each other across each agency.
- b. Increase staff comfort to work at the intersection.

INITIATIVE #4: Provide staff with effective approaches and tools to meet the needs of the participants they serve

- a. Develop training curriculum and provide learning and development opportunities to grow skills and knowledge of individual staff and within teams.
- b. Develop support tools for staff to utilize when serving participants at the intersection of domestic violence and brain injury.

Enhance accessibility and safety for staff and participants

INITIATIVE #5: Identify and implement specific accommodations that are accessible and safe and optimal approaches to working with participants to maximize the ability to reach their goals.

- a. Develop accommodation process, policy, and training to assist staff in best meeting the needs of each participant.
- b. Assess buildings and determine upgrades to enhance accessibility, safety, and welcoming environment to allow participants to participate in programs and services.
- c. Implement specific processes, approaches, and tools stated in initiatives #1-4.

STRATEGIC PLANNING PROCESS

The project team recognizes that initiatives had to be chosen that were strategic and advanced the stated goals. The five initiatives chosen by the collaborative team will be initiated during the one-year implementation phase that will include activities designed to strengthen the collaboration, enhance and create processes, approaches, and staff tools to better serve participants, and will also provide a foundation for other longer-term initiatives beyond the scope of this project. The partners understand that time and resources are needed to accomplish all that has been identified and they are committed to finishing the work outlined in this strategic plan.

The collaboration expects to develop a Memorandum of Understanding (MOU) over the course of the implementation phase. The MOU will outline each organization's roles and responsibilities and how each organizational will be able to sustain the work started in the implementation phase. This will include details regarding on-going meetings and trainings, policies and procedures, working relationships, tools and resources, and best practices approaches. By formalizing organizational relationships, a stronger foundation will be laid that will increase the effectiveness of the collaborative partnership. As organizational knowledge and relationships are built amongst the various levels of staff, a deeper understanding will evolve on how each organization works and how they can best work together. It is anticipated that this understanding will expand staff's commitment to enhance the safety, accessibility, and welcoming environment at each organization to best serve participants.

This strategic plan will outline the initiatives and the specific activities that will be undertaken to help meet the needs of participants and staff at the intersection of brain injury and domestic violence in a trauma-informed environment that builds on the strengths of the participant. Workgroups will be determining the optimal protocols and tools in order to assist staff in carrying out their duties with participants.

Plan Implementation Approach

The project team has identified five workgroups that will utilize staff expertise from both organizations to use information from the needs assessment findings report to explore gaps in current processes and tools, explore best practices, create recommendations for enhancements, and assist in developing and implementing the new enhancements. The workgroups will collaboratively work with the project team. These new approaches and tools will help serve individuals in a safe, accessible, and welcoming environment and will provide staff with the information, training, and support to better serve participants at the intersection of domestic violence and brain injury.

WORKGROUPS

Utilization of Workgroups

Four of the workgroups will work on both process and approach development activities as well as the creation of policies, guidelines, and tools. The fifth workgroup will work on training and development activities such as joint delivery of training, curriculum development, and learning activities to effectively roll out the new processes and tools. These workgroups include:

1. Welcome Enrollment
2. Strengths and Needs Finding
3. Building Assessment
4. Accommodations
5. Training and Development

Roles:

- *Workgroups* - will consist of 2-4 staff from each organization. Previous participants of services from each organization will be invited to the workgroups to give a personal perspective. Additionally, board members may be added to the workgroup if there is an interest in the work. The members of the workgroup will meet regularly over a period of 6-9 months to work on the activities outlined in this strategic plan.
- *Project team* – members from the project team will serve as advisors to each work group to ensure that there is adequate support to staff during the implementation phase. They will attend meetings if requested, answer questions, provide feedback, and otherwise help the workgroup in their efforts. The project team will meet with the workgroups regularly to monitor progress, review recommendations, and provide feedback.
- *Project director* - will orient and work directly with the workgroups on the project activities and assist where needed in process and tool development. She will serve as a liaison to the project team and provide updates and bring any issues to the team members.

Responsibilities:

- Review supporting project documents (charter, needs assessment findings, strategic plan).
- Document current organizational practices for each initiative/project.
- Explore best-practices and review literature or other sources to inform the work.
- Determine optimal approaches to working with participants at the intersection of brain injury and domestic violence.
- Develop and/or enhance processes/protocols in both organizations.
- Develop the supporting tools to assist employees in carrying out their duties to best meet the needs of participants (any and all written guidelines, checklists, policies, procedures, curriculum, forms, and Web).
- Define competencies and create training.
- Prepare recommendations and documentation to review and finalize with project team.
- Evaluate effectiveness of new processes and tools and prepare summary report.

STRATEGIC SHORT-TERM INITIATIVES

The project team has identified five (5) initiatives to improve its processes, approaches, and tools to better serve participants in its programs and services at the intersection of brain injury and domestic violence. Three (3) broad areas will be undertaken to address the gaps in current approaches, processes, and tools that include: 1) increasing organizational capacity, 2) increasing staff capacity, and 3) enhancing accessibility and safety for both staff and participants. Each initiative has discrete project activities that will be undertaken during a ten-month implementation phase.

