

West Virginia S.A.F.E. Partnership (Sexual Assault Free Environment)

STRATEGIC PLAN



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TABLE OF CONTENTS

	<u>Page</u>
I. BACKGROUND	3
A. OVERVIEW OF THE NEED ASSESSMENT: FINDINGS AND IMPLICATIONS	6
1. Lessons Learned: Findings and Implications for Strategic Planning	7
a. Overarching themes/Findings from the Needs Assessment Process	8
2. Implications of the Findings for Strategic Planning	10
II. STRATEGIC PLAN	12
A. THREE GOALS SELECTED FOR PILOT SITES' INITIATIVES.....	13
1. Goal 1: Foster Collaboration Among Core Team Agencies and Pilot Site Agencies.....	14
2. Goal Two: Conduct Cross-Training among Pilot Site Agencies to Create a Common Knowledge Base	14
3. Goal 3: Insure Service and Supports are Accessible and Responsive to the Needs of Women with Disabilities and Deaf Women Who are Victims of Sexual Assault.....	14
4. Chart of Goals/Initiatives/Activities/Timeline.....	15
B. IMPLICATIONS FOR SUSTAINABILITY AND SYSTEMS CHANGE..	19
C. EVALUATION AND ACCOUNTABILITY.....	19
D. LONGER-TERM PROJECT GOALS.....	19
E. CONCLUSIONS.....	20

I. BACKGROUND

In 2006 the West Virginia Foundation for Rape Information and Services received a three year grant from the Office on Violence Against Women (OVW) to examine and implement changes to the systems responding to women with disabilities and Deaf women who are victims of sexual assault. Entitled the West Virginia Sexual Assault Free Environment Partnership (WV S.A.F.E.), the collaboration consists of four core team partners: the West Virginia Foundation for Rape Information and Services (WVFRIS), the West Virginia Department of Health and Human Resources (WVDHHR), the West Virginia University Center for Excellence in Disabilities (CED), and the Northern West Virginia Center for Independent Living (NWVCIL). The shared vision and mission of the collaborative are as follows:

Vision

*“The ultimate dream of this collaboration is an environment where sexual assault no longer exists or is tolerated. Toward this end, it is the vision of the WV SAFE Partnership **to create permanent systems changes at all levels of the sexual assault and disability service delivery systems and state policy** in which effective services for women with disabilities and Deaf women are **fully integrated into the existing structure** of victim services and advocacy -- thus eliminating any potential differentiation based on ability among populations of survivors of sexual assault. In short, **all** women will have equal access to all services regardless of ability.”*

Mission

*“To **identify and address gaps and barriers in services and policies** at the state and local levels that impede the provision of effective, accessible services and the seamless provision of services to survivors of sexual assault among women with disabilities and Deaf women. These barriers and gaps will be addressed by building sustainable partnerships among existing community-based sexual assault service providers, advocates, disability service providers, persons with disabilities, Deaf women and the state and local oversight agencies (including medical professionals and other professionals) charged with protecting and serving victims/survivors of sexual assault with disabilities and Deaf women. The objective of these efforts will be to ensure that new and existing policies and procedures are institutionalized as a part of each organization’s standard practices – ensuring that **all** women who are victims of sexual violence have equal access to effective support and services.”*

In preparing to meet the objectives of the vision and mission, WV S.A.F.E. has engaged in a variety of general information gathering initiatives designed to create a common baseline understanding between the key organizations and disciplines involved and refine the focus of the project including:

- A nine month focus among the WV S.A.F.E. Core Team members (i.e., representatives from WVFRIS, NWVCIL, DHHR and CED) to educate one another about the people they serve and their fields of work, provide cross-training on the issues of sexual assault and persons with disabilities, and to achieve consensus on the project's focus and goals. These contacts included bi-weekly meetings, conference calls, a retreat, attendance at national conferences and grantee meetings.
- The development of a shared vision statement and formal Collaboration Charter (including, a formal statement of the mission, values and goals).
- A review of informational materials and data (both national and state specific, including the findings from a 2005-06 study in West Virginia on sexual assault among individuals with mental retardation and developmental disabilities in licensed residential facilities).
- Development of an internal Core Team Self-Assessment tool to identify an essential cross-disciplinary knowledge base for all team members as well as a possible knowledge base to guide the cross-training of local disability and sexual assault service providers during the implementation phase of the project.

