

“Partnering to Increase Service Access”

Strategic Plan

D/deaf and Disability Communities

March, 2009



and



This project was supported by Grant No. 2006-FW-AX-K008 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Strategic Plan

Partnering to Increase Service Access: A Project of Advocacy, Inc. and SafePlace in Austin, Texas

Table of Contents

- I. Introduction*
- II. Overview of Collaboration*
- III. Overview of Planning Phase*
- IV. Needs Assessment Findings Part I: Deaf Community*
- V. Needs Assessment Findings Part 2: People with Disabilities*
- VI. Identification and Justification of Initiatives*

Introduction

This Strategic Plan provides a history of the federally funded “Partnering to Increase Service Access” collaboration project between SafePlace and Advocacy, Inc., including an overview of the planning and implementation activities that have led to development of this Strategic Plan. The partnering agencies spent considerable time determining a shared vision and mission and a developing a formal commitment through a collaboration charter. Goals were established based on each agency’s interests and needs related to violence and abuse experienced by people who are D/deaf or have disabilities living in Austin. A summary of the needs assessment plans and findings are detailed first in this Strategic Plan. Then, we provide a detail and justification for a set of short term, intermediate and long term initiatives the partners are proposing to undertake. Our overarching goal in this project is to address the gaps, barriers, and needs in domestic violence and sexual assault services for people who are D/deaf or have disabilities living in Austin.

Separate needs assessment activities were conducted to identify these elements for Austin’s D/deaf community and Austin’s disability communities. The reports detailing these activities and the findings for each representative community have already been submitted to OVW for review and approval. This Strategic Plan encompasses the findings and recommendations of those reports and proposes initiatives that, once instituted, can build each agency’s internal capacity to serve survivors who are D/deaf or have disabilities, create the infrastructure necessary for the implementation of a plan for outreach to survivors of violence who are D/deaf or have disabilities and increase collaborative responses to abuse survivors in Austin and Travis County.

Partnering to Increase Service Access: A Project of Advocacy, Inc. and SafePlace Austin, Texas

II. Overview of the Collaboration

The following section provides an overview of the “Partnering to Increase Service Access” collaboration. Included in this overview is a brief history of the collaboration’s development, the vision and mission adopted by the collaboration, and the overarching purposes and goals of the collaboration.

In October, 2006, the “Partnering to Increase Service Access” initiative was funded by the U.S. Department of Justice, Office on Violence Against Women (OVW). The three agencies who first initiated this collaborative were *Advocacy, Inc. (AI)*, Deaf Abused Women and Children Advocacy Services (*DAWCAS*), and *SafePlace*. *Advocacy, Inc.* is the Texas protection and advocacy agency, *DAWCAS* was the local domestic violence service provider catering to the D/deaf¹ community, and *SafePlace* is the local domestic violence and sexual assault service provider. *Advocacy, Inc.* has regional or satellite offices in 14 communities across Texas and partnering agencies have offices located in Austin, Texas.

History

During Year I of this project, the partnering agency *DAWCAS* was dissolved.² In response to the gap in services left by the closing of *DAWCAS*, *SafePlace* established a new Deaf Services program. The primary goal of this program is to expand the availability of domestic violence and sexual assault services to the local D/deaf, hard of hearing and Deaf/blind community. Staff hired within the new Deaf Services program participated in conducting Part I of the needs assessment and have been and will be active partners in developing and implementing the collaboration’s strategic plan.

Staff from *Advocacy, Inc.* and the Disability Services ASAP program at *SafePlace* also participated in conducting Part I and Part 2 of the needs assessment and will have active roles in implementing the collaboration’s strategic plan.

Separate needs assessments activities focused on the needs in Austin/Travis County of the D/deaf, hard of hearing and Deaf/blind community (referred to as Part I) and the disability community (Part 2).

¹ In documents produced by the Partnering to Increase Service Access project, we use “D/deaf” out of respect for two groups of people who are D/deaf. The word “Deaf” is capitalized when referring to individuals who consider themselves culturally Deaf and have a strong Deaf identity. Deaf individuals tend to have attended schools/programs for the Deaf, while individuals who are deaf (lower case) tend to have been mainstreamed and never attended a school for the deaf. .

² Before *DAWCAS* closed in 2007, staff contributed significantly to development of the collaboration’s vision, mission, charter and needs assessment plan.

Reports on needs assessment activities for Part 1 and Part 2 were previously submitted to OVW. This Strategic Plan encompasses the information obtained during the course of those needs assessment activities and recommends initiatives to be instituted that address the barriers, gaps, and needs in domestic violence and sexual assault services for people who are D/deaf or have disabilities within Austin and Travis County.

Vision

The shared vision of the “Partnering to Increase Service Access” partners is that people with disabilities and people who are D/deaf will live as they choose without experiencing violence in the course of their everyday lives. To reflect this vision, the following guiding statement was adopted for this collaboration effort.

“We envision that people who are D/deaf or have disabilities live free from domestic and sexual violence and other forms of abuse.”³

Mission

Our mission is *“to advance policies, practices and services that ensure culturally aware, sensitive, and fully accessible responses to members of the disability and D/deaf communities regarding domestic, caregiver and sexual violence.”*

Overarching Collaboration Goals

Advocacy, Inc. and *SafePlace* formed the partnership to identify opportunities to build collaborative relationships with D/deaf and disability service and advocacy agencies in Austin/Travis County, and to expand resources and supports to abuse survivors who are D/deaf or who have disabilities.

The initiatives in this Strategic Plan were developed from responses to the needs assessment activities. Related to the specific needs of the D/deaf community, these initiatives have been designed to improve the response of *SafePlace* and *Advocacy, Inc.* to survivors of violence who are D/deaf and to build the new Deaf Services Program at *SafePlace*. We intend to identify and institutionalize practices and policies to ensure that *SafePlace* and *Advocacy, Inc.* are welcoming and provide D/deaf friendly and trauma-informed services and supports.

The initiatives also reflect the partnering agencies’ overarching goals to make sustainable improvements within their own agencies so that people with disabilities have access to services related to abuse and violence. Accordingly, *Advocacy, Inc.* and *SafePlace* proposed to accomplish the following within their own agencies:

- Coordinate services to abuse survivors who have disabilities.
- Prepare AI’s staff working in the community integration team to screen for, respond to, and make effective referrals related to violence and abuse.
- Identify strategies to conduct targeted outreach to people with disabilities.
- Make accessibility improvements and institutionalize new protocols within *SafePlace* so that abuse survivors with disabilities gain access to the full range of victim services available.

³ *The project partners recognize that “this statement does not reflect the world as it is, but rather our values and beliefs about the world as it should be, and our work leads us closer to this...our dream. Our work is about believing in the vision and living the dream.”*

III. Review of Planning Phase

This section outlines the planning and implementation phase of the collaboration's Part I and Part 2 Needs Assessment Plans. A brief overview is provided on the scope of the project, purposes and goals, timeline, planning activities, and specific needs assessment activities.

Project Scope

The geographical scope of this project was determined to be Austin (Travis County) Texas, after a period of discussion and deliberation among the partner agencies, Vera Institute of Justice (the technical assistance provider to this project) and the Office on Violence Against Women (OVW). Needs assessment activities were conducted with staff from *Advocacy, Inc.* and *SafePlace*, D/deaf and disability community members, D/deaf and disability service providers, abuse survivors who are D/deaf and a Sexual Assault Nurse Examiner (SANE).

Project Goals

During the first year and a half of this project, the partners met regularly and spent considerable time discussing goals and purposes for the collaboration and determining how to assess the needs of D/deaf and disability community members related to abuse and violence. During this process, partners learned more about each others' missions, interests, vocabularies, philosophies and both unique and shared visions and goals for addressing violence in the lives of people with disabilities and D/deaf individuals in Austin and Travis County. Each partner also contributed to the formation of a vision and mission statement, collaboration charter, project timeline, goals for needs assessment activities and designed methods and protocols for conducting needs assessment activities.

Needs assessment activities were completed according to the following purposes and goals:

Identify Service Gaps, Barriers and Needs

- What are the areas of need in the D/deaf and disability communities related to domestic violence and sexual assault?
- What are the actual or perceived experiences of abuse survivors with disabilities and individuals who are D/deaf who are in need of services from Advocacy, Inc. and SafePlace?

Build Internal Capacity for Providing Services

- What does *SafePlace* staff members need to increase their capacity to provide D/deaf and disability friendly and accessible domestic violence and sexual assault services?
- What do social service providers need to increase their capacity for responding in a knowledgeable way to domestic and sexual violence survivors who are D/deaf or have disabilities?
- What is the role of D/deaf and disability service providers in responding to survivors of domestic violence and sexual assault who they serve?