Enhancements to build organizational capacity

**INITIATIVE #1:
Develop accessible and trauma-informed system processes at the intersection of brain injury and domestic violence.**

Project A: Address gaps and barriers in the current intake process (timing, type of information collected and shared, environment, feedback loops, etc.)

Need: During the needs assessment process Tubman and BIA staff indicated that although they have intake processes and tools in place they shared examples of where improvements could be made to better identify the needs of individuals living with domestic violence and brain injury.

Staff from each organization stated that they wanted to know more about how the other organization identified and worked with individuals and more importantly, how to best work together to serve individuals.

Participants from both organizations expressed a strong desire for staff to understand their situations, their abilities, and honor their choices and assist them in advocating for the things they need.

Project Activities:

- i. Conduct internal review of existing intake policies/process/forms for Tubman and BIA.
- ii. Based on external review of best practices and current processes:
 - a. Determine and document what questions should be asked that gains additional information from participant either in person or on the phone
 - b. Determine and document what cues to listen for and/or observe when interacting with an individual

STRATEGIC SHORT-TERM INITIATIVES

- c. Assess and revise forms/information that is understandable and appropriate to convey and/or collect critical data
- d. Make any needed adaptations to capture disabilities and accommodations information on forms or in database.
- e. Determine appropriate feedback loops and suggest approaches/tools
- f. Determine what materials/environment should be modified to enhance a participant's safety and accessibility in a welcoming environment

Project B: Create effective screening, assessment, and identification of domestic violence and brain injury.

Need: During the needs assessment staff indicated that they need to include an effective screening and identification approach to their current practices to gathering information about domestic violence [Brain Injury Association] and brain injury [Tubman] in their participants.

Tubman staff indicated a desire to know what approaches or tools would work best to ascertain brain injury and how to best modify, accommodate, or adapt its approaches or environment to best work with an individual.

Brain Injury Association staff indicated a desire to know what approaches would work best to ascertain if domestic violence was a consideration when working with their consumers. They want to know what resources were available to support their consumers.

Project Activities:

- i. Define Brain Injury Association process to identify domestic violence over the phone and approaches that ensures participant safety; determine and document questions/approach to seeking information in a written protocol.
- ii. Determine evidence-based brain injury assessment tool to identify brain injury in participants who utilize Tubman shelter setting.
- iii. Review current processes and documents used within Tubman and Brain Injury Association and determine methods to capture and communicate amongst staff the disability/safety information that will help serve an individual with appropriate accommodation(s) and/or adaptations.

DELIVERABLES:

Project A: Creation of a **Welcome Enrollment process** for Tubman and Brain Injury Association that includes written materials, modifying and/or adapting the environment or approaches when working with participants and includes safety, accessibility, and welcoming elements.

Project B: Determine and implement the use of an **evidence-based brain injury assessment tool** to determine if brain injury/cognitive impairment is a factor for Tubman shelter participants when assessing strengths and needs.

STRATEGIC SHORT-TERM INITIATIVES

Both Project A and B:

1. Creation of a **Strength Finding and Needs process** that gives Tubman and Brain Injury Association staff the necessary approaches and written materials to soliciting information from a participant to understand strengths and abilities and determine the best approach to working with the participant.
2. Development of **information gathering and exchange** tools for Tubman and Brain Injury Association staff to utilize to better serve their participants:
 - A. **Inquiry protocol** – development of written guidelines that uses a trauma-informed approach and is informed by safety and accessibility best practices to seek information that will aid staff in meeting the needs of a participant. This includes first contact with organization, ongoing contact and under different circumstances (over the phone, in residence, during programming, walk in, or any other opportunity to interface with an individual).
 - B. **Approach protocol** – creation of materials (checklist, forms, guidelines) and training to help staff to recognize physical, emotional, and cognitive changes caused by brain injury and domestic violence. Certain behavioral changes can create barriers for participants living with the effects of domestic violence and brain injury. By staff understanding these changes it will inform what approach(es) or tools will work best with participants to meet them where they are at in their current situation by utilizing their strengths.
 - C. **Phone protocol** – development of written Brain Injury Association and Tubman telephone protocol to safely and respectfully seek information from participants over the phone.
3. **Feedback loops** – determine how to best capture information and share amongst Brain Injury Association and Tubman staff by utilizing practices and tool (forms and database) that provides information that helps participants utilize services and programs that capitalizes on the individual's strengths.

DESIRED OUTCOMES

Through a review of current practices, both internal and external, it is expected that specific approaches, processes, and tools will be modified and/or developed by both Tubman and the Brain Injury Association to increase their capacity to meet the needs of their participants in a safe, accessible, and welcoming manner. Staff from both organizations will be better equipped to work with participants in a trauma-informed manner to meet participant's safety and accessibility needs at the intersection of brain injury and domestic violence.

Improvements to this trauma-informed approach will help increase a participant's capacity to participate in the programs and services utilizing their strengths and abilities and allowing them their individual choices to self-advocate for what they need and desire.