Overview of Pilot Site Selection

The team members then developed a process for selecting 2-3 pilot sites. That process involved:

- Creation of a list of potential stakeholders in providing effective services to sexual assault survivors with disabilities and Deaf women (e.g., possible system entry points for disclosing sexual violence and seeking services) as well a corresponding list of information desired from and pre-existing information available for each of these groups.
- County-by-county demographic and asset mapping of disability and sexual assault resources.
- Determination of criteria for site selection. The following three criteria were established for site selection:
 - population,
 - service providers
 - geographical area served

WV S.A.F.E. Partnership utilized the asset map in conjunction with the state demographic profile to develop and apply the following three step site selection criterion.

Population Size -- Population size was narrowed (using the state demographic profile) to counties with populations of 25,000 to 75,000 since it was thought that, while mostly rural, these counties would likely have the necessary resources available to help ensure the success of the project. The application of these selection criteria further reduced the number of counties meeting both the minimum agency representation and population criteria to six counties.

The Presence of At Least One Disability Services Provider and One Rape Crisis Center --

The determination was made by the team that in order to be successful, selected sites must include the following minimum agency representation: the presence of a Rape Crisis Center and at least one multi-disability service provider (e.g., a CIL, an ARC, or a Community Mental Health Center). All counties have the presence of the WV Department of Health and Human Resources. A review of the county by county “asset map” detailing the location of Rape Crisis Centers, Disability Service Providers, advocacy groups, and other relevant entities yielded 20 counties with both direct Rape Crisis Center and multi-disability service provider presence.

Geographic Considerations -- Finally, a review of the geographical logistics of selecting counties within proximity of one another sufficient to facilitate effective collaboration among the participants as well as the access of the Core Team to the sites further narrowed the scope to just three “self-identifying” counties based on the application of the pilot site selection criteria

Overview of Pilot Site Engagement

Based on pilot site criteria, three counties in north central West Virginia were selected: Marion, Ohio, and Preston. To determine the interest in participating in systems change of the pilot sites’ key service providers (e.g., rape crisis centers, Adult Protective Services, and disability service providers), the team began initial pilot site engagement activities (e.g., informational presentations and collaborative sample development/participant recruitment).

Each site provided identified potential team members. Because the population size of each county varies, the number of potential partnering agencies varied. In addition to the rape crisis center and Adult Protect Services in each county, the following disability service providers were identified as potential partners:

- ***Marion County*** – the Deaf community, the ARC, the ADRC, Sheltered Workshop/Op Shop, the regional Ombudsman, and the Parent Training Information Center
- ***Ohio County*** – the Catholic Diocese/Catholic Services, the ARC, the ADRC, the Family Resource Network, Child Advocacy, Easter Seals, CED’s direct service program, the regional Ombudsman, sheltered workshops, and the Parent Training Information Center
- ***Preston County*** -- the ARC, the ADRC, the regional Ombudsman, United Way, and the Parent Training Information Center.

Focus then shifted to identifying the specific needs of sexual assault victims with disabilities in those counties and the barriers to accessing services.

A. OVERVIEW OF THE NEEDS ASSESSMENT: FINDINGS AND IMPLICATIONS

Guiding the assessment process were five fundamental questions:

- What are the needs of women with disabilities who may have experienced sexual violence or know someone who has and their experiences accessing services?
- What barriers or gaps exist to providing effective/seamless services to women with disabilities and Deaf women?
- Who are the key local stakeholders?
- What educational/training needs do stakeholders need and desire?
- What systems changes are needed to increase accessibility to and the effectiveness of services for women with disabilities and Deaf women who are victims of sexual assault?

Ultimately, the needs assessment process focused on two primary data collection efforts.

