Developing a Transition Plan

This module can aid service providers in developing an agency transition plan for increasing access to services for sexual violence victims with disabilities.¹ It focuses on transition planning for *programmatic and policy* accessibility changes rather than physical/structural changes. If deemed necessary, structural changes can be added to the plan later in the process.

Key Points

- An agency's plan to move from inaccessible services to accessible services for victims with disabilities is considered, for the purposes of this module, a transition plan. Such a plan acknowledges barriers to accessing services and identifies how accessibility can be increased within a specified time period. It establishes priorities among needed actions.
- A transition planning team should include representation from the major divisions and programs of the organization and personnel who have the skills and experience necessary to carry out the planning and implement tasks. Also consider adding community partners to the team, as they can add a broader perspective on the accessibility of an agency's services. They can sometimes be helpful in providing technical assistance, identifying community resources and providing cross-training.
- Your transition plan should identify the following:² barriers your agency is addressing; action steps necessary to eliminate those barriers; who is responsible for making or coordinating the changes; what resources are needed to make the changes; what administrative approval is needed to make the changes; established timelines for implementation of the changes; how the plan will be regularly monitored to measure the progress and the implementation of the action steps; and an evaluation process to determine if the implemented changes have improved access for persons with disabilities. The attached *Transition Planning Worksheet* can assist agencies in considering each of these factors.

D4. Developing a Transition Plan

Purpose

Once an agency identifies barriers that prevent sexual violence victims with disabilities from accessing its services, it can develop a plan to create equal access for these individuals. This plan to move from inaccessible services to accessible services over a period of time is considered, for our purposes, a transition plan. This module can aid service providers in developing an agency transition plan for increasing access to services for sexual violence victims with disabilities.

Note that this module focuses on transition planning for *programmatic and policy* accessibility changes. It does not address planning for physical accessibility. If deemed necessary, structural changes can be added to the plan later in the process.³ (See *Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities.*)

Objectives

Those who complete this module will be able to:

- Establish a transition planning team;
- Participate in creating a transition plan to increase service accessibility for sexual violence victims with disabilities; and
- Assist in implementing a transition plan.

Preparation

- As a prerequisite to this module, community agencies that serve sexual violence victims and persons with disabilities should individually conduct a self-assessment of their general programmatic policies and procedures. (See *Tools to Increase Access. Programmatic and Policy Accessibility Checklist.*) The purpose of this assessment is to determine the extent of programmatic accessibility of an agency's services for persons with disabilities.
- Review the findings of the above self-assessment of your agency—most likely the results will highlight policy and programmatic barriers for victims with disabilities. The agency will want to address these barriers in its transition plan.

Part 1: CORE KNOWLEDGE

What is a transition plan?⁴

A transition plan acknowledges barriers to accessing services and identifies how accessibility can be increased within a specified time period. It establishes priorities among needed actions. When a transition plan for improved access to services is developed through a collaborative effort within an agency and with input from outside agencies and consumers, it can lead to the sharing of information and resources, creative problem solving and increased accountability to carry out the plan.

Planning sometimes can seem more like talking than taking action, but careful consideration and agreement among staff and advisors on a course of action is a key to successful collaboration. (See *Collaboration 101. Examining Your Collaboration.*) A solid plan for achieving desired outcomes helps ensure the efficiency and effectiveness of the effort. Common questions about the process that are helpful to discuss with those involved in planning include:⁵

- · How does transition planning address our ongoing needs?
- · Who in the organization should create the plan?
- Who outside of the organization should be involved in the planning process?
- · How comprehensive should the plan be and what length of time should it cover?
- · Can the plan be modified or changed if new issues arise?
- What if the plan doesn't work?

How does a transition plan address your ongoing needs?

If an agency has made a commitment to serving sexual violence victims with disabilities, that commitment should be reflected in its vision and mission statements and strategic plan. A transition plan is only necessary if there are policies or barriers that are impeding access to services. It provides the roadmap to help an agency address those barriers.

Who should be on a transition planning team?

Seek representation from the major divisions and programs within the organization. Include personnel who have the skills and experience necessary to carry out planning and implement tasks. The leadership of the organization must demonstrate a commitment to this process in order for the plan to be successful in creating sustainable organizational change. One of the first steps in demonstrating this commitment is the appointment of a coordinator to lead and coordinate the planning and implementation process. The coordinator's role is to facilitate the teamwork necessary to achieve the tasks outlined in the plan. When choosing this person, designate someone who has authority within the organization. In addition to authority, this person should have knowledge of the agency, the programs provided and the community. A new employee or one with little authority may reduce the potential for success because they may not have the knowledge to effectively manage the process or to obtain the information necessary to develop creative solutions.