STRATEGIC SHORT-TERM INITIATIVES

LONG-TERM INITIATIVES

The project team recognizes that additional work is needed to make systemic change and to create an environment that continues to build organizational and staff capacity to meet the needs of its participants. Long-term initiatives include:

Assessment/Tools:

- Implement **brain injury assessment process and tools** within other Tubman service areas. Although this grant focused on the shelter environment, Tubman serves many individuals in their legal and therapeutic programs. The staff and participants will benefit from the activities undertaken in this first phase of implementation being implemented in these programs
- Determine **model to support individuals** living with the effects of brain injury and domestic violence either in their homes or in the community. Both Tubman and the Brain Injury Association work with individuals in homes or through other programs provided in the community. The approaches and written materials will be useful in these settings but the team recognizes that there are other aspects that will need to be considered outside the organization.

STRATEGIC SHORT-TERM INITIATIVES

Enhancements to build organizational capacity

**INITIATIVE #2:
Create and utilize resources and
tools to assist staff to best serve
participants.**

Project A: Develop effective information gathering and sharing approaches both in person and over the phone.

Need: Staff expressed a strong desire to reduce barriers for participants so they could fully access services and programs. They shared that they work very hard to try to identify and understand the abilities of the individuals so they can best help them understand and choose from a board range of resources. The desire to understand and apply knowledge from the other organization to enhance their abilities to work with individuals at the intersection of domestic violence and brain injury.

Participants expressed frustration with staff not fully understanding their needs and they indicated that many times the forms and information shared were not fully understood or that they could not read the information. Individuals indicated that either their brain injury or the trauma they endured made it difficult to concentrate and caused physical symptoms or stress.

Project Activities:

- i. Review deliverables from Welcome Enrollment and Strengths Findings and Needs processes and tools.
- ii. Determine if there are any gaps with other Tubman and Brain Injury Association information gathering and sharing and/or processes.
- iii. Determine need supports for Tubman and Brain Injury Association participants related to information gathering and privacy.
- iv. Develop list of competencies and skills needed in staff to inform training curriculum.

Project B: Enhance safety and goal planning resources and tools.

Need: Staff have indicated that there are gaps in the current tools and resources that limit their ability to best serve individuals in their programs and services at the intersection of domestic violence and brain injury.

Individuals indicated that either their brain injury or the trauma they endured made it difficult to concentrate and caused physical symptoms or stress and that many times they did not fully understand the resources available to them.

STRATEGIC SHORT-TERM INITIATIVES

Project Activities:

- i. Develop written guidelines using a trauma-informed approach that is informed by safety and accessibility best practices to create other tools to bridge any gaps and needs:
 - a. develop or revise forms (Tubman and BIA goal setting, safety plans/policies, or other documentation that relates to safety and accessibility to better support an individual in the program)
 - b. feedback loops (determine Tubman and BIA database/forms enhancements)
- ii. Provide educational training to staff on safety principals at the intersection of domestic violence and brain injury; utilize consultant on trauma informed services
- iii. Conduct review of existing literature/resources related to safety considerations (internal & external)

Project C: Utilize screening tool to identify domestic violence and brain injury at the earliest point of contact within each organization.

Need: During the needs assessment staff indicated that they need to include an effective screening and identification approach to their current practices to gathering information about domestic violence [Brain Injury Association] and brain injury [Tubman] in their participants.

Tubman staff indicated a desire to know what approaches or tools would work best to ascertain brain injury and how to best modify, accommodate, or adapt its approaches or environment to best work with an individual.

Brain Injury Association staff indicated a desire to know what approaches would work best to ascertain if domestic violence was a consideration when working with their consumers. They want to know what resources were available to support their consumers.

Project Activities:

- i. Implement evidence-based brain injury assessment tool [as recommended from Initiative #1, Project B] to determine if brain injury/cognitive impairment is a factor for Tubman participants when assessing strengths and needs.
- ii. Utilize assessment tool and evaluate its effectiveness.

STRATEGIC SHORT-TERM INITIATIVES

DELIVERABLES:

Project A: Revisions or development of forms or other needed documentation to safely and respectfully seek information from participants in person or over the phone.

Project B: Creation of enhanced or newly written safety and goal planning tools that incorporate best practices at the intersection of brain injury and domestic violence.

Project C: Implement the use of an evidence-based brain injury assessment tool to determine if brain injury/cognitive impairment is a factor for Tubman participants when assessing strengths and needs.

DESIRED OUTCOMES

Through a review of current practices, both internal and external, it is expected that specific approaches and tools will be modified and/or developed. The ability to identify brain injury and domestic violence at the earliest point of contact with a participant will allow staff to tailor approaches to working with the individuals and assist them in achieving their goals utilizing their strengths and abilities. Additionally, improvements to these systems will help increase a participant's capacity to make informed choices, self-advocate, and increase positive outcomes.

STRATEGIC SHORT-TERM INITIATIVES

Enhancements to build staff capacity

**INITIATIVE #3:
Build staff confidence and
competence to work at the
intersection of brain injury and
domestic violence.**

Project A: Create opportunities to connect with each other across each agency.

Need: Staff indicated that training and development opportunities to learn more about domestic violence and brain injury was necessary to increase their knowledge, skills, competencies to meet the unique needs of individuals living with the effects of domestic violence and brain injury. Further, they indicated that they needed the time and opportunity to work with staff from the other organization to be able to holistically work with a participant.