- ***An Internet-Based Survey of Local Stakeholders¹*** – An Internet-based survey was implemented with sexual assault and disability service providers, healthcare and other social service organizations in the three pilot sites. The survey focused primarily on awareness, knowledge, skills and resources related to serving women with disabilities and responding to sexual violence.
 - **Methodology and Sample Characteristics** – The preprogrammed Internet-based survey averaged 26 minutes to complete. Eighty-nine respondents (89) completed the survey with the following characteristics: 44% from Marion County, 37% Ohio County, and 19% Preston County; 12% sexual assault service providers, 30% disability service providers, 30% from health care and 25% from the social service sectors; 20% upper-management, 28% mid-management, 44% direct service personnel and 8% support/other staff.
- ***Focus Groups/ One-on-One Interviews with Women with Disabilities/Deaf Women*** – A combination of Focus Groups and one-on-one interviews were conducted with women with disabilities in the three counties. The topics focused on those services and systems changes that the participants would consider useful if they experienced sexual violence.
 - **Methodology and Sample Characteristics** – Recruitment of participants for this phase of the needs assessment proved to be extremely challenging highlighting the fact that achieving sufficient involvement of consumers in the planning and implementation phases to ensure the success of the project will require special attention. Ultimately, extensive recruitment via telephone and in-person networking yielded only 10 focus group participants or one-on-one interviews with women with disabilities (2 in Marion County, 5 in Ohio County and 1 in Preston County).

1. Lessons Learned: Findings and Implications for Strategic Planning

As indicated above, among the most important realizations of the needs assessment process was the degree of difficulty in obtaining direct input from women with disabilities and Deaf women. West Virginia is exceptionally rural and immersed in Appalachian culture – presenting unique challenges to effective service delivery. As a part of West Virginia’s Celtic heritage, family and often community affairs tend to revolve around a tightly knit clan structure. Viewed almost as an extended family this closed structure is inherently wary of those outside of the immediate family or group. Thus family/community problems are often viewed as intensely private matters to be handled internally by the immediate family or community.

¹ A Stakeholder was formally defined in the Needs Assessment Plan as: *[A]nyone with a vested interest in improving the quality of sexual assault services available to victims with disabilities/Deaf women and/or promoting systems change on the local level directed toward the improvement of such services.*

As a result, ensuring the active inclusion of women with disabilities and Deaf women in all phases of planning and implementation will require special attention.

a. Overarching Themes/Findings from the Needs Assessment Process

With no services currently in existence to address the needs of women with disabilities and Deaf women who have been victims of sexual violence in any of the three pilot sites (or in fact the entire state), there is a need to start almost from scratch in educating and connecting local disability and sexual assault service providers. The results of the needs assessment tended to be uniform across the pilots sites. A summary of the key, overarching, themes emerging from the Internet survey of local stakeholders and focus groups/one-on-one interviews with consumers follows below.

Findings: Internet Survey of Local Stakeholders

Critical and foundational stakeholder needs include:

- ***The Need to Address/Overcome the Cultural Challenges of Closed Communities and Prohibitions Against Discussing Personal Matters with “Outsiders”*** – Cultural prohibitions against disclosure of sexual violence combined with the topographical isolation of many of West Virginia’s communities present a serious barrier to effective service delivery.
- ***The Need to Better Connect Service Providers with One Another and Improve Access to Relevant Resources*** – Not only are sexual assault service providers and disability service providers currently disconnected/professionally isolated from one another, but evidence also exists indicating that disability service providers are relatively unaware of the services/resources available from other disability service providers in their area.
- ***The Need to Create a Common Knowledge Base Among Service Providers from Different Disciplines*** – Significant knowledge gaps exist among all service providers across all three counties with regard to: the prevalence of sexual violence involving persons with disabilities, the signs and symptoms of sexual abuse among persons with disabilities, critical reporting criteria and procedures in the event of a suspected incident of sexual assault involving a person with disabilities, and 35% or fewer local stakeholders reported having immediate access to basic information about how to work/communicate with persons who have been traumatized, information about how to preserve evidence and information about how to determine competency.

- ***The Need to Address Policy and Procedural Deficits*** – Overall 45% of non-disability service providers and 63% of sexual assault service providers report that their organization **does not** currently have a written policy or procedures governing working with persons with disabilities who are victims of sexual violence. Critical policy/procedural deficits include: information about reporting requirements and timelines, information about safety-planning for persons with disabilities and information about how to determine competency and managing guardianship issues.
- ***The Need to Create a More Welcoming Environment for Women with Disabilities and Deaf Women Who are Victims of Sexual Violence*** – Significant programmatic accessibility issues exist for virtually all stakeholders. As a result all stakeholders would benefit from a focused accessibility review.

Sub- populations of persons with specific disabilities of greatest concern to local stakeholders included: persons with multiple disabilities, persons with mental illness or substance issues, individuals with cognitive disabilities. On a regional basis, Marion County would appear to have a particularly strong deaf community which might be leveraged to help other counties address weaknesses in available services for those with hearing disabilities, while there is evidence of significant gaps in service to this population in Ohio County.