FYI—An agency's designated accessibility coordinator would be a key team member. Two online resources that provide helpful information for this position include:

- <u>http://askjan.org/naadac/</u>, the National Association of ADA coordinators, providing resources and support to accessibility coordinators; and
- <u>http://arts.endow.gov/resources/accessibility/Planning/Step3.pdf</u>, which offers resources and job descriptions for accessibility coordinators.

Note that for disability service agencies, their coordinator will need to focus on making service delivery more inclusive of clients with disabilities who have experienced sexual violence.

Other staff to consider for team membership can include:

- Program managers/developers;
- Financial manager;
- Outreach or public relations staff;
- Human resource personnel;
- · Facility managers; and
- Direct care staff.

When selecting team members, also look for what could be called "opinion leaders." These staff members influence decisions, not because of their positions or titles, but more from the esteem in which they are held by their co-workers.⁶ Keep in mind that direct care staff, rather than agency administrators/managers, may be more knowledgeable about how policies and procedures are

implemented on a day-to-day basis. It is essential that staff members support the purpose and values behind the changes that are planned and have confidence that the new policies and procedures are workable and effective in achieving the desired results. Having front line staff involved from the beginning of the process helps to create buy-in.

Support from agency leadership is necessary if policies and practices will need to be changed. The involvement of the agency director or her/his designee, as well as representation from the board of directors, can lend leadership and ensure the agency's commitment to providing accessible services to victims.

Community partners are key to successful transition planning. Adding community partners to the team will add a broader perspective on the accessibility of your agency's services. Partners that influence the services your agency provides can be helpful in providing technical assistance, identifying community resources and providing cross-training. Some suggested partners include:

- · Sexual assault service providers;
- Disability service providers;
- · Mental health service providers;
- · Law enforcement agencies; and
- Adult Protective Services (APS).

Include the perspectives of persons with disabilities. Engage them during the transition planning process to add their insight regarding accessibility needs. Persons with disabilities could be invited to share their input during a transition team meeting or to participate in a separate focus group discussion on this topic. Or their input could be sought through surveying (written surveys, telephone surveys, face-to-face interviews, etc.). Subsequently, results of the focus group discussion, surveys and/or interviews could be compiled and shared with the transition team. Incorporating the voices of persons with disabilities into the transition plan can add credibility and accountability to the process.⁷

Who can provide technical support to help with planning?

To ensure that your transition plan includes the appropriate steps to increase the accessibility of your services to persons with disabilities, it is recommended that your agency seek qualified technical support and guidance. Find out if a local disability agency has the capacity to provide this support to other agencies. You can also contact the regional Disability and Business Technical Assistance Center (DBTAC)-Mid Atlantic ADA Center at 301-217-0124 (voice/TTY) or adainfo@transcen.org or go to www.adainfo.org for recommendations of resources to provide this support. DBTAC-Mid Atlantic also sponsors the West Virginia ADA Coalition, which has members who may be available to offer this type of assistance. Contact the West Virginia ADA Coalition at 800-946-9471 (voice/TTY), WVADACoalition@msn.com or go to www.wvadacoalition.org/.

What should be in your transition plan?

It is important that your plan addresses the barriers to services that your self-assessment identified. Your overall goal is to ensure that persons with disabilities feel welcome at your agency

and that you have the resources and support needed to provide equivalent services to all who need them. "Success in the implementation of permanent changes depends, to a great extent, on the quality of the planning process itself and on the degree to which compliance becomes integrated into ongoing operations."⁸ It is also important that the plan is flexible so it can be modified as other issues and priorities are identified. It is suggested that you keep records of your planning process.

All plans should include the following:9

- · What specific barriers you are addressing;
- Action steps necessary to eliminate the barriers;
- Who is responsible for making or coordinating the changes;
- · What resources are needed to make the changes;
- · What administrative approval is needed to make the changes;
- Established timelines for the implementation of the changes;
- How the plan will be regularly monitored to measure the progress and the implementation of the action steps; and
- An evaluation process to determine if the changes implemented have improved access for persons with disabilities.