Project Activities:

- i. Develop and orient workgroups to project.
- ii. Host kick-off event between staff of both agencies to generate enthusiasm, learn about organizations, and provide information on programs and services.
- iii. Determine joint trainings for staff from both organizations on topics relevant to work.
- iv. Include overview of collaboration at annual staff meetings.
- v. Include each organization into other organization's events (attendance at joint program delivery, etc.).

Project B: Increase staff comfort to work at the intersection.

Need: Staff indicated here are barriers in serving participants that include the environment, interdisciplinary knowledge, and collaboration. They indicate that they do not know what approaches and tools are effective in working with individuals at the intersection of brain injury and domestic violence. There is a strong desire to learn more about what modifications, accommodations, and adaptations could assist a participant.

Participants indicated that they need for staff to understand their gifts, goals, culture, beliefs, and values and honor who they are and where they want to go with their lives.

STRATEGIC SHORT-TERM INITIATIVES

Project Activities:

- i. Orient members to project and involve in workgroups in exploring options for improvements.
- ii. Provide training on brain injury and domestic violence.
- iii. Provide training on universal design, accommodations, and trauma-informed services.

DELIBERABLES:

Project A: Creation of cross-organizational **Memorandum of Understanding** and staff **training schedule** to continue partnership by utilizing staff trainings, meetings, and workgroups to continue relationship.

Project B: Creation of **training curriculum** and **provide training and development opportunities** for staff to learn about safety and accessibility information that will support the new processes and tools.

DESIRED OUTCOMES

Increase the knowledge and confidence of staff when serving individuals at the intersection of brain injury and domestic violence through cross-agency interactions and learning opportunities that capitalize on staff talents, knowledge, and experience. Implementation of new or enhanced approaches, process, and tools will embed systematic change throughout both organizations and improve and supports programs and services to participants.

STRATEGIC SHORT-TERM INITIATIVES

Enhancements to build staff capacity

**INITIATIVE #4:
Provide staff with effective
approaches and tools to meet the
needs of the participants they serve.**

Project A: Develop training curriculum and provide learning and development opportunities to grow skills and knowledge of individual staff and within teams.

Need: Both organizations would benefit from strengthening this collaboration, both internally and across the agencies, by bringing people with diverse education, experience, and skill levels to help participants who are navigating their options and resources due to the effects of domestic violence and brain injury.

Project Activities:

- i. Develop a list of training and development activities needed to implement process and tools.
- ii. Develop training curriculum and/or determine outside resources to deliver training.
- iii. Prepare pre- and post-testing evaluation process and forms to assess employee competencies related to brain injury and domestic violence.

Project B: Develop support tools for staff to utilize when serving participants at the Intersection of domestic violence and brain injury.

Need: Staff indicated that processes and tools need to be enhanced and/or developed to assist them in serving individuals at the intersection. Additionally, staff and participants indicated that they have a strong desire to increase two-way communication to better understand needs and goals amongst each other and across agencies.

Project Activities:

- i. Create and/or revise protocols and tools for staff to use with participants.
- ii. Revise database to capture information about participants and any needed accommodations.
- iii. Train staff on available screening tools, data collection and sharing protocols, and forms

STRATEGIC SHORT-TERM INITIATIVES

DELIVERABLES

Project A:

1. Creation of **training curriculum** and **provide development opportunities** for staff to learn about new processes and to utilize created tools
2. Development of cross-organizational staff **training schedule**
3. Creation of **pre-and post-evaluation process and forms** to assess employee competencies related to brain injury and domestic violence.

Project B: Creation or revision of **forms, database, and training curriculum** for staff to utilize created tools and learn about new processes.

DESIRED OUTCOMES

Increased collaboration across both organizations that capitalize on staff talents, knowledge, and experience, increased knowledge about brain injury and domestic violence, and defined processes and tools with give staff the needed support to work with participants and will increase their confidence and comfort at the intersection.

LONG-TERM INITIATIVES

The project team recognizes that additional work is needed to make systemic change and to create an environment that continues to build organizational and staff capacity to meet the needs of its participants. Long-term initiatives include:

Training:

- Deliver **on-going training and information-sharing**, both internally and externally, to disseminate processes and tools at the intersection of brain injury and domestic violence. To be able to keep staff skills and knowledge up-to-date it will be important to provide ongoing training and professional development. By extending training outside of the organization staff from other organizations as well as participants will benefit from the processes and tools developed during the implementation phase of this project.
- Enhance **training curriculum delivery methods and competency assessment process** to tailor approaches to increase staff learning and development. It will be important to tailor training to meet the varied needs for learning by employees to be effective and efficient. Additionally, competencies vary by process and understanding the nuances will inform how each organization selects and monitors the performance of their employees.

Staff orientation, acculturation, and performance management:

- Review and modify **job descriptions, performance review process, and coaching and mentoring resources**. Employees are the most valued commodity for any organization and clearly defining expectations and providing support will enable staff to do their work and best serve participants.