Findings: Focus Groups/Interviews with Women with Disabilities and Deaf Women

Chief among the findings from the focus groups and interviews with women with disabilities were: (1) a realization of just how difficult it is to overcome the closed nature of West Virginia's communities and cultural resistance to discussion of intimate topics with "outsiders," and (2) the need to create a "more welcoming environment" for women with disabilities to disclose.

- ***The Need to Address Cultural Resistance to Disclosure*** – As previously indicated, the cultural resistance characteristic of West Virginian's to discussing personal matters with "outsiders" combined with the topographical isolation of most West Virginia communities presented a significant challenge to not only to conducting the needs assessment but to effective service delivery in general. The low number of focus group and interviewees achieved despite the extensiveness of the recruitment efforts employed to encourage participation is indicative of the need to for the WV S.A.F.E. partnership and all its members to redouble their efforts to include women with disabilities and Deaf women in **all phases** of the strategic planning and implementation process. Substantial input from these potential consumers will be critical to the ultimate success of the project.

- ***The Need to Create a More Welcoming Environment*** -- Features essential to a potential client's sense of safety and comfort in discussing sexual violence which many participant found lacking in the currently available system include:
 - Feeling like they are being treated with respect/professionally
 - Feeling believed and being treated non-judgmentally
 - Feeling as though one has been listened to and heard
 - A service provider who demonstrates a level of competence in disabilities by using generally accepted disabilities language
 - The environment itself should be both comfortable and casual, secure from outside threats (i.e., a brightly colored room/casually appointed, open/not claustrophobic, a facility with locking doors or other security measures).
- ***The Need to Increase Awareness of Available Services*** – Virtually all participants agreed that communications concerning available services was a delicate issue, and while a small number disagreed about how best to address this issue, all ultimately agreed that “word of mouth” among persons with disabilities will be the most important means of promoting and establishing credibility/trust for services.

2. **Implications of the Findings for Strategic Planning**

A sample of the implications of the findings from the needs assessment and possible strategies to address these needs appears below.

- ***Addressing Cultural Challenges*** – Have consumers participate in development of educational materials on cultural issues and/or incorporate cultural competency approaches in agency policies and procedures.
- ***Addressing Fragmentation of Services*** – Informational presentations by local sexual assault and disability service providers to one another about their services and available resources, create a county wide task force on sexual assault among women with disabilities, create formal cooperation/communication agreements (e.g., MOUs), develop resource lists.
- ***Creating a Common Knowledge Base*** – Have local sexual assault and disability service providers establish the desired outcomes of cross-training and cross-train one another, look for targeted training/national conference opportunities to address specific issues/disability types, conduct a retreat or retreat to address specific cross-training needs.
- ***Addressing Policy/Procedural Deficits*** – Conduct organizational policy/procedural reviews, establish county wide standards.

- ***Creating a More Welcoming Environment*** – Incorporate disabilities etiquette information and protocols into all staff training, address accessibility issues, conduct/seek training on trauma centered interviewing skills, institute peer counseling.

Given the limited knowledge on the issues among local stakeholders, the need to start at a foundational level is self-evident. As one WV S.A.F.E. Core Team Member remarked, “*what we need to do at the local pilot site level is essentially to recreate ourselves in terms of team building, knowledge/awareness and cross-training*”. A formal review of the findings from the needs assessment and their implications for strategic planning was held.

Chapter II provides a detailed implementation plan and timeline for a strategic plan for the pilot sites based on the learning obtained from the needs assessment process.

II. STRATEGIC PLAN

The strategic plan for WVS.A.F.E. is the culmination of two years of collaboration among the four statewide partners and simultaneously one year focusing on identifying needs in three counties in West Virginia. A formal review of the findings from the needs assessment and their implication for strategic planning was held with Amy Loder, Program Manager with the Office on Violence Against Women; Nancy Smith, Director of the Accessing Safety Initiative with the Vera Institute of Justice; the WV S.A.F.E. core team; and representatives from the local pilot site teams on August 6, 2008. Collectively they identified the following three areas of focus for planning and implementation.