Expand Outreach and Provision of Services

- How can the newly-formed Deaf Services program of *SafePlace* provide outreach to D/deaf community members to increase their access to domestic violence and sexual assault services?
- How can *SafePlace* and *Advocacy, Inc.* provide outreach to disability community members to increase their access to domestic violence and sexual assault services?

Build Collaborative Responses

- What Austin-based D/deaf and disability service organizations are interested in building a more collaborative response to abuse survivors who are D/deaf or have disabilities through partnering or increased service referral?
- In what ways can *Advocacy, Inc.* and *SafePlace* coordinate services to better respond to domestic and sexual violence survivors who are D/deaf or have disabilities?

Sustain Outreach and Provisions of Services

- In what ways can we institutionalize policies, practices, and strategies that ensure welcoming, knowledgeable and friendly responses to D/deaf and disability community members?

Information Gathering

The needs assessment was designed to gather information about the domestic and sexual violence support needs of Austin's D/deaf, hard-of-hearing, D/deaf/blind and disability community members. To accomplish this goal, we wanted to learn from a variety of sources; most directly from abuse survivors who are D/deaf, community members who are D/deaf or have disabilities, D/deaf and disability service providers, Sexual Assault Nurse Examiners (SANEs), and *Advocacy, Inc.* and *SafePlace* staff.

The methods for gathering information from these key stakeholders were focus groups and individual interviews. Both partner agencies were involved in planning and implementation activities. Workgroups within the collaborative team were tasked with developing needs assessment goals that represented each of the partner agencies' internal and community based self-interests. These goals were reviewed and approved by the full project team. Project team members received moderator and interviewer training from Mary Oshwald with the Regional Research Institute of Portland State University in August 2007 at *SafePlace*. This training was coordinated by Vera Institute of Justice, the project's technical assistance provider. The purpose of the training was to obtain information on best practices in planning, moderating, and documenting focus groups so that the collaboration could develop a consistent approach for facilitation of focus groups.

Each focus group and interview was conducted according to a structured protocol. All participants received the same information and instructions and responded to a set of questions relevant to the assessment goals and target group they represented. Focus group moderators and interviewers exercised flexibility in use of various prompts and queries but, overall, information was gathered in a similar manner for all participants.

Identifying Sources of Needs Assessment Information

Tools: Overall, *SafePlace* and *Advocacy, Inc.* generated four (4) sets of focus groups for Part 1 and four (4) sets of focus group questions for Part 2. For Part 1, two (2) sets of individual interview questions were developed and for Part 2, one (1) set of interview questions was developed. Both interview questions and focus group questions were used as the sole needs assessment collection activities. Each question set was designed to reflect the key areas of interest outlined earlier in this plan.

Sources: Project staff recruited participants who represented the following stakeholders:

Individuals

- Abuse survivors who are D/deaf
- Community members who are D/deaf or D/deaf/blind
- Community members with disabilities

Partner Agencies

- *Advocacy, Inc.* staff
- *SafePlace* staff

Victim Services

- SANE nurses and hospital accompaniment volunteers

Other Provider Agencies

- Deaf service provider staff
- D/deaf/blind service provider staff
- D/deaf with disabilities service provider staff
- Disability service provider staff

Focus groups and interviews with these key informants formed a current picture of the gaps and barriers in existing services and resources, along with outreach, training, and technical assistance needs. The partnering agencies are committed to look first within their agencies to assess gaps and needs, make improvements, and identify opportunities to formalize the coordination of services between *SafePlace* and *Advocacy, Inc.*

Number of Needs Assessment Activities

Number of Focus Groups

- *Community members who are D/deaf* – One [1] focus group
- *Community members with disabilities* – Four [4] focus groups
- *Advocacy, Inc. staff* – Two [2] focus groups
- *SafePlace staff* – Twelve [12] focus groups
- *D/deaf, D/deaf/Blind, and D/deaf with disabilities service providers* – Four [4] focus groups
- *Disability Service providers* - Two [2] focus groups

Number of Individual Interviews

- *SafePlace Staff* – Seven [7] staff interviews ([1] Chief Operating Officer, [6] Directors of direct service programs for adult survivors)
- *Survivors who are D/deaf* – Ten [10] interviews
- *People who are D/deaf/blind* – Two [2] interviews
- *Individuals with disabilities* – Eleven [11] interviews
- *SANE nurses* – One [1] individual interview

Overall, 25 focus groups and 31 interviews with 187 key informants were conducted in the course of the needs assessment activities.

All focus groups and interviews were conducted in *Advocacy, Inc.* board and conference rooms, *SafePlace* meeting rooms, Austin Deaf Club, and the offices of Communication Services for the Deaf (CSD). All sites where focus groups and individual interviews were conducted were fully accessible. Sign language and other interpreter services, as well as other identified accessibility accommodations, were provided as requested. As the lead agency, *SafePlace* paid for these accommodations.

Outreach and Participant Recruitment

Recruitment emails, letters, and flyers outlined the purpose, benefits, and voluntary nature of the interviews and focus groups, along with staff contact information for those interested.

Advocacy, Inc. staff. *Advocacy, Inc.* staff working in the Protection and Civil Rights as well as the Community Integration teams participated in focus groups during regularly scheduled team meetings.

Community members who are D/deaf: People who are D/deaf were recruited through contact with local Deaf service agencies and other community groups that have contact with people in the Austin area D/deaf communities, Austin Deaf Club, and listservs frequented by Austin community members who are D/deaf.

Community members who have disabilities: People with disabilities were recruited through disability service agencies and other community groups.

Deaf service providers: Recruitment from D/deaf, D/deaf/blind and D/deaf with disabilities service providers involved contacting a set of specific organizations that regularly provide services to or have contact with people in the Austin D/deaf community.

Disability service providers: Representatives were recruited for focus groups from disability service providers that regularly provide services to or have contact with people who have disabilities living in Austin.

SafePlace staff: *SafePlace* staff participating in focus groups included counselors, shelter staff, hotline/intake workers, advocates and transitional housing staff. Individual interviews were conducted with Program Directors of direct service programs that primarily serve adult survivors (e.g., Shelter, Transitional Housing, Legal Services and Counseling), a Sexual Assault Nurse Examiner (SANE), as well as the Chief Operating Officer of *SafePlace*.

Survivors: Recruitment of D/deaf survivors of domestic, sexual and caregiver violence occurred from within current and former clients of *SafePlace* or DAWCAS. An information letter about the project and interviews was provided to *SafePlace* counselors and advocates to be shared with clients who self-identify as being D/deaf, Deaf/blind or as being Deaf and having a disability.

Safety

Focus group facilitators and interviewers made strong efforts to create a safe environment for potentially upsetting conversations about domestic violence and sexual assault. An advocate was available to talk with any participant if needed and written resource information was provided including how to contact the interviewer or focus group moderators.

Confidentiality - Every effort was made to maintain confidentiality (within the limits of the law) throughout the focus group and interview processes. Signed consent forms are kept in a locked file cabinet, and only project staff has access to these forms as needed. No personally identifiable information about an individual person is shared in this or other reports developed by the “Partnering to Increase Service Access” collaboration.

The two exceptions were 1) if current abuse was disclosed and 2) if a participant disclosed a plan to harm themselves or someone else. In these cases, this information must be reported to Adult Protective Services. During the course of Part 2 assessment activities no reports were made to Adult Protective Services.

Consent Protocols

Informed Consent - Participants were verbally informed at the beginning at the focus group or interview that we were going to talk about things related to abuse and violence and that if they felt uncomfortable or upset they could leave the room and/or talk to an available safe person. Participants were also given information about mandatory reporting so that any disclosure of abuse was a fully informed choice.

Participants were informed and reminded that participation was voluntary and that they had the right to pass on any question and to withdraw at any time. Focus group participants were also asked to preserve confidentiality about others in the group.

IV. Needs Assessment Findings Part 1: Deaf Community Members

Identifying Service Gaps, Barriers and Needs

The needs assessment results summarized in this section serve as guide to aid in selection of the short and long term initiatives detailed in this strategic plan. Participant groups identified several key areas of need and ways that SafePlace, Advocacy, Inc., and D/deaf service providers can increase their own capacity to respond and provide services to D/deaf community members who are at risk for or who have experienced abuse. The following key issue areas are identified as those in which we can work to remove barriers, increase access and provide supports and services: *facility (security) access, communication, legal advocacy, outreach, website accessibility, policy/protocol development, and education and training.*

The remaining sections of this summary will outline themes related a service gaps, access barriers, and resource requests that were identified as result of face to face discussions with the project's primary beneficiaries as well as service providers. Major findings are organized alphabetically under one of three primary goals: building internal capacity, building collaborative responses and expanding and sustaining outreach and service provision.