STRATEGIC SHORT-TERM INITIATIVES

Enhance accessibility and safety for staff and participants

INITIATIVE #5:
Identify and implement specific accommodations that are accessible and safe and determine optimal approaches to working with participants to maximize the ability to reach their goals.

Project A: Develop accommodation process, policy, and training to assist staff in best meeting the needs of each participant.

Need: There are gaps in the current tools, resources, and approaches that limit staff's ability to best serve individuals in programs and services. Additionally, there are barriers in serving participants that include the environment, interdisciplinary knowledge, and collaboration. Processes need to be enhanced in order for staff to know and understand participants before they can determine appropriate accommodations, modifications or adaptations to allow them to participate at the appropriate level in the various programs and services.

Project Activities:

- i. Develop and orient workgroup (include internal & external consultants)
- ii. Train workgroup on universal design principles.
- iii. Analyze universal design principals and prepare recommendations for how to best accommodate individuals with brain injury in a shelter setting.
- iv. Review recommendations from the welcome enrollment and strengths and needs finding process and develop accommodation process and policy that incorporates best practices at the intersection of brain injury and domestic violence.
- v. Determine assistive technology/equipment for use with participants who need accommodations or modifications.

Project B: Assess Tubman buildings via a site survey and determine upgrades to enhance accessibility, safety, and welcoming environment to allow participants to participate in programs and services.

Need: There are barriers in serving participants in the current Tubman environments and staff shared that they would like to learn more about how to modify the environment or adapt their approaches when working with participants so that the participants can fully utilize the programs and services. Likewise, participants indicated that they have accommodations or modifications that they need but sometime are unable to articulate.

STRATEGIC SHORT-TERM INITIATIVES

Project Activities:

- i. Choose a disability consultant who can assess the Tubman shelter buildings.
- ii. Prepare a report to suggest upgrades to enhance the Tubman building and environment to better serve individuals with a brain injury.

Project C: Review current safety and accessibility protocols and determine updates to address any gaps.

Need: Staff indicate that there are gaps in the current tools, resources, and approaches that limit staff's ability to best serve individuals in programs and services at the intersection of domestic violence and brain injury. Processes and tools at Tubman and the Brain Injury Association need to be enhanced in order for staff to know and understand participants before they can determine appropriate accommodations, modifications, or adaptations.

Project Activities:

- i. Implement accommodation process and tools.
- ii. Implement safety process and tools.
- iii. Implement welcome enrollment process and tools.
- iv. Implement strengths and needs finding process and tools.

DELIVERABLES:

Project A: Create **accommodation policy and training curriculum**.

Project B: **Assess shelter building/environment** and draft **plan** for upgrades to buildings to make them safe, accessible, and welcoming.

Project C: See deliverables for each of these four processes and tools.

DESIRED OUTCOMES

Ensuring individuals are served in a safe, accessible, and welcoming environment through the creation of best-practice approaches and modification to the environment will increase the organizational and staff capacity to serve participants.

LONG-TERM INITIATIVE

The project team recognizes that additional work is needed to make systemic change and to create an environment that continues to build organizational and staff capacity to meet the needs of its participants. A long-term initiative includes:

- Implementing **upgrades to Tubman buildings** as determined in a plan of action and available resources available to the organization.

MONITORING AND EVALUATION

It will be important that the activities be monitored over the course of the implementation phase to ensure success of the project between Tubman and the Brain Injury Association of Minnesota. Additionally, the project team will evaluate the effectiveness of the new approaches. Through an on-going evaluation, processes and tools can be modified to better meet the needs of the staff that will be using these resources to better meet the needs of the participants they serve in their programs and services.

- The project director will monitor the work and the timeline during the implementation phase. Additionally, she will work directly with the workgroups and assist to ensure process and tool development during the implementation phase.
- Team members will serve as liaisons to workgroups to provide support and answer questions during the exploratory, recommendation, and development phases of implementation.
- Workgroup members will work on activities with input and support from fellow staff and will report progress regularly to the project team.

LONG-TERM INITIATIVES

The short-term initiatives described in this strategic plan will deepen the relationship between the collaborative organizations and allow staff the knowledge and tools to enhance their skills and approaches to working with individuals at the intersection of domestic violence and brain injury. These initiatives are the foundation in which to develop new and innovative approaches to working with individuals at the intersection of domestic violence and brain injury.

The project team identified areas where additional work is needed over the next 3-5 years to enhance services and programs to individuals. The foundation for these long-term initiatives will be started during the implementation period and the team looks forward to continuing the work of this collaboration beyond the scope of this grant.

Training:

- Deliver **on-going training and information-sharing**, both internally and externally, to disseminate processes and tools at the intersection of brain injury and domestic violence.
- Enhance **training curriculum delivery methods and competency assessment process** to tailor approaches to increase staff learning and development.

Staff orientation, acculturation, and performance management:

- Review and modify **job descriptions, performance review process, and coaching and mentoring resources**.
- Adapt **training competencies** to reflect basic requirements of service to those living with the effects of brain injury and domestic violence.

Assessment/Tools:

- Implement **brain injury screening and assessment process** within other Tubman service areas.
- Determine **model to support individuals** living with the effects with brain injury and domestic violence either in their homes or in the community.