- Creating a collaborative network among local service providers
- Building a common knowledge base
- Accessibility

Overview of the Process for Identifying Pilot Site Initiatives

At the 8/6/08 meeting team members from each of the three pilot sites participated in a facilitated discussion to identify their priority initiatives based on the findings from the needs assessment.

Collectively they determined that the selected initiatives should be based on the following guiding principles:

Activities selected should:

- Be informed by, driven by and engage people with disabilities
- Build on the strengths of communities and organizations
- Create sustainable change
- Foster change in sexual assault and disability organizations
- Address “1st things 1st” – Does it make sense to do it now?
- Be feasible
- Have some immediate successes and long term successes
- Be intentional and mindful of unintended consequences
- Change a victim’s experience
- Integrate into the current system – collaborative
- Measurable (possible)
- Be respectful of the culture
- Support person-centered advocacy
- Be replicable in other communities

- Mirror the partners' interests
- Be within the parameters of the grant program

The WV S.A.F.E. partnership met then on August 7th with the Program Manager Amy Loder from the Office on Violence Against Women and the Accessing Safety Initiative Director for the Vera Institute for Justice, Nancy Smith, to finalize the initiatives for the implementation phase of the project. The decisions were based on the group's mission and vision of identifying gaps and barriers to services while creating permanent systems change, the guiding principles, and the feasibility of successful implementation.

A. THREE GOALS SELECTED FOR THE PILOT SITES' INITIATIVES

Three overarching initiatives emerged that were consistent with the needs identified in the assessment phase. These three areas were identified not only by the core team, but also by members of each of the three pilot site partnerships. The areas of need selected equally involve all three disciplines represented in the pilot site partnerships. *Because the identified initiatives were so similar among all three sites, it was decided that one plan would be created that will be utilized by each site.* The core team will assist the individual sites in making necessary minor adaptations, if needed, to address any unique factors that may emerge during the plan's implementation as well as provide all technical assistance and guidance needed during the implementation process.

Inherent in the plan throughout all activities is the commitment that the guiding principles will be maintained. Specifically two issues were of primary concern:

- *Consumers will be included in all phases of the implementation process*
- *Cultural challenges must be addressed in all phases and all activities*

1. Goal 1: Foster Collaboration Among Local Service Providers to Survivors with Disabilities

Repeatedly throughout the assessment phase, both consumers and stakeholders in all three pilot sites indicated that a disconnect exists among local service providers. This fragmentation has impacted survivors with disabilities in that services are disparate, depending upon their point of entry into the system.

To address this fragmentation, a goal of creating effective, sustainable local collaboration among stakeholders was identified as a priority. This collective commitment will formalize the relationships among the local service providers and establish working relationships within the service delivery system.

2. Goal 2: Build a Sustainable Common Knowledge Base Among Local Service Providers and Among Statewide Partnering Agencies

The absence of collaboration has resulted in an absence of foundational knowledge of the other disciplines involved in the project. For most providers, the voice of the consumer has been noticeably absent and major cultural issues have not been addressed. A second goal for each pilot site (as well as for the core team) will be to embed education on these issues within each partnering agency through training, resource materials, and the establishment of culturally competent practices.

3. Goal 3: Insure Services and Supports are Accessible and Responsive to the Needs of Women with Disabilities and Deaf Women

The third area of need selected is the issue of accessible services – programmatically as well as physically. Again, both stakeholders (on the local and state levels) and consumers acknowledge that existing services for survivors with disabilities are not accessible. Accessibility issues that can be addressed through this grant program will be identified through modified accessibility assessments and the development of transition plans, with appropriate remedial actions taken.

Outcomes derived through the achievement of these three goals will create major service delivery changes to the organizations involved in serving women with disabilities who are victims of sexual violence.

4. Chart of Goals/Initiatives/Outcomes/Activities/Timeline

The following chart details activities, responsible parties, the implementation timeline, and anticipated outcomes for the remainder of the project period.