Building Internal Capacity for Providing Services

Facility Access

Entry to main buildings: Most participants indicated that SafePlace needs to modify the security technology currently used to gain safe entry to shelter and the main resource building. The security system at these points of entry and the security gates present safety issues within SafePlace, and perceived barriers to individuals who are D/deaf or D/deaf/blind. If the person has an appointment they will have been told the confidential protocol for entry for the D/deaf community. If it a walk-in client, the system poses both communication and access barriers. Even with those who have appointments, the system could use improvements. The details of the current system are not documented here as it would breach SafePlace security.

Intake paperwork: The required paperwork involved in the intake process was identified by SafePlace direct services staff and supervisors as too long and as presenting communication barriers to individuals seeking services and for whom English is not a primary language. This first interaction with SafePlace does not seem welcoming or culturally sensitive to D/deaf or D/deaf/blind community members. New protocols and/or an adaptive intake processes are needed at SafePlace.

Participants who are D/deaf/blind recommended white reflective tape be placed to mark directions in hallways and the main reception areas to help track and stay on path.

Mobility orientation: For individuals who are D/deaf/blind and pursue or receive services at the partnering agencies, mobility orientation is a critical need so that they can familiarize themselves with and learn to navigate the grounds and buildings. SSPs (Support Service

Provider) may also need to accompany D/deaf /blind clients to provide support services including hand over hand interpreting. There is a need to facilitate safe entry to the building for individuals who are D/deaf/blind using public transit and who are not familiar with our campus or buildings. D/deaf/blind participants shared that taxi drivers are likely to drop a person off and drive away without providing escort or orientation to enter and one of our bus stops is about a half block away from our front gate. It will be important to design a way to get information to bus, taxi and paratransit drivers on how to ensure safe entry to our facilities for their riders who are D/deaf/blind or blind.

Residential Services: SafePlace staff and former clients indicated that SafePlace needs additional technology that provides visual and sensory cues, alarms and communication capabilities (e.g., visual alarms, deaf kits, pagers, video phones, baby monitors, etc.).

Confidentiality

Participants shared that questions regarding professionals maintaining confidentiality create significant barriers to speaking out or asking for help when abuse occurs. Concerns about confidentiality were voiced by both focus group and interview participants. Of major concern was whether or not ASL interpreters, Deaf Services and other SafePlace staff would keep a person's identity, presence at SafePlace and requests for victim services confidential. No confidentiality breeches were mentioned specifically; however, there are concerns about whether professionals can be trusted by the Deaf community.

Community: Needs assessment participants who are D/deaf shared that issues related to confidentiality create a huge barrier to asking for help when abused. Participants described the D/deaf community as small and interconnected and survivors expressed fear that if they sought help when abused, community members would find out through the gossip grapevine.

Email: Although e-mail is an acceptable form of communication between individuals who are hearing and D/deaf — use of email can create legal problems for a survivor if those communications can be obtained and used in court proceedings. D/deaf survivors mentioned that D/deaf community members need education that although it seems to work well, use of email has serious potential to compromise full confidentiality.

Interpreters: SafePlace direct services staff recommend working with interpreter services such as CSD (Communication Services for the Deaf) to ensure there are no dual relationships between a particular interpreter and a client.

Social consequences: D/deaf community members and service providers shared that survivors may decide not to ask for help because they fear being shamed by members of the D/deaf community, or loss of pride or community status or social connections.

Technology: With increased telephone access by D/deaf clients at SafePlace, a protocol for managing the clearing of private information from videophones is needed to better ensure that confidentiality is not violated inadvertently or as an unintended consequence of this increased usage of videophone technology.

Trust: D/deaf survivors and service providers shared that trusting relationships within the D/deaf community must be built over time. It was recommended that we use the term “airtight” to more clearly communicate and emphasize the importance of confidentiality at SafePlace and in our work. D/deaf community members also suggested that we be repetitive in communicating our commitment to confidentiality with outreach and publicity.

Communication

The most frequently discussed barriers were related to communication between hearing staff and clients who are D/deaf. The majority of participants who are D/deaf indicated they would feel most welcomed at SafePlace if at least reception area staff knew some basic signs. These same participants thought that access to universal sign boards at both shelter and resource center reception area would be acceptable if necessary and should be made available. It was clear however, that a D/deaf friendly and welcoming organization would be accessible in a person’s primary language at key areas of service entry (e.g., reception, intake, shelter, counseling, etc.).

When an interpreter is used, both D/deaf community members and SafePlace staff advised that we ask the survivor for their preferences and when possible, use that interpreter regularly. It was also suggested that program effectiveness and client comfort levels may be increased if we can provide the same interpreter to a survivor throughout their services at SafePlace.

Survivor isolation: D/deaf survivors, community members and service providers told us that a core barrier to seeking domestic violence and sexual assault services within a hearing agency is communication. Survivors who are D/deaf may wait a number of hours before an interpreter is available and this is especially true in emergency shelter outside of normal business hours or over the weekend. D/deaf survivors reported experiencing considerable isolation given the relative lack of staff, volunteers, mentors and other clients who are D/deaf or who are fluent in ASL. A better protocol needs to be institutionalized to address wait times.

Interpreter Services: Some SafePlace staff had questions about the process and etiquette of hiring and working with ASL interpreter. There were also questions about how to effectively advocate with outside hearing service providers who refuse to provide an interpreter for their services. SafePlace staff also identified a need for developing a policy or protocol for working with survivors who are D/deaf and consistently do not show up for appointments or counseling sessions where an interpreter has been hired.

Although SafePlace staff was complimentary about the interpreter agency that SafePlace uses, some concerns or questions were expressed. Survivors and SafePlace staff discussed several problems that have come up when ASL interpreters are hired for therapeutic counseling sessions. For example, SafePlace staff wanted to know how to work with interpreters who interject themselves into the role of co-participant or co-counselor during support groups or counseling sessions. Concern was expressed that using interpreters for counseling could increase a survivor’s anxiety, inhibit their participation and interfere with building the trust in the relationship with their counselor. We also learned there is concern that ASL interpreters may not be accurately interpreting communicating the details of counseling sessions. Some D/deaf community members said they would generally prefer working with a staff member who is D/deaf and that if not available, they not return for services. However,

there was no general consensus about whether or not survivors who are D/deaf prefer working with a Deaf or hearing counselor.

Interpreter services are essential to a hearing agency committed to being a D/deaf friendly and welcoming organization. And, interpreter services are expensive. It is essential that SafePlace identify strategies to sustain funding for interpreter services to D/deaf clients who work with hearing staff.

Hotline: D/deaf community members and SafePlace staff identified that domestic violence and sexual assault hotline access could be improved at SafePlace by establishing a more private cubicle area, an online chat site, and additional time for staff to take hotline calls through relay services.

Print based materials: D/deaf service providers advised that we make certain to provide accurate information about accessibility in all of our Deaf Services program materials. Survivors who are D/deaf need to know their true options when deciding whether or not to pursue services with SafePlace.

Sexual assault forensic exams: The Sexual Assault Nurse Examiner (SANE) identified communication as the key barrier to a survivor's willingness to disclose sexual assault and get help. The SANE also noted that survivors are not likely to know that an interpreter is available for survivors requesting a forensic exam following a sexual assault.

Technology: SafePlace staff noted that TTYs located in reception and shelter areas at SafePlace should be moved to more private areas for client use. Staff would benefit from additional 'hands-on' training in the use of the communication devices we are currently using and as those options are expanded within SafePlace and AI. There was interest in making sure we are using the technology / communication devices most efficiently and effectively and that we are using best practices for communicating to individuals who are D/deaf.

Telephone access: D/deaf/blind survivors reported even more basic barriers to requesting help for domestic and sexual violence services. These barriers often include lack of access to a telephone to call for help, limited use of a Lifeline system and the need for another person to assist them in reaching out for help.

Time delays: Both survivors and staff discussed the impact of usual delays in getting a live interpreter for walk-in appointments or same day shelter admittance. These delays impact a survivor who is trying to access domestic and sexual violence services in a hearing agency. In some cases, if the wait is too long, a survivor may leave and not return to SafePlace, return to their abuser, or experience a degree of isolation while waiting. Deaf service providers advised that SafePlace should be ready to provide immediate access to interpreter services at anytime in order to serve D/deaf survivors most effectively. Building trust with Austin's D/deaf community requires that we be candid and inform survivors about delays or typical wait times for communication services or supports.

Building Collaborative Responses

Collaborating to Increase Access

D/deaf service providers: Deaf service providers suggested creating a task force across agencies for service coordination and a streamlined referral process. These providers also indicated that survivors who are D/deaf and who are at risk for CPS involvement could benefit from the option to participate in SafePlace's SafeParenting classes. The same providers asked how they might obtain SafePlace's parenting curriculum for integration within their existing service system.

Faith-based organizations: Partnering with local churches or other faith based groups that cater to D/deaf community members could provide opportunities to offer outreach and educational programs (e.g., parenting programs, personal safety, etc.) and resource advocacy to the organization's membership who is D/deaf.