Building (Tubman):

- Implement **upgrades to buildings** as determined in plan.

The collaborative partners desire to share the information gained from this grant process, as well as lessons learned and policies and procedures developed during the implementation phase, with other organizations throughout the state of Minnesota and across other brain injury associations across the nation. The ability to develop a model to serve individuals at the intersection of domestic violence and brain injury will not only benefit the work between Tubman and the Brain Injury Association of Minnesota, it can positively impact in the work of mental health, courts, housing, and other systems that come in contact with individuals.

CONCLUSION AND NEXT STEPS

The goals and initiatives outlined in this strategic plan were chosen specifically to address the concerns raised by needs assessment participants and staff. Throughout the needs assessment process, a wealth of information was gathered that informed how each organization could enhance its practices and approaches to better meet the needs of those they serve. Each organization has learned many new things about the work of the other organization and this shared knowledge will continue to lead the way for systems changes that will provide the support and resources in a safe, accessible, and welcoming environment that is needed for individuals who many times have nowhere else to turn.

Over the next year the project team will work with staff on implementation of the strategic initiatives under the direction of the work team.



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The following individuals provided their expertise in the creation of this strategic plan:

Project Team (led by Jan Williams, Project Director):

<p>Tubman</p> <p>Beverly Dusso, Executive Director Junauld Presley, Residential Program Director Brenda Westbrook, Women’s Counselor</p>	<p>Brain Injury Association of Minnesota</p> <p>David King, Executive Director Pete Klinkhammer, Associate Director of Programs Christina Kollman, Resource Facilitation Manager Beatriz Martinez, Multicultural Outreach Manager</p>
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University of Minnesota Intern Jon Pennington, PhD, Carlson School of Management, Masters in Business Administration candidate, who assisted the project team.

Leslie Myers and Sandra Harrell of Vera who provided technical assistance to the project team.

Amy Loder, Office on Violence Against Women who provided guidance on this collaboration.



APPENDIX [IMPLEMENTATION TIMELINE]

APPENDIX [Implementation Timeline]

Activity:	Sep 2011	Oct	Nov	Dec	Jan 2012	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Team member assigned:
Submit strategic plan to OVW		XX												J. Williams
Plan for kick-off event: set date, location, define curriculum/objectives		XX												Project team
Identify staff to participate in workgroups (select at kickoff meeting)		XX												Team members
Staff kick-off event <ul style="list-style-type: none"> grant review, get to know Invite staff participation in workgroups 			XX											J. Williams, lead
Workgroup orientation (staff of 3 groups): 1) roles/responsibilities, 2) timelines, 3) meeting guidelines, 4) expectations, and 4) reporting of progress				XX										J. Williams
PHASE 1														
Training trauma-informed services & universal design for all staff					XX									Invited speakers
Welcome Enrollment Workgroup; start meetings & activities related to process: <ul style="list-style-type: none"> Current intake process Information gathering/sharing 					XX	XX								J. Williams, kickoff Team liaisons
Accommodation Workgroup; start meetings & activities <ul style="list-style-type: none"> Universal design Accommodation process 					XX	XX								J. Williams, kickoff Team liaisons
Strengths and Needs Finding Workgroup; start meetings & activities					XX	XX								J. Williams, kickoff Team liaisons
Building Assessment Workgroup; start meetings & activities					XX	XX								J. Williams, kickoff Team liaisons
Recommendations from workgroups with suggested process/approach							XX							Workgroup lead

APPENDIX [IMPLEMENTATION TIMELINE]

Activity:	Sep 2011	Oct	Nov	Dec	Jan 2012	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Team member assigned:
Workgroups meets with project team; review recommendations; give go ahead for tool development							XX							Project team & Workgroup
Review recommendations with all staff; seek feedback; consider any modifications								XX						J. Williams
Submit process recommendations for OVW approval								XX						J. Williams
PHASE 2														
Welcome enrollment and Strengths and Needs Finding workgroup starts work on tools development: 1) Strengths and needs finding tools, recommendations for enhancements to forms, guidelines, etc., 2) Incorporates work of accommodation workgroup							XX	XX	XX					Workgroup lead Team liaisons
Accommodation workgroup starts work: <ul style="list-style-type: none"> Accommodation policy and training 							XX	XX	XX					Workgroup lead Team liaisons
Training ADA accommodations; consult with neuro-psychologist on approaches; seek feedback on recommendations of workgroups								XX	XX					Invited speakers
Training and Development workgroup starts to meet to explore and develop: 1) Joint training events, 2) Training curriculum on new protocols/tools, and 3) Pre- and post-evaluation process & form							XX	XX	XX	XX				J. Williams, kickoff Team liaisons
Recommendations from Welcome and Strengths and Needs finding workgroup with written documents: <ul style="list-style-type: none"> Phone protocol Inquiry guidelines Approach protocol guidelines/checklist Information sharing forms, database Safety considerations (forms, approaches) 									XX				Team lead	

APPENDIX [IMPLEMENTATION TIMELINE]