A *Transition Planning Worksheet* and *Example Transition Plans* (for both a disability service agency and rape crisis center) can be found at the end of this module.

It is helpful for agencies to identify priorities among issues to be addressed and actions to be taken so that achieving the plan does not become too overwhelming, unmanageable or unfocused. Rather than doing everything at once, planning can incrementally eliminate barriers. To plan for incremental change, take into consideration which issues would be easy to address, which would be more difficult to address and which would have the greatest impact on improving access for people with disabilities. Also recognize to what extent staff members are available to coordinate specific actions and in what time frame they can complete the tasks.

You've got a plan, now what?

The development of an accessibility transition plan is as much a process as it is a final destination. In many instances, the process will become just as significant as the final product. Circulate and present the plan at all levels of the agency and among all programs, detailing the immediate and long range accessibility goals. Once the plan has been reviewed, the planning committee should analyze any feedback and incorporate appropriate suggestions into the plan.

Prior to implementing the plan, determine if any additional staff training is needed or if new resources need to be developed. Critically consider any unintended consequences of implementing new policies or practices. For example, if a disability service provider adds an intake screening question regarding sexual victimization, the agency needs to have the intake workers prepared for victimization disclosures. The planning committee for that agency would need to ensure that an appropriate training program is in place and referral lists created prior to

changing the intake form.

Once implemented, the process should be periodically evaluated for effectiveness and efficiency: Is the plan working? Are we achieving or exceeding our stated goals? Are all of the key stakeholders involved and moving toward common goals? What is missing? How can we make this work better? An evaluation process is necessary to determine if the changes are making an impact, both externally for consumers and internally for staff.¹⁰

All plans should include a process for modification as well as a specified period for assessing the impact of new policies and practices. If a 10 (or 30 or 60) day assessment indicates that a new practice is having a detrimental impact on accessibility or services, it should immediately be stopped.

Part 2: DISCUSSION

Projected Time for Discussion

Allow 2.25 hours for the initial meeting.

Developing a transition plan is a process and will involve a series of meetings. This module is designed to provide the framework for initiating the discussion and planning process.

Purpose and Outcomes

This discussion is designed to help participants from a specific agency apply the information presented in *Part 1: Core Knowledge* of this module to improve access to services for sexual violence victims with disabilities. It could be incorporated into forums such as agency staff meetings and meetings of an agency's board of directors. (NOTE: If the meeting is part of a multi-agency gathering, break into agency-specific small groups for the *Suggested Activities and Questions* below.) Anticipated discussion outcomes include increased understanding of the barriers and challenges experienced by victims with disabilities in accessing the current services; identification of ways to increase accessibility through responsive agency policies, procedures and resources; identification of ways to ensure that the safety needs of sexual violence victims are adequately addressed throughout the service delivery system; and the development of a plan to create changes in the current service delivery system.

Specific desired outcomes for this module are identified in the learning objectives on page D4.2.

Planning

- Select a facilitator. The facilitator should be experienced in transition/strategic planning for agencies. Determine whether the facilitator is strictly facilitating the discussion at the meeting or serving as chairperson of a transition planning committee.
- Select a note taker.
- Before the discussion, participants and the facilitator should review *Part 1: Core Knowledge*, the attached worksheet and example transition plans, as well as the summarized findings from their agency's self-assessment of general programmatic policies and procedures. (See *Tools to Increase Access. Programmatic and Policy Accessibility Checklist.*) A copy of the findings should be available during the meeting, as well as a blank copy of the assessment tool.
- Provide a flip chart and three colors of markers (e.g., blue, red and green). Identify and secure

any other needed meeting supplies and materials—for example, name badges, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time.