Legal Advocacy: SafePlace staff reported that survivors who are D/deaf do not consistently receive interpreter services when needed in the legal system. In some of these cases, SafePlace advocates used pen and paper during court proceedings to try and explain the different steps in the process because an interpreter was not provided by the county. SafePlace staff also identified a need to develop a list of attorneys who are experienced and comfortable in working with D/deaf abuse survivors.

Survivors expressed a strong need and preference for legal advocates who are D/deaf and who could be present when a survivor who is D/deaf must be involved in the legal system. Accordingly, survivors thought a legal advocate who is D/deaf would be more accessible to a survivor and the possibilities for misunderstandings from communication gaps would best be avoided. Participants who are D/deaf clearly stated the need for information about the process and proceedings of court before they take place and to prepare for what might happen in advance of the experiences. A protocol needs to be in place where an interpreter is made available for conversations between a survivor who is D/deaf and a hearing advocate before going to court. While in court, the county is responsible for scheduling and paying for interpreter services.

Overall, participants indicated that the legal system needs to become more sensitive and aware of the needs and potential for rights violations of persons who are D/deaf or D/deaf/blind.

Protective Services: Deaf service providers and SafePlace staff noted disproportionate numbers of D/deaf persons compared to hearing clients who have Child Protective Services (CPS) involvement. In many cases, there are possible perceptions of parenting capacity by persons who are D/deaf.

Service Coordination: SafePlace staff was in agreement that having a formal service relationship with Advocacy, Inc. would be beneficial to clients who have legal issues that fall under Advocacy, Inc. priority service areas. Deaf community members also recommended that SafePlace be willing to meet survivors off-site at an alternate confidential location. Some

participants were concerned about safety when using a personal videophone and inquired about having access in the community at a location like Advocacy, Inc.

Expanding and Sustaining Outreach and Provision of Services

Expanding Outreach

Advertisement: D/deaf survivors and service providers suggested advertising our services in brochures, flyers and mass mailings listing the range of services SafePlace will offer through the Deaf Services program. These materials need to also be available in Braille and audio formats for people who are D/deaf/blind.

Dialogue: Participants expressed an interest in finding ways to continue a dialogue with SafePlace and Advocacy, Inc. about issues related to domestic violence, sexual assault, and safety in relationships among D/deaf community members. Participants also stated that individuals who are D/deaf need to be supported in normalizing that it's OK to get help when violence occurs.

Deaf community members told us that these targeted outreach efforts should unfold over time and that the information and a growing trust would be passed through word of mouth within the community.

Presence: D/deaf community members suggested we have a more noticeable presence at Deaf sponsored events if we want to sustain an ongoing presence and relationship with Austin's D/deaf community. Deaf community members shared that a physical presence reflects connections important to trusting relationships in the D/deaf community.

Targeted outreach: Participant groups consistently identified a need for targeted outreach to D/deaf community members who do not yet know about the services and supports offered by Advocacy, Inc. and SafePlace. Deaf community members indicated that most D/deaf community members do not yet know about the Deaf Services program. SafePlace project staff note that sexual assault survivors who are D/deaf are not seen on a regular basis for services at SafePlace nor at the emergency room for collection of forensic evidence in sexual assault exams. During focus groups and interviews, most participants were quite reticent to talk about why that might be or about the issue of sexual assault in general. While direct service workers thought that SafePlace should increase outreach and education regarding sexual assault, local Deaf service providers recommended that we include some focused attention on issues related to domestic violence in the workplace.

Visual approaches: Other ideas for outreach included hosting dramatic performances targeting issues related to violence, recruiting survivors who are D/deaf to tell their stories, hosting a film showing that highlight violence within the D/deaf community, and to conduct presentations in the D/deaf community about abuse and how to get help.

Website accessibility: Participants who are D/deaf told us that both Advocacy, Inc. and SafePlace need to simplify their agency websites for use by D/deaf and D/deaf/blind survivors.

D/deaf and D/deaf/blind survivors identified that our websites should also be compatible with Jaws.⁴

D/deaf/blind survivors recommended that our websites include a contact person listed with a link that goes immediately to that contact person. This was recommended so that individual's who are D/deaf/blind and being abused by their support service person, could more safety address issues without a site like SafePlace being on the screen.

Our websites are also text heavy and so it was suggested that we have basic information about the agencies on the front page of the website. Participants advised that we could find good examples of a website that was accessible to the D/deaf/blind communities by exploring the AADB (American Association of the Deaf Blind) website.

Service Provision

Quality control: Direct service staff at SafePlace asked if we could provide some role clarification across programs in light of the Deaf Services program. Staff are concerned that survivors who are D/deaf may not receive the full range of services available to them or that efforts and services will be duplicated. We identified the need to explore ways to ensure that survivors who are D/deaf receive a high quality of services and ways to get feedback on how we are doing. One practical suggestion was to conduct exit interviews.

Support groups: D/deaf survivors were interested in having options at SafePlace for both open and closed support groups and improved follow-up on the part of counselors and advocates after services have been provided or terminated. Survivors who are D/deaf indicated that having adequate time and space to share their stories was integral to D/deaf friendly and respectful services. D/deaf community members asked if survivors who are D/deaf could be accompanied by someone from their community upon entry to services. This request was directed at the issue of isolation experienced by D/deaf survivors in shelter. Participants also suggested a peer mentoring program would be beneficial.

Education and Training Gaps

SafePlace: SafePlace staff indicated the need for education about the ADA and information about the provision of interpreters when referring or collaborating with outside agencies or systems in our community. Staff expressed concern that civil rights of survivors who are D/deaf are being violated when interpreter services are necessary but not provided when interfacing with outside agencies. Of specific concern are hospital settings where SANE exams are provided, housing offices, child protective services or when clients are involved with law enforcement and another part of a criminal justice or legal system.

Survivors and community members who are D/deaf were clear that SafePlace staff should be involved in ongoing efforts to learn and use basic ASL if the agency intends to be a D/deaf

⁴ Jaws (Job Access with Speech) is a screen reader software program used by people who are blind or have low vision. The technology makes personal computers accessible to people who are blind or have low vision. The program does this providing the information on the screen by text-to-speech or by a Braille display. Jaws also allows for keyboard interaction with the computer.

friendly and welcoming. Participants expressed that a minimum level of competence within our agency would be reception staff able to communicate in basic ASL.

SafePlace staff identified a need for more education about Deaf culture, working sensitively with individuals who are D/deaf, and the legal reporting requirements within the state of Texas.

Interpreters and Deaf Service providers: Some participants told us that interpreters and Deaf service providers could benefit from information on the dynamics of domestic violence and sexual assault, and the unique aspects of violence within the D/deaf community. Direct services staff thought this kind of training could facilitate a greater understanding of the importance of confidentiality policies in working with survivors and facilitate stronger working relationships when using interpreters with survivors in educational or therapeutic situations.

It was notable that D/deaf participants were quite reticent to talk about issues or needs associated with sexual violence within the D/deaf community. However, participants expressed interest in learning more about sexual assault services and how to make referrals to clients or friends who had been sexually assaulted. The partners need to explore specific outreach strategies around sexual violence in the D/deaf community so that survivors feel comfortable reaching out for help.

V. Needs Assessment Findings Part 2: People with Disabilities

Identifying Service Gaps, Barriers and Needs

The results detailed in this section guide the partnering agencies in making the short and long term initiatives for improving our own services to people with disabilities in relation to domestic, caregiver and sexual violence. Results of the assessment will also guide efforts to increase the community's awareness of the services that are available to survivors with disabilities and aid in identifying gaps, barriers and needs to provide accessible and sustainable victim services to people with disabilities. For detailed tables of the compiled information provided by focus group and interview participants see Appendix C in the [Needs Assessment Report](#).

When participants were asked why many people with disabilities don't ask for help when abused, a range of barriers to speaking out were named. Participant's responses were related to being disbelieved, retaliation, loss of existing social connections and loss of levels of independence that for many is hard won. A survivor with cognitive and mental health disabilities said if they reported abuse it would be interpreted as a delusion or a misunderstanding of what they were saying. The barrier most likely to be identified was a fear of losing independence—a core value for the majority of people with disabilities.

Another concern about disclosing abuse was loss of supports and especially if the abuser is the care provider. Such loss can result in a nursing home or institutional placement. Others thought that asking for help would only result in being blamed for the abuse. For example, one participant said they believed their counselor would ask them directly what they had done to cause the abuse. Participants also said that a survivor may not speak out because s/he feels embarrassed or somehow responsible for the abuse. A major concern for adults with disabilities was that disclosures of abuse were likely to result in Adult Protective Services (APS) involvement.

An over-riding concern was retaliation. Any efforts to address barriers and gaps in service systems must include a thoughtful review of the possible risks of further violence and safety planning.