Goal #1: Establish sustainable local and state-level collaborative partnerships for serving sexual violence victims with disabilities.													
Objectives/Activities	Who is Responsible?		Timeline (Months)										
Goal 1: Objective #1	Core Team	Pilot Site Agencies	1	2	3	4	5	6	7	8	9	10	
Coordinate and implement on-going partnership meetings to foster collaboration.													
1. Plan and conduct regular meetings	X	X	X	X	X	X	X	X	X	X	X	X	
2. Review and discuss strategic planning process and outcomes	X	X	X										
3. Address investment of time and resources to project	X	X	X										
4. Identify project logistics including roles and expectations.	X	X	X										
5. Confirm commitment by pilot site agencies	X	X	X										
6. Develop MOUs between WV SAFE Partnership Project and pilot sites.	X	X	X										
7. Develop and implement ways to engage women with disabilities and Deaf women	X	X	X	X	X	X	X	X	X	X	X	X	
8. Create asset maps with pilot sites.	X	X		X	X								
9. Conduct knowledge assessment with pilot site agencies	X	X	X										
10. Establish an internal team communication process with each pilot site team		X	X										
Objectives/Activities	Who is Responsible?		Timeline (Months)										
Goal 1: Objective #2	Core Team	Pilot Site Agencies	1	2	3	4	5	6	7	8	9	10	

Formalize collaborative processes among pilot site partners														
1. Determine elements of collaboration charter among agencies within each pilot site.	X	X	X											
2. Conduct working meetings to complete charter		X	X	X	X	X	X							
3. Create modified collaboration charter	X	X					X							
Goal #2: Build a common knowledge base and practices within and among pilot sites and state level partners.														
Objectives / Activities	Who is Responsible?		Timeline (Months)											
Goal 2: Objective #1	Core Team	Pilot Site Agencies	1	2	3	4	5	6	7	8	9	10		
Develop and implement a capacity building plan to strengthen knowledge base and sustainable practices.														
1. Conduct assessment with pilot site teams to assess knowledge gaps and resource needs	X	X	X											
2. Identify topics	X		X											
3. Develop a strategy for imbedding capacity building into agency practices	X	X		X										
4. Identify capacity building goals and outcomes	X	X			X									
5. Determine training format	X	X			X									
6. Identify audiences	X	X			X									
7. Identify trainers and resources	X				X									
8. Determine supports needed by WV SAFE Partnership and other technical assistance providers	X	X			X									
9. Identify and support participation in training/capacity building opportunities	X		X	X	X	X	X	X	X	X	X	X	X	X
10. Develop a capacity building plan	X	X			X									

Objectives/Activities	Who is Responsible?		Timeline (Months)									
			1	2	3	4	5	6	7	8	9	10
Goal 2: Objective #1 continued	Core Team	Pilot Site Agencies										
11. Submit capacity building plan/timeline for OVW approval	X					X						
12. Submit capacity building curriculum and materials for approval	X					X						
13. Implement capacity building plan	X	X					X	X	X	X	X	X
Objectives/Activities	Who is Responsible?		Timeline (Months)									
			1	2	3	4	5	6	7	8	9	10
Goal 2: Objective #2	Core Team	Pilot Site Agencies										
<i>Convene retreat with pilot sites and core team.</i>												
1. Determine date and location of retreat	X	X	X									
2. Develop agenda	X		X									
3. Conduct cross-training	X	X		X								
4. Explore individual passions and contributions to the collaboration	X	X		X								
5. Explore organizational passions and contributions to the collaboration	X	X		X								
6. Share organizational missions, philosophies, strengths and limitations	X	X		X								
7. Review terminology and acronyms	X	X		X								
8. Discuss collaboration; provide lessons learned and resources	X	X		X								
Goal # 3 Insure services and supports are accessible and responsive to the needs of sexual violence victims with disabilities.												
Objectives/Activities	Who is Responsible?		Timeline (Months)									
			1	2	3	4	5	6	7	8	9	10
Goal 3: Objective #1	Core Team	Pilot Site Agencies										
<i>Conduct modified accessibility audits with identified pilot site and state partners</i>												
1. Determine what is being assessed and how to include women with disabilities	X	X				X						
2. Determine what review process will look like; length, who is involved	X	X				X						
3. Identify reviewers	X	X				X						
4. Research, identify, modify and/or create access and responsiveness review tools.	X					X						