Suggested Activities and Questions

- 1. **Invite participants to identify discussion ground rules to promote open communication.** Utilize the following principles: (10 minutes)
- An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics. There are no right or wrong answers, only different perspectives.
- Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.
- Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality.
- 2. Ask one or more agency representatives to summarize the self-assessment findings. *(10 minutes)*
- 3. As a large group, **ask the participants to discuss the following questions and complete the tasks:** (1.5 hours)
 - a. Describe the accessibility challenges and their experiences in trying to serve sexual violence victims with disabilities within the agency. Are there specific policies or practices (or an absence of policies, practices and/or resources) that are creating those challenges? List the challenges on a flipchart.
 - b. Collectively review the findings from the agency's self assessment. List the identified **barriers on a flipchart.** How does this list mirror the previous list?
 - c. **Prioritize a list of needed changes.** Then, using different colored markers, indicate which items would be easy to change (underline with blue marker); which would be more difficult to change (red marker); and which would have the greatest impact on improving access for people with disabilities (green marker).
- 4. Review the list and consider what would be needed to make the changes. Determine if anyone else needs to be involved in the process.
- 5. Once the representative planning team is brought together (as described in *Part 1: Core Knowledge* and based on who was identified above as essential to the process), which may take at least one additional meeting, use the template at the end of this module to **chart the challenges identified above and develop a transition plan for your agency**.
- 6. Closing. Ask participants to write down how the information gained from this module discussion will potentially impact the way services are provided in the agency and to identify their own next step in the process of initiating that change. Then facilitate a large group discussion on this topic. (15 minutes)

Transition Planning Worksheet

Goal: To increase access to services for sexual violence victims with disabilities. Agency: _____

Barriers and Action Steps to Address the Problem	Time Frame for Completion	Responsible Party & Resources Needed	Desired Outcomes (O) & Evaluation Method to Measure Progress (EM)

Example Transition Plan: Serving Sexual Violence Victims

Goal: To increase the accessibility and responsiveness of services for sexual violence victims with disabilities. Agency: A disability service agency

Demise a la d	Time	Responsible Party	Desired Outcomes
Barriers and Action Steps to Address the Problem	Frame for Completion	& Resources Needed	(O) & Evaluation Method to Measure Progress (EM)
Barrier 1: Staff does not have an adequate resource list of services for sexual violence victims with disabilities.			
Action 1: Partner with the local rape crisis center (rcc)/state sexual assault victim advocacy coalition to identify resources for sexual violence victims and learn how persons with disabilities can access these services. With their input, create a more comprehensive resource list. Also, establish methods of referral to these and other providers to facilitate timely client assistance in accessing services for sexual violence victims.	Month 3	Executive director (ED) makes initial contact with relevant local/state agencies follows up to obtain input and develop list and referral procedures.	O: Established relationships to facilitate timely client assistance. Resource list developed and implemented. <i>EM</i> : Informal feedback from staff, clients and other agencies after 3 months on the usefulness of the resource list and the number of referrals.
Barrier 2: Staff is not trained on general responses to sexual violence victims or how to assist clients who have been sexually victimized in determining what services could be helpful and how to access these services.			
Action 2: Seek the help of the rcc/coalition to train staff on: general responses to sexual violence victims; assisting clients in determining what services could be helpful and how to access these services; using the resource list; and coordinating referrals to appropriate services.	Month 3	ED/ seeks the help of other relevant agency representatives to plan and conduct the training.	O: Training delivered. <i>EM</i> : Feedback from staff (class evaluation and 6 month follow-up) on the usefulness of the training.
<u>Barrier 3:</u> Materials are not available in alternate formats for clients who have been sexually victimized (on rcc services, information about applicable laws, what to do if you are sexually victimized, reporting to law enforcement and other agencies, forensic evidence collection, counseling and support groups, legal assistance, victim compensation, etc.).			
Action 3: Convert resource list (above) into alternate formats that can be offered to clients. Also, reach out to agencies that provide the above services to consider how to collaborate to convert their materials into alternate formats. Offer technical assistance as possible.	Months 3-6 for resource list conversion. Years 1-2 for outreach.	ED/ coordinate conversion of resource list into alternate formats. Ongoing collaboration with relevant local/state agencies to promote conversion of their materials into alternative formats.	<i>O</i> : Resource list/array of other agencies' materials in alternate formats. <i>EM</i> : Staff/client feedback (through staff meetings) on usefulness within 6 months of implementation.