Building Internal Capacities for Providing Services

Participant groups identified the following areas of need and suggestions for how SafePlace, Advocacy, Inc., and disability service providers can increase their capacity for providing knowledgeable and sensitive domestic and sexual violence response and services to people with disabilities in our community:

Accessibility

Attitudinal Accessibility – People with disabilities told us that attitude is a critical aspect of accessibility. One participant with a disability thought SafePlace should orient new employees so that they know staff is expected to have attitudes that remove barriers to serving people with disabilities. SafePlace direct services staff pointed out that new employees may bring

negative experiences, fears or a lack of knowledge that results in biases toward clients who have mental health or substance abuse issues. People with disabilities shared that friendly staff at the front reception area is important in showing a welcoming attitude toward people with disabilities.

Programmatic Accessibility – Most participants talked about barriers to getting in for services that people with disabilities experience if they live in restrictive settings (e.g., staffed group homes, state schools and hospitals, etc.). For example, limits may be placed on telephone access, access to computers, transportation, or connection with people other than caregivers or roommates. These limitations are likely to prevent a person being abused from reaching out for help. Advocacy, Inc. is interested in partnering with SafePlace to explore ways that screening and service entry for people with disabilities who live in these restrictive settings can be facilitated.

Several participants with disabilities asked if case managers could accompany them to appointments at SafePlace. Disability service providers recommended that SafePlace set up a voice mail for requests for services and follow-up with individuals who may have limited or sporadic access to a telephone.

Participants with disabilities pointed out that they wanted staff to know that time delays in showing up for appointments may be a result of transportation or other supports they rely on others to provide. Participants asked SafePlace, Advocacy, Inc. staff and disability service providers to make sure they disclose the mandatory reporting requirements to clients with disabilities and to first inform survivors if an APS report is going to be made.

When asked what SafePlace and Advocacy, Inc. could do to improve services to people with disabilities, participants made some of the following observations and suggestions: review the intake process and paperwork to make sure we use People First Language; simplify intake paperwork for survivors with sensory and cognitive disabilities; walk-in group orientation at SafePlace may be stigmatizing or isolating for survivors with cognitive disabilities; explore ways to format and conduct the parenting classes and support groups (e.g., simplified language, shorter sessions over longer periods of time, etc.) to increase access to survivors with cognitive disabilities or who use communication devices; and extend the number of allowable sessions or time limits in shelter as a reasonable modification that increases access and the effectiveness of our counseling and advocacy services.

SafePlace staff shared concerns that law enforcement may not respond well to survivors who are having a mental health crisis. SafePlace staff expressed interest in developing more of a relationship with the Austin Police Department and Travis County Sheriff's office and to develop a formal protocol with trained and experienced mental health officers when a client requires crisis intervention.

Disability service providers indicated that it can be confusing and seem inconsistent when we conduct outreach and then they or their clients are told that shelter is full. This situation could better be addressed by providing more clarity about the 'intake' protocol and how shelter admissions are prioritized. The demand for shelter services is high in our community. Service providers thought it might help if SafePlace developed a "universal script" for use when shelter is denied.

Physical Accessibility - Stakeholders expressed significant concern at the current entry system on the SafePlace campus. Two aspects of the system were highlighted as barriers. The doors (that open out) create a barrier to access for individuals who are blind or have low vision and create potential risk for injury during the entry process. Also, the current buzzer and audible entry system both at the main reception entrance as well as the walk-in gate were identified as confusing and inaccessible at times for individuals with disabilities.

Other physical accessibility barriers identified include:

- The glass door in the reception area creates a risk if it closes too quickly.
- The time delay is too short on the automatic door openers and can close on clients using a wheelchair,
- The bathroom door in the reception area bathroom is too heavy and is difficult for some people with disabilities to open.
- The walk in gate at the shelter needs a ramp.
- The latch on the walk-in gate in front of the Resource Center is too high for someone using a wheelchair to reach.
- The two-door security system in the entry to the Resource Center can be confusing to clients. Participants with disabilities recommended that staff meet clients in the atrium.
- Despite the fact that 20% of showers in shelter are roll-in for wheelchair access, some people with disabilities thought that number is too limited.
- Occasionally, a client will need a wheelchair and it can be difficult to find the resource.

Participants with disabilities also identified a need to make the websites more accessible such as using simple language, large bold wording and using links to navigate to other parts of the site.

Building Collaborative Responses

Coordination of Services

Most participants identified that service coordination needs to be improved when serving individuals with disabilities. This section will outline some of the gaps, barriers and needs identified by participants as related to the coordination of community based disability and domestic, caregiver and sexual violence services.

Range of services and referral information: All stakeholders shared that many people with disabilities, community members and service providers need more information about SafePlace and may not know the range of services that SafePlace offers to people with disabilities. Service providers asked that we consider ways to make sure area disability service and advocacy agencies are clear on what we do and what we do not offer, and the protocol for making referrals to SafePlace. People with disabilities asked that we identify back up contacts should the primary contact (when given a referral) is not available.

Peer mentoring: Two stakeholder groups suggested we have peer mentors for people with disabilities at SafePlace. For example, staff thought that clients with cognitive disabilities get bored or feel neglected when staying in shelter. In addition, more frequent supports are needed for survivors with cognitive disabilities staying at shelter with day-to-day activities like

cooking, cleaning and caring for children. Some shelter clients with cognitive disabilities came from more structured environments with fewer opportunities to make everyday decisions about their activities or schedule. A peer mentor might help address any sense of isolation in shelter while supporting the individual to build more independent living skills.

Mental health services: Participants thought that SafePlace and Advocacy, Inc. could increase and formalize service coordination with MHMR (Mental Health and Mental Retardation) and APS (Adult Protective Services). Advocacy, Inc. staff is interested in helping SafePlace staff work more effectively with MHMR. It would be helpful to SafePlace staff to identify a person or formalize a liaison at MHMR to streamline referrals to clients wanting mental health services. Disability service providers recommended that SafePlace develop a collaborative relationship with the staff of the MHMR East 2nd Street Clinic. The ADAPT advocacy office is across the street from the East 2nd Street Clinic and service providers recommend SafePlace work to coordinate services and outreach between those two agencies.

SafePlace staff also indicated a need to improve our relationships with other developmental disability and mental health service providers – the Austin State School, Austin State Hospital, and Psychiatric Emergency Services (PES). Related to this need, SafePlace leadership discussed the delayed response from the Austin State Hospital as an area where more coordinated services may improve the experiences of SafePlace clients who need psychological and emotional support during a crisis.

SafePlace participants shared that it is quite difficult to find trauma-informed therapists in Austin who accept Medicare or Medicaid. As a result, some clients must depend on the MHMR system for mental health services and MHMR has extended waiting lists. SafePlace staff said that clients with mental health needs would benefit from an on-staff or on-site mental health provider (e.g., psychiatrist, psychiatric nurse, psychologist, etc.). Staff also asked for more up to date information about how and where clients might better access routine and emergency mental health care from MHMR.

Adult Protective Services: Advocacy, Inc. staff is interested in working more closely with SafePlace and APS (Adult Protective Services). Advocacy, Inc. staff believes that APS workers need additional legal supports in making their cases stronger regarding people with disabilities who are experiencing abuse. At the same time, SafePlace participants talked about needing more supports when Child Protective Services (CPS) workers are not allowing modifications that would support parents who have disabilities in accomplishing their parenting goals. In addition, SafePlace staff noted that APS workers tend to close cases when a client comes into shelter rather than continuing to support the client in preparation for the client's exit. When clients with disabilities leave shelter but are not returning to their families, it can be difficult to know where the survivors can find long term and safe housing options. Advocacy, Inc. staff would like to institute an agreement or plan developed with SafePlace and APS to provide safety planning, and follow up and follow-along services when someone returns to their perpetrator or is transitioned into the community. People with disabilities asked for some degree of follow up with survivors who have disabilities during and after they receive services at SafePlace.

Guardianship: Participants with disabilities talked about their risks for future violence if they have a guardian who is also their abuser. For example, a guardian may use their power to

retaliate against a person if they ask for help. In these cases, the survivor will need to take extra time and caution to decide and take steps to leave their perpetrator and change guardianship.

Resource advocacy: SafePlace participants need support in developing a more streamlined process for obtaining resources or negotiating waiting lists for clients with disabilities (e.g., Home and Community Based Services, accessible housing, guardianship issues, etc.). They are also interested in having more face-to-face contact with staff from disability service and advocacy agencies and they want to increase their knowledge about resources/services, and streamline the referral process for clients with disabilities.

State institutions: Advocacy, Inc. focuses on the needs of people with disabilities living in Texas state institutions. Staff said they would like to partner with SafePlace to reach out to institutional treatment teams who could provide options for trauma informed supports to abuse survivors living in those institutions. Although beyond the scope of this project, SafePlace and Advocacy, Inc. staff also talked about their commitments to research and development of how they can work with state entities to integrate personal safety and healthy relationship education into the transition plans of individuals with disabilities transitioning from institutional to community based settings. We are hopeful these transitions will increase as directives are issued to close Texas institutions.