Activity:	Sep 2011	Oct	Nov	Dec	Jan 2012	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Team member assigned:
Recommendations from Accommodations and Building workgroups: 1) Building assessment results, 2) Recommended building/space enhancements, 3) Accommodation policy/SOP									xx					Team lead
Workgroups meets with project team; review recommendations										xx				Workgroup & Project Team
Review recommendations with all staff; seek feedback; consider any modifications											xx			J. Williams
Submit tools for OVW approval											xx			J. Williams
PHASE 3														
T&D workgroup submits training recommendations: 1) Joint trainings , 2) Welcome Enrollment training curriculum, 3) Accommodation training curriculum, 4) Strengths and needs finding training curriculum (includes processes and tools)										xx				Workgroup lead
All workgroups meets with project team; review T&D recommendations; approvals give go ahead for training activities										xx				Workgroup & Project team
Submit training curriculum with learning objectives for OVW approval											xx			J. Williams
Staff training activities; implement new processes and tools												xx	xx	
Assess progress on short-term initiatives; submit continuation grant if any actions/deliverables not completed												xx		J. Williams & project team
All staff meeting: 1) project progress and 2) long-term initiatives; next steps													xx	Project team
Final report to OVW													xx	J. Williams

APPENDIX [IMPLEMENTATION TIMELINE]

INITIATIVE #1: Develop accessible and trauma-informed processes and tools at the intersection of brain injury and domestic violence

Project	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
a) Address gaps and barriers in the intake processes	1. Convene and orient workgroup			xx									
	2. Conduct internal review of existing intake policies/processes/forms for both organizations.				xx								
	3. Based on external review of best practices and current processes: <ul style="list-style-type: none"> • Determine and document what questions should be asked that gains additional information from participant • determine and document what cues to listen for and/or observe when interacting with an individual • assess and revise forms/information that is understandable and appropriate to convey and/or collect critical data • make any needed adaptations to capture disabilities and accommodations information on forms or in database. • determine appropriate feedback loops and suggest approaches/tools • Determine what materials/environment should be modified to enhance a participant's safety and accessibility in a welcoming environment 					xx	xx						
	4. Document findings and prepare recommendations							xx					
	5. Review recommendations with HR, legal, finance and incorporate any considerations.							xx					
	6. Deliverable: Draft Welcome Enrollment process.								xx				
	7. Submit process for approval to project team & OVW								xx				
	8. Train staff on process									xx	xx		
	9. Implement, evaluate, and refine process											xx	xx

APPENDIX [IMPLEMENTATION TIMELINE]

INITIATIVE #1: Develop accessible and trauma-informed processes and tools at the intersection of brain injury and domestic violence

Project	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
b) Create effective screening and identification process	1. Review current screening and identification process and identify gaps within each organization.				xx								
	2. Define process to identify domestic violence over the phone and approaches that ensures participant safety [BIA]; determine and document questions/approach to seeking information in a written protocol.				xx								
	3. Determine evidence-based brain injury assessment tool to identify brain injury in participants who utilize shelter setting [Tubman].					xx							
	4. Review current processes and documents used within each organization and determine best methods to capture and communicate amongst staff the disability/safety information that will help serve an individual with appropriate accommodation(s). Includes: a. revisions to disclosure process/forms b. goal setting/safety planning approach/forms c. feedback loops (database/forms) d. training needs					xx							
	5. Prepare recommendations for optimal process(s) and tools.						xx						
	6. Document findings and prepare recommendations.							xx					
	7. Deliverable: Draft Strength Finding and Needs process and tools.							xx					
	8. Submit for approval from project team and OVW								xx				
	9. Train staff									xx	xx		
	10. Implement, evaluate, and refine											xx	xx

APPENDIX [IMPLEMENTATION TIMELINE]

INITIATIVE #2: Create and utilize resources and tools to assist staff to best serve participants.

Project:	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
a) Develop effective information gathering & sharing approaches.	1. Review recommendations from Welcome Enrollment Process workgroup						xx						
	1. Assess current inquiry protocol and develop written guidelines using a trauma-informed approach that is informed by safety and accessibility best practices. This includes first contact with organization, ongoing contact, and under different circumstances (over the phone, in residence, during programming, walk in or any other opportunity to interface with an individual)						xx						
	2. Create resources and tools to bridge gaps and needs: 1) Forms, 2) Tools, and 3) Training								xx				
	3. Develop list of competencies and skills needed in staff to inform training curriculum.								xx				
	4. Develop curriculum, tools, and forms based on the list of needs.									xx			
	5. Submit recommendations based on identified needs.									xx			
	6. <u>Deliverable: Create tools, forms, training curriculum</u> , etc. for approval by project team & OVW										xx		
	7. Implement, evaluate and refine											xx	xx

APPENDIX [IMPLEMENTATION TIMELINE]

INITIATIVE #2: Create and utilize resources and tools to assist staff to best serve participants.