Example Transition Plan: Service Accommodations

Goal: To increase access to services for sexual violence victims with disabilities. Agency: A sexual assault crisis center

Barriers and Action Steps to Address the Problem	Time Frame for Completion	Responsible Party & Resources Needed	Desired Outcomes (O) & Evaluation Method to Measure Progress (EM)
Barrier 1: RCC staff does not have an adequate resource list of available accommodation options.			
Action 1: Partner with local/state disability service providers to identify resources for accommodations for persons with disabilities and learn how to access the accommodations. With their input, create a more comprehensive resource list. Also, establish methods of referral to these and other providers to facilitate timely victim assistance in accessing accommodations.	Month 2	Executive director (ED) makes initial contact with local/state disability service providers. follows up to obtain input and develop the list and referral procedures.	O: Established relationships to facilitate timely victim assistance. Resource list is developed and implemented. <i>EM</i> : Informal feedback from staff, clients and other agencies after 1 and 3 months on the usefulness of the resource list and the number of referrals.
<u>Barrier 2</u> : Currently do not ask victims during initial agency contact/intake whether they require accommodations to access agency services. However, do close intake by asking clients if they have any other concerns that need to be addressed.			
Action 2: With the input of local/state disability service providers, adjust intake procedures and forms so they more directly ask clients about their needs for accommodations.	Month 4	makes adjustments to written procedures and forms. ED informs staff of changes in conjunction with the training activity below. ED plans a follow-up consumer satisfaction survey to implement in months 5 and 7.	O: Procedures adjusted and forms implemented. <i>EM</i> : Feedback (survey) from staff/clients after 1 month on usefulness of changes.
<u>Barrier 3</u> : RCC staff is not trained to assist clients in determining what accommodations they need and how to access accommodations.			
Action 3: Seek the help of local/state disability service agencies to train RCC staff on: assisting clients in determining what accommodations they need and how to access accommodations; using the resource list; and coordinating referrals to appropriate services.	Month 4	ED/ seeks the help of other agency representatives to plan and conduct a training.	O: Training delivered. EM: Feedback (class evaluation and 3 month follow-up) from staff and victims on usefulness.
Barrier 4: Intake forms/agency materials are generally not available in alternate formats.			
Action 4: With help of local/state disability service agencies, create a prioritized list of needs for alternate formats for agency's printed materials (e.g., if there is a nearby school for the blind, accommodations for blind/vision loss should be a priority), and craft a plan to incrementally develop materials in alternate formats over a 2-year period.	Month 6 (or next agency board of directors mtg.)	ED and board of directors. Local/state disability service agencies sought to provide technical assistance to convert material to alternate formats.	<i>O</i> : An array of agency materials available in alternate formats that meet victims' needs. <i>EM</i> : Staff/victim feedback (through staff meetings) within 6 months of implementation.

Project partners welcome the non-commercial use of this module to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this module be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

Funding was provided by Grant No. 2006-FW-AX-K001 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions and recommendations expressed in this module are those of the authors and do not necessarily reflect the views of the U.S. Department of Justice, Office on Violence Against Women.

¹Partnering agencies refer to the persons they serve as "clients," "consumers" and "victims." For convenience, "victims" and "clients" are primarily used in this module. Also note that the terms "sexual violence" and "sexual assault" are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²C. Hoog, *Increasing agency accessibility for people with disabilities* (Abused Deaf Women's Advocacy Services, Washington State Coalition Against Violence, 2004), through <u>http://www.wscadv.org/resourcesPublications.cfm</u>. This and other online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

³A few related resources include: Adaptive Environments Center, Inc. and Barrier Free Environment, Inc., *A checklist for existing facilities* (for the National Institute on Disability and Rehabilitation Research, revised 1995), <u>http://www.ada.gov/racheck.pdf</u>; ADA *accessibility guidelines homepage*, through the Architectural and Transportation Barriers Compliance Board at <u>http://www.access-board.gov/</u>; and a U.S. Department of Justice ADA information line, at 800-514-0301 (voice) and 800-514-0383 (TTY), that provides information and technical

assistance (also see the ADA Homepage at www.ada.gov).

⁴Adapted in part from Adaptive Environments Center, Inc., Title II action guide, for the National Institute on Disability and Rehabilitation Research (Horsham, PA: LRP Publications, 1993).

⁵Adapted from Office for Victims of Crime, Promising Practices in Serving Crime Victims with Disabilities: Making a Plan: Think Strategically, Act Accordingly, Online Guides from OVC (Washington, D.C.: Department of Justice, Office of Justice Programs, 2008), through <u>http://www.ojp.usdoj.gov/ovc</u>.

⁶Adapted from Adaptive Environments Center, Inc., *Title II action guide*.

⁷Adapted from Adaptive Environments Center, Inc., *Title II action guide*.

⁸Adapted from Adaptive Environments Center, Inc., *Title II action guide*. ⁹Hoog.

¹⁰National Center on Accessibility, <u>http://www.ncaonline.org</u>.