Screening for domestic violence: Advocacy, Inc. leadership wants their own staff to receive additional training from SafePlace about domestic and sexual violence, screening for abuse, responding to disclosures, supporting survivors after disclosure, and how to make more referrals for local domestic and sexual violence services. While Advocacy, Inc. staff report they take few calls related specifically to domestic violence, they also recognize that these calls may be identified or prioritized in other ways. Advocacy, Inc.'s intake protocol does not include specific questions about domestic violence or sexual assault. One initiative suggested is to explore how Advocacy, Inc. could modify their current intake to screen specifically for domestic and sexual violence cases. At the same time, both agencies recognize this initiative should be carefully balanced so that workers have information for responding to disclosures during intake, options for assistance in safety planning, and an effective referral protocol so that clients who disclose are not further harmed as result of that disclosure. Advocacy, Inc. staff also expressed an interest in continuing to work with SafePlace and some of the following initiatives: providing a forum so that staff can explore the legal and ethical obligations of reporting abuse; development of a formal protocol on reporting abuse; and partnering on a healthy relationships initiative.

Attendant care: Disability service providers suggested that SafePlace review and update the process or policy around supporting clients to utilize attendant care services. People with disabilities recommended that SafePlace develop good relationships with staff from a home health agency to streamline obtaining these services when needed. Disability service providers shared that there may be services in the community that SafePlace is not currently utilizing such as a consumer abuse and neglect reporting system administered by Mental Health Mental Retardation (MHMR). Advocacy, Inc. and SafePlace are interested in working on a protocol so that people with physical disabilities have needed attendant care in shelter or transitional housing.

Transportation

People with disabilities and disability service providers identified limited or no accessible transportation (and especially after hours) as a significant barrier to some survivors with disabilities. Private transportation may be controlled by a person's care provider or abuser. And public transportation may not be an option for survivors who do not have access to telephones or money. The Austin Police Department, Capital Metro Transit Authority and Medicaid were identified as community based resources available to support someone who needs accessible transportation. Participants with disabilities said that even if a person could privately pay for a taxi cab, there are only 3-4 accessible cabs in Austin. Given these and other transportation barriers, community members with disabilities suggested that SafePlace have alternate locations in Austin to meet with survivors who want to pursue services.

Durable medical equipment: When seeking safety or emergency shelter or services at Advocacy, Inc., people with disabilities need to be able to transport their Durable Medical Equipment (DME) (e.g., wheelchairs, walkers, cane crutches, communication devices, prosthetics, etc.). Some participants stated that they would probably not come to shelter if they had to leave these supports behind or if they knew they would have to wait for many hours or days to get replacements. Obtaining durable medical equipment is often difficult for people with disabilities. The equipment is expensive and insurance companies may not cover DME or that coverage is limited. Pre-approval wait times can be months long and getting the equipment after placing an order can also take months. People with disabilities were concerned that use of durable medical equipment might present a barrier to services if the equipment is interpreted as evidence of a person's medical fragility or as indicator of the seriousness of a person's disability. A more realistic interpretation of durable medical equipment is as a sign of increased independence.

Legal Advocacy

SafePlace direct services staff asked for information (format could be a one-page fact sheet) detailing the kinds of legal services Advocacy, Inc. could provide to clients with disabilities. Staff reported that legal issues that SafePlace clients tend to encounter are housing discrimination, guardianship issues, changing payees for incomes, and denial of SSI or SSDI benefits. Participants also discussed that many SafePlace clients attend "*Project Options*" classes to learn about the complex decisions that must be made when survivors of family violence are deciding whether or not to press charges against their abuser/perpetrator.

Child Protective Services: Several stakeholder groups brought up that when Child Protective Services (CPS) is involved with parents who have disabilities, for whatever reasons, an additional burden is placed on the abused parent who is battling for child custody. The example shared is when parents with mental health disabilities must take psychotropic medications to be compliant with mandated plans related to child custody. SafePlace direct service staff asked if Advocacy, Inc. could work with them and survivors with disabilities who are experiencing difficulties completing mandated CPS plans.

Expanding and Sustaining Outreach and Provision of Services

Targeted Outreach

Participants in this needs assessment told the partnering agencies that we need to conduct more intensive outreach to Austin's disability community and disability service organizations about the range of services and supports we provide. Participants discussed what they described as an overlooked group of citizens who have disabilities and could benefit from our services. For example, there are many people who do not identify as a person with a disability and they are not linked with social or disability service systems. Since there is a group of people with disabilities who choose to not identify as such, they would best get information about SafePlace services in general campaigns or through information shared in public places like grocery stores, public transportation systems, radio spots, posters placed in public buildings, bingo halls, and through community presentations.

Service provider groups pointed out the importance of considering unintended consequences of outreach efforts and whether or not we will be putting individuals with disabilities at a higher risk of violence. These cautions were welcomed and consistent with SafePlace's outreach to people with disabilities. Decisions about outreach initiatives will be made based on the first principal- do no harm.

One participant with disabilities recommended that disability service providers routinely screen "all" clients by asking about experiences of abuse. In this way, questions about abuse are less likely to become a red flag or alert a perpetrator and that could help reduce the risk with a perpetrator.

Participants asked SafePlace to make sure they are including images of people with disabilities in brochures and other printed materials to increase community awareness that SafePlace also serves people with disabilities. Participants with disabilities thought that information about SafePlace does not consistently trickle down to many people with disabilities despite communication with providers by SafePlace and Advocacy, Inc. Another suggestion to increase communication about our access is to post the universal disability symbol on our website, doors and front gates.

Stakeholders said that the general knowledge about SafePlace and Advocacy, Inc. is not as well known as we might think: Participants were energetic in offering thoughts and ideas about how and where SafePlace and Advocacy, Inc. could increase the community's knowledge about our services and supports.

Durable Medical Equipment providers: A particularly innovative outreach idea was identified by people with disabilities. SafePlace and Advocacy, Inc. could partner with local DME providers like Travis Medical, to include SafePlace hotline and Advocacy, Inc. intake number listed on the emergency number sticker included on the equipment. These numbers would become part of the universal number set on all equipment. The numbers would be accessible to a person when and if they should need them without arousing any particular suspicions on the part of a perpetrator.

Group homes: SafePlace staff also discussed the gap in services for sexual assault survivors who are living in group homes. Since the mid-90's, SafePlace staff have provided personal safety education to group homes and group home residents in Austin and surrounding areas. And yet, there are still a significant number of group home providers who do not respond to outreach related to sexual assault services. Despite the incidence of sexual abuse experienced by women and men in group homes, disability service providers do not routinely provide supportive responses or seek access to healing services for those survivors. SafePlace and Advocacy, Inc. were encouraged to explore how we might better reach out to these underserved survivors.

Public transportation: Service providers also recommended that we make SafePlace and Advocacy Inc.'s contact information available on placards in city buses to increase access and the community's knowledge about our services to individuals with disabilities.

Education and Training

All participant groups identified gaps and needs for Education and Training.

Disability Service Providers: Advocacy, Inc. intake workers and other disability service provider staff requested additional education on screening for abuse and responding to disclosures of abuse within the time constraints of a screening call or intake interview.

Service providers pointed out a continued need for training on methods of identifying when abuse is happening to their clients and basic knowledge about the dynamics of violence perpetrated against individuals with disabilities, the different types of abuse that violence can take, and the long-term effects of abuse (including sexual violence) in the lives of people with disabilities.

Disability service providers indicated needs for education on responding to disclosures their clients make after participating in educational programs on personal safety or healthy relationships. Stakeholders also indicated that service providers need to continue client education that it is OK to speak out and ask for help if they have been abused.

First responders (including police and sheriff's departments) need continuing education on the issue of violence against individuals with disabilities.

People with disabilities stated that disability service providers need up to date information so they can clearly identify what resources are available for survivors with disabilities. In addition, service providers need continuing education on how to safety plan with individuals when their abuser is also their caregiver, parent or guardian.

Individuals with disabilities also want staff of disability services agencies to know how to give their clients information about abuse and what they could do to support clients who are survivors.

In addition, the disability community members thought that service providers should do a better job of screening new employees [presumably to screen out perpetrators]. In addition,

participants with disabilities want service providers to provide more training to their staff on the issue of appropriate boundaries with clients they are serving.

Service providers also thought it was more likely that they would identify domestic violence than sexual assault among their clients. One response to sexual abuse may be acting out which can result in being identified / prosecuted as an offender. In these cases, a survivor is even less likely to be provided with needed support and healing services. Service providers in congregate or institutional facilities also need education and training on the differences between sexual abuse and sexual activity between consenting adults.