Project:	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
b) Enhance safety and goal planning resources and tools.	1. Provide educational training to staff on safety principals; utilize consultant on trauma informed services				xx								
	2. Conduct review of existing literature/resources related to safety considerations (internal & external)					xx							
	3. Review existing processes and policies and identify gaps: <ul style="list-style-type: none"> Support to participants related to information gathering and privacy Safety protocols for staff & participants; phone/walk ins/residents 						xx						
	4. Workgroup documents findings and recommendations							xx					
	5. <u>Deliverable: Recommendations for enhancements of safety planning tools</u>							xx					
	6. Submit process for approval with project team & OVW								xx				
	7. Train staff on safety planning process and resources									xx	xx		
	8. Implement and evaluate											xx	xx
c) Develop or utilize screening tool to identify domestic violence and brain injury	1. Determine available evidence-based brain injury assessment tool to determine if brain injury/cognitive impairment is a factor for Tubman participants when assessing strengths and needs.					xx							
	2. Prepare recommendations for assessment tool, approach and tools to identify brain injury.						xx						
	3. See Phone protocol and Inquiry protocol recommendations for BIA and Tubman participants.												
	4. <u>Deliverable: Utilize assessment resource(s) to identify brain injury in shelter setting</u>							xx					
	5. Submit process for approval to project team & OVW								xx				
	6. Implement tool and evaluate									xx			

APPENDIX [IMPLEMENTATION TIMELINE]

INITIATIVE #3: Build staff confidence and competence to work at the intersection of brain injury and domestic violence.

Project:	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
a) Create opportunities to connect with each other across each agency and b) increase staff comfort to work at the intersection.	1. Develop and orient workgroups to project.		xx										
	2. Host kick-off event between staff of both agencies to generate enthusiasm, learn about organizations, and provide information on programs and services.		xx										
	3. Provide training on brain injury and domestic violence.				xx								
	4. Determine joint trainings for staff from both organizations on topics relevant to work.									xx			
	5. Include overview of collaboration at annual staff meetings.												
	6. Include each organization into other organization's events (attendance at joint program delivery, etc.).												
	7. Deliverable: Create MOU to continue trainings and partnership into future.											xx	
	8. Submit MOU for approval with project team & OVW												xx

APPENDIX [IMPLEMENTATION TIMELINE]

INITIATIVE #4: Provide staff with effective approaches and tools to meet the needs of the participants they serve.

Project:	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
a) Develop training curriculum and provide learning and development opportunities to grow skills and knowledge.	1. Develop a list of training and development activities needed to implement process and tools.								xx				
	2. Develop training curriculum and/or determine outside resources to deliver training.								xx				
	3. Prepare pre- and post-testing evaluation process and forms to assess employee competencies related to brain injury and domestic violence.								xx				
	4. Deliverable: <u>Training Curriculum and schedule of training, evaluation processes and forms</u>									xx			
	5. Submit process for approval with project team & OVW									xx			
	6. Train staff on processes and tools utilizing pre- and post-test evaluations to measure knowledge.									xx	xx		
	7. Implement and evaluate											xx	xx
b) Develop support tools for staff to utilize when serving participants	1. Create and/or revise forms for staff to use with participants.							xx	xx	xx			
	2. Revise database to capture information about participants and any needed accommodations.							xx	xx	xx			
	3. Train staff on available screening tools, data collection and sharing protocols, and forms									xx	xx		
	4. Implement and evaluate											xx	xx

Initiative #5: Identify and implement specific accommodations and optimal approaches to working with participants to maximize the ability to reach their goals.

Project:	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
a) Develop accommodation process, policy, and training	1. Develop and orient workgroup (include internal & external consultants)		xx										
	2. Train workgroup on universal design principles.				xx								
	3. Analyze universal design principals and prepare recommendations for how to best accommodate individuals with brain injury in a shelter setting.					xx							
	4. Review recommendations from the welcome enrollment and strengths and needs finding process and prepare report outlining needed considerations to working with a participant.						xx						
	5. Develop accommodation process and policy that incorporates best practices and recommendations for improvements.							xx					
	6. Determine assistive technology/equipment for use with participants who need accommodations or modifications.								xx				
	7. Review recommendations with HR, finance and legal to determine needed adaptations to current policies, tools, and approaches.								xx				
	8. Deliverable: Create draft accommodation policy and training curriculum for approval to project team & OVW									xx			
b) Assess buildings and determine upgrades.	1. Choose a disability consultant to assess shelter buildings that can prepare a report and suggest upgrades to enhance environment to better serve individuals with a brain injury.		xx	xx									
	2. Prepare recommendations based on evaluation for improvement to the building and environment.				xx								
	3. Review recommendations with HR, finance and legal to determine adaptations.				xx								
	4. Deliverable: Draft building upgrade plan for upgrades to buildings to project team to determine next steps.					xx							
	5. Modify environment (as resources are available).												

Initiative #5: Identify and implement specific accommodations that are accessible and safe and optimal approaches to working with participants to maximize the ability to reach their goals.

Project:	Activities:	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
c) Implement specific processes, approaches, and tools as stated in initiatives 1-4	1. Implement <u>accommodation process and tools.</u>								xx	xx	xx		
	2. Implement <u>safety process and tools.</u>								xx	xx	xx		
	3. Implement <u>welcome enrollment process and tools.</u>								xx	xx	xx		
	4. Implement <u>strengths and needs finding process and tools.</u>								xx	xx	xx		
	5. Evaluate effectiveness; refine											xx	xx