5. Submit tools for approval	X					X							
6. Determine training needed by reviewers	X	X				X							
7. Assemble team of reviewers and conduct training	X						X						
8. Schedule reviews	X	X					X						
9. Conduct reviews in each pilot county for partner agencies and within state partner agencies.	X	X							X				
10. Write up findings and develop transition plan	X									X			
11. Create short and long term plan for improvements	X										X		
12. Submit plan for approval	X										X		
Objectives/Activities	Who is Responsible?		Timeline (Months)										
Goal 3: Objective #2	Core Team	Pilot Site Agencies	1	2	3	4	5	6	7	8	9	10	
Implement prioritized components of accessibility transition plans													
1. Implement short term plan	X	X											X
2. Implement long term plan	X	X											
Long Term Goals	Who is Responsible?		Timeline (Months)										
	Core Team	Pilot Site Agencies	1	2	3	4	5	6	7	8	9	10	
1. Expand local pilot site partnerships to include all points of entry into the service delivery system.	X												
2. Improve the accessibility of all points of entry into the service delivery system.	X												
3. Provide ongoing capacity building opportunities.	X												
4. Replicate systems change model in additional counties in West Virginia.	X												

B. IMPLICATIONS FOR SUSTAINABILITY AND SYSTEMS CHANGE

The three overarching goals and subsequent objectives and activities were selected unilaterally for all three pilot sites. The purpose was to address the basic foundational needs to actually develop and support a functioning, interactive system among the service providers. The three primary goals will begin that process: develop and formalize a working relationship; build the knowledge base of the staff within those service providers; and create accessible, responsive services for survivors with disabilities. Embedded within each of those goals are mechanisms to insure that these components are in each organization's ongoing practices and policies.

C. EVALUATION AND ACCOUNTABILITY

In the short term the project will be evaluated primarily on process measures designated in the 'outcomes' section of the workplan chart. Additionally, it is anticipated that an increased number of victims with disabilities will be served throughout the system. Because of the statewide partners involved in this project, there is the potential accountability component that the outcomes created through this project can become incorporated into state-level program standards. (e.g., the state sexual assault coalition annually has designated standards identified for a rape crisis center to be eligible for membership.) Also, the data collected through the needs assessment process provides an opportunity to compare knowledge and services – both on the part of consumers and stakeholders – in a more longitudinal study following the completion of the project.

D. LONGER-TERM PROJECT GOALS

In addition to the Goals and Objectives selected for the remainder of the grant project, WV S.A.F.E. extensively discussed ways that this project can and will serve as a catalyst for change in the service delivery system in the pilot site communities as well as in the partnering organizations on the state level. Two to five year goals that were identified for the project were:

- Goal: Expand the local pilot site partnerships to include all points of entry into the service delivery system.

Rationale: The next logical step in the collaborative process is to engage more local partners, including the medical and criminal justice systems, that victims with disabilities encounter in accessing services. With a strong foundation for collaborative work, this step should be more easily attainable.

- Goal: Improve the accessibility of all points of entry into the service delivery system.

Rationale: Because a component of the strategic plan is to train partners in conducting programmatic as well as physical accessibility assessments, the local partners will have the capacity to assist new partners in assessing the accessibility of their services for survivors with disabilities. Equally important is the inclusion of consumers to continuously provide support and direction to the process.

- Goal: To replicate the project in other counties in West Virginia.

Rationale: The WV S.A.F.E. partnership is committed to improving services to women with disabilities who are survivors of sexual violence. This project provides a template for that process.

C. CONCLUSIONS

The WV S.A.F.E. partnership embarked on the process of addressing the issue of sexual violence and women with the disabilities with the full knowledge that essentially no systems are in place, much less effective, accessible ones. Through conversations with key state-level stakeholders it was evident that the task will be a daunting one but that recognition exists that it is long overdue. Because services to sexual assault victims with disabilities are so fragmented and rural resources so limited, there truly had to be an outside catalyst to stimulate change. This project will serve as that catalyst.

This strategic plan is the culmination of nearly four years of work trying to identify and understand existing services to survivors with disabilities. It is a synthesis of findings from assessments with stakeholders and conversations with consumers. It is a culmination of an intense one year focus and information-gathering process in three counties in the state. The reality is that West Virginia has to work on the foundational level in developing, nurturing, and sustaining an effective service delivery system. A service delivery ‘system’ currently just does not exist.

Components of the plan address the key areas identified in the assessment process: building a functioning collaborative system among service providers, creating a common knowledge base for that system, and insuring that the system is accessible and welcoming to consumers.

It is an understatement to say that this plan is an ambitious one. For it to be realistic, a sufficient number of key stakeholders will have to commit their full participation on the local level. The challenges are formidable, but the alternative of continuing to do nothing to impact change is unacceptable.