Disability service providers who participated stated that disability service systems need continuing education on issues related to domestic, caregiver and sexual violence. Service providers also identified needs for information on how to stay safe when they enter someone's home and what to do if an allegation is made against one of their staff. Providers would also like to see more training in the community about the intersection of domestic/caregiver violence, Post Traumatic Stress Disorder (PTSD) and employment.

SafePlace direct services staff: Participants indicated that SafePlace staff needs continuing education for a general familiarity, comfort and sensitivity in working with individuals who have a range of disabilities.

Some staff at SafePlace indicated they feel overwhelmed and intimidated when working with clients who have disabilities. For many disability groups, services are limited, waiting lists are incredibly long, programs or budgets continue to be cut or frozen, and financial resources are limited if non-existent. The resource needs and the lack of available resources are so great that staff can feel drained when working with clients with disabilities.

SafePlace staff members feel they need more ongoing education and information in working with individuals with mental health disabilities (including PTSD), hidden disabilities, seizure disorders / cognitive disabilities, and substance abuse issues. Staff also said that it would help to have more information on how various disabilities might impact their interactions with staff. Staff would like continuing education on mental illness, treatment options and how symptoms affect an individual. Staff also expressed the difficulty in prioritizing clients with mental health disabilities and serving sexual assault survivors with mental illness.

Advocacy, Inc. staff: Staff of Advocacy, Inc. identified a need to know more about how they can work with SafePlace to better support their clients. And, SafePlace staff would like to know how they can work with Advocacy, Inc. to support their clients and work. Advocacy, Inc. staff asked to learn more specifically what resources are available in the community for clients whose cases of abuse were determined to be unfounded. Staff also indicated a need for Advocacy, Inc. intake workers and managers to know more about domestic violence and sexual assault and would like more training from SafePlace. Advocacy, Inc. staff reported that the trainings SafePlace provided several years back were helpful, but more advanced training is necessary to make changes in how business is conducted. All staff also requested to have access to the SafePlace Disability Services' fact sheets on their internal server. Advocacy, Inc. staff also indicated a need to know more about assessments of survivors to ensure that the assessments their clients receive from institutional staff are complete and include the client's trauma history.

People with Disabilities: People with disabilities want information about where they can get counseling and support related to abuse. Additionally, individuals with disabilities asked for information on sexuality, boundaries, respect and definitions of sexual assault. If people with disabilities were to experience sexual assault, individuals with disabilities want survivors to know that St. David's is the hospital in Austin where forensic exams are given.

SafePlace staff requested that education be provided to people with disabilities who are clients of SafePlace similar to the current community education classes offered to adults with disabilities. Service providers recommend that education currently offered to individuals with disabilities be presented through the lens of "healthy relationships" and that we add more interactive activities.

Finally, community members with disabilities indicated an interest in continued opportunities to dialogue about the issue of abuse – not in a therapeutic or clinical format. This request came as a direct result of the focus groups and individual interviews in that people with disabilities were interested in sharing more of their ideas and experiences in an informal way.

Stakeholders indicated a need to provide opportunities for individuals with disabilities to have social interaction and to build self-esteem. Other stakeholders indicated a need for a peer mentor program for individuals with cognitive disabilities receiving services from SafePlace in order to build the individual's capacity to complete Activities of Daily Living.

VI. Identification, Justification of Short-Term Initiatives

Service Gaps, Barriers and Needs

While conducting needs assessment activities, we were reminded that many people who are D/deaf or have disabilities in our community are still not receiving information about the services and supports that are available in our respective agencies (Advocacy, Inc. and SafePlace). Participants also shared a number of attitudinal, emotional, legal, physical and social barriers or consequences that discourage survivors who are D/deaf or who have disabilities from seeking help when abused. The short and long term goals and initiatives identified in this plan are in direct response to the service gaps, barriers and needs identified by the 183 participants in this needs assessment. And, the voices heard most clearly and well represented in the following short and long term initiatives are those of community members who are D/deaf, D/deaf/blind, or who have disabilities.

Development of this strategic plan is guided by the following overarching goals: building our own agencies capacity for providing services, building and sustaining a collaborative response, and expanding and sustaining outreach and service provision to individuals who are D/deaf, D/deaf/blind or who have disabilities.

Short Term Strategic Plan (0 – 6 Months)

Goal 1 – Increase or build internal capacity for providing services to individuals who are D/deaf, D/deaf/blind, or who have disabilities.

Initiative 1

Employee and volunteer education: Develop, incorporate and institutionalize training for new and existing SafePlace employees, interns and volunteers on Deaf culture and on working sensitively with clients who are D/deaf or who have disabilities.

Justification: To create a welcoming and accessible experience for survivors who are D/deaf or have disabilities, SafePlace staff and volunteers in primary entry and services areas should have information about Deaf culture and sensitivity in working with people with disabilities or who are D/deaf. During the needs assessment, staff of SafePlace specifically requested hands-on training using technology including videophones and training on working with people who have disabilities or who are D/deaf. This training, resulting in increased comfort, knowledge, and competence, will help to streamline services for clients who are D/deaf or have disabilities and enhance communication between both hearing and D/deaf staff and volunteers at SafePlace. The training will be institutionalized and sustained through the following ways: 1) incorporated as part of mandatory training for new staff, 2) in-service training offered quarterly for existing staff with continuing education units available for social workers and licensed professional counselors, and 3) offer training for new volunteers as part of the curriculum.

Activities	Who	When	Outcome
Lead Staff: Shell Schwartz			
Schedule time and meet with volunteer coordinator and human resources to establish timeline to complete project	Shell Schwartz	Month 1	Verbal commitments to institutionalize training in new staff orientation, volunteer training and in-service training schedules
Identify key training topics for trainings: <ul style="list-style-type: none"> • New Staff Orientation • Volunteer & In-Service Training 	Shell Schwartz Heather Kamper Wendie Abramson	Month 1-2	Key topics identified
Research / identify curricula available at SafePlace and needed supplementary materials for development of trainings specific to each audience	Shell Schwartz Heather Kamper	Month 1-2	List of available and needed curriculum / resources for use in development of training

Develop detailed topic outlines for training modules	Shell Schwartz Heather Kamper Vonnie Basham	Month 2	Topic outlines ready for internal review.
Submit topic outlines for SafePlace internal review	Shell Schwartz Wendie Abramson Volunteer Services staff Human Resources staff	Month 2	Topic outlines approved internally.
Develop training exercises and activities	Heather Kamper Shell Schwartz	Month 2-3	Training activities ready for internal review
Submit exercises and activities for internal review	Shell Schwartz	Month 3	Exercises and activities reviewed internally
Obtain feedback from Volunteer Services Manager and Director of Human Resources and incorporate needed changes	Shell Schwartz Heather Kamper Wendie Abramson	Month 3-4	Feedback from Volunteer Services and Human Resource Department incorporated
Submit curricula to OVW for approval and incorporate edits as needed.	Wendie Abramson	Month 4	OVW approval
Place training module in volunteer training curriculum. Implement training curricula as part of ongoing training for volunteers and new staff.	Volunteer Services Human Resources Shell Schwartz Heather Kamper Vonnie Basham	Month 5-6	Trainings institutionalized at SafePlace

Initiative 2

Security System Access: Research text based or visual technology for current security entry system. Select and install based on feasibility with modifying current systems and OVW approval.

Justification: Improvements in accessing the SafePlace facilities must be addressed so that D/deaf survivors experience SafePlace as a more welcoming and accessible agency. This initiative is chosen to address secure entrance into SafePlace’s facilities for people who are D/deaf. Stakeholder groups expressed that the current buzzer and auditory entrance process is not accessible to D/deaf survivors. Although SafePlace currently has a simplistic protocol in place, there are safety concerns with the current system and perceived barriers by the D/deaf community.

Activities	Who	When	Outcome
Lead Staff: Heather Kamper			
Review findings of needs assessment to identify specific barriers to entry into SafePlace facilities for D/deaf individuals	Heather Kamper Faye Kuo Wendie Abramson Vonnie Basham	Month 1-2	List of gaps/needs identified by stakeholders regarding entry into SafePlace facilities.
Use findings to inform and conduct research on possible text or visual based security systems for use at SafePlace (Resource and Shelter)	Heather Kamper Faye Kuo Wendie Abramson Vonnie Basham	Month 2-3	List of possible systems to institute at SafePlace to improve accessibility of entry for clients who are D/deaf.
Identify costs of system(s) identified.	Heather Kamper Faye Kuo Wendie Abramson	Month 2-3	List of systems with respective costs for installation and maintenance
Explore availability of funds and feasibility of installation and effectiveness of system	Heather Kamper Wendie Abramson	Month 3	Completed feasibility study of purchase, installation and maintenance of new system(s) at SafePlace facilities
Submit feasibility results for internal review	Wendie Abramson Patty Carvajal Diane Rhodes Julia Spann	Month 3	Decision among SafePlace leadership on feasibility of acquiring, installing and maintaining chosen system(s)
Submit information on system selected for OVW review and approval for installation	Wendie Abramson Amy Loder	Month 4-5	Clarification on possible utilization of project resources to install new security / entrance systems at resource and shelter

Install, test and operate selected system(s) as approved	Wendie Abramson Diane Rhodes	Month 5	New system ready to be used by staff, volunteers/clients, other visitors
Train SafePlace staff on how to use new system.	Vonnie Basham Faye Kuo System Technicians	Month 6	Improved and accessible entrance areas at SafePlace facilities for clients who are D/deaf

Initiative 3

Technology: Identify additional technology needs (and purchase) for D/deaf, hard of hearing, or Deaf/blind clients receiving domestic and sexual violence services (e.g., D/deaf kits or specific technology for shelter and transitional service).

Justification: SafePlace staff indicated a need for technology to be available to residential clients who are D/deaf. Having technology such as visual alarm clocks and a baby cry signaler all go toward helping SafePlace provide the most effective and accessible services possible. Resources that are available to hearing individuals (such as an alarm clock) should also be made available to clients who are D/deaf – in an accessible form. Currently, SafePlace staff will wake residential clients (if agreed upon), but the current protocol does not promote independence and is somewhat intrusive.

Activities	Who	When	Outcome
Lead Staff: Vonnie Basham			
Review needs assessment findings to identify current technology gaps in SafePlace services.	Vonnie Basham Wendie Abramson Shell Schwartz	Month 1	Compiled list of technology needs that are needed to increase access for D/deaf, D/deaf blind or hard of hearing clients
Research possible solutions and resources for identified technology needs.	Vonnie Basham Wendie Abramson	Month 2	List of possible technology resources available to acquire, implement and/or purchase
Identify costs associated with purchase, installation and maintenance of identified technology.	Vonnie Basham Wendie Abramson	Month 2	Comprehensive list of possible technology resources for internal dialogue
Conduct internal dialogue among SafePlace leadership about needed technology and identified resources available for implementation, purchase and/or to acquire.	Wendie Abramson Vonnie Basham	Month 2	Develop plan for purchasing and/or acquiring new technology resources based on need, costs and infrastructure
Submit proposal to OVW for approval.	Wendie Abramson	Month 3	Clarification on possible utilization of OVW funds to acquire new technology resources identified
Purchase technology. Install as needed.	Vonnie Basham Shell Schwartz	Month 4-6	Increased accessible services for D/deaf, D/deaf Blind and hard of hearing clients

Goal 2 – Build Collaborative Responses

Initiative 1

Education: Develop and provide training to Advocacy, Inc.’s PAMI council on issues related to the dynamics of domestic, caregiver and sexual violence and people with disabilities.

Justification: The (PAMI) council serves Advocacy, Inc. in an advisory capacity. AI leadership has requested that we provide training for this advisory group to help improve the council’s effectiveness in supporting AI’s partnership and endeavors to provide sensitive services and resource linkages to their clients and callers who are abuse survivors. At minimum, PAMI council training would include a solid foundation of knowledge about the 1) dynamics of domestic violence, caregiver abuse, sexual assault and disability, 2) resources available to abuse survivors with disabilities, and 3) the “Partnering to Increase Access” collaboration and partnership between Advocacy, Inc. and SafePlace. These training topics will become even more critical as AI begins routinely screening (see long term initiative) specifically for abuse during their regular course of business. AI leadership requested that we pilot this training with the PAMI council members and then provide a similar training in the future to Advocacy, Inc.’s governing board.

Activities	Who	When	Outcome
Lead Staff: Shell Schwartz			
Telephone AI to identify who will be coordinating the PAMI council training facilitated by SafePlace project staff.	Shell Schwartz Mary Faithfull	Month 1	<ul style="list-style-type: none"> Identify AI contact
Telephone AI contact and schedule a meeting to discuss/schedule training.	Shell Schwartz	Month 1	<ul style="list-style-type: none"> Initial meeting scheduled.
Meet with AI contact and identify key topics related to domestic, caregiver and sexual violence and people with disabilities.	Heather Kamper Mary Faithfull Shell Schwartz	Month 1	<ul style="list-style-type: none"> Date for event on SafePlace training schedule. Core training topics and content are confirmed
Develop training content outline, activities and exercises.	Heather Kamper Shell Schwartz Wendie Abramson	Month 1	<ul style="list-style-type: none"> Training curriculum developed
Conduct training	Heather Kamper Shell Schwartz	Month 1	<ul style="list-style-type: none"> Training completed

Evaluations	Shell Schwartz	Conclusion of training	<ul style="list-style-type: none"> Participant evaluation of the training usefulness & value to their work.
Debriefing activity for trainers	All	Following training	<ul style="list-style-type: none"> Trainers provide feedback, input, & check-ins. Review evaluations Identify areas for training modifications
Training revisions	Heather Kamper	Month 2	Revised training content / activities / exercises / handouts.

Initiative 2

Memorandum of Understanding (MOU): Develop a MOU between SafePlace and Advocacy, Inc. for working with abuse survivors who are D/deaf or have disabilities.

Justification: Stakeholders indicated that the legal system can be confusing for D/deaf survivors and that required accommodations are sometimes not provided (such as ASL interpreters) in both the legal system and within social service systems utilized by survivors. In partnership with SafePlace, Advocacy, Inc., the local Protection and Advocacy organization, can work to ensure the civil rights of a client are not violated during interactions with the legal and social service providers. There is a need to coordinate services and make cross-referrals between the two partnering organizations for abuse survivors with disabilities or who are D/deaf and are seeking protective orders or experiencing civil rights violations with other service support systems. Additionally, it is important to consider that geographically SafePlace is located in southeast Austin and Advocacy, Inc. is located in northwest Austin. And while there are resources to provide transportation assistance (e.g., Capital Metro, etc.), many individuals who are D/deaf or have disabilities still experience barriers to getting to the SafePlace campus. Having access to a meeting space in northwest Austin would allow survivors with transportation barriers to access both Advocacy, Inc. and SafePlace resources.

Activities	Who	When	Outcome
Lead Staff: Mary Faithfull / Wendie Abramson			
Schedule initial meeting of partners to begin work on this initiative	Wendie Abramson Mary Faithfull	Month 1	<ul style="list-style-type: none"> Meeting scheduled
Meet as needed (telephone, email, face to face) to identify the following: <ul style="list-style-type: none"> What does AI need from SafePlace? What does SafePlace need from AI? What types of coordination would benefit abuse survivors with disabilities or who are D/deaf? 	Wendie Abramson Mary Faithfull Lisa Sneed (AI) Gail Rice (SP) Kerrie Key (SP)	Month 1–2	<ul style="list-style-type: none"> List of primary needs List of elements as possibilities for inclusion in MOU
Develop or identify case studies or scenarios for how the MOU would functionally benefit survivors who are D/deaf or have disabilities	All	Month 2-3	<ul style="list-style-type: none"> Case studies or scenarios that realistically portray how we could support each others work with survivors

Develop protocol for how the various MOU elements could be enacted.	Wendie Abramson Mary Faithfull Lisa Sneed (AI)	Month 3	<ul style="list-style-type: none"> • Protocol for implementing MOU • Definition of how AI and SafePlace will enact the elements included in the MOU or request needed technical assistance
Draft, review and revise MOU document.	Wendie Abramson Mary Faithfull Lisa Sneed (AI)	Month 3-4	<ul style="list-style-type: none"> • Draft of MOU document
Internal review and approval of MOU document (AI and SafePlace)	Wendie Abramson Mary Faithfull (AI) Diane Rhodes (SP) Julia Spann (SP)	Month 4	<ul style="list-style-type: none"> • Partners internal approval of MOU
Develop and implement plans to educate SafePlace and Advocacy, Inc. staff about the new initiatives for coordinating services and making cross-referrals	Wendie Abramson Mary Faithfull Lisa Sneed (SP)	Month 6	<ul style="list-style-type: none"> • Staff at new agencies aware of new MOU

Goal 3 – Expanding and Sustaining Outreach and Provision of Services

Initiative 1

Listening Project / Critical Conversations: Develop and pilot a forum whereby people with disabilities and people who are D/deaf can meet and continue dialogue about victimization issues and provide ongoing input to SafePlace and Advocacy, Inc. for increasing service access to a wide range of survivors (hold no more than 3-4 meetings with each of the 2 pilot groups).

Justification: Focus group and interview participants [expressed interest in](#) giving input and continuing dialogue about violence against persons with disabilities. Specifically, stakeholders stated their appreciation for having a forum in which to meet and discuss issues related to abuse and asked to be included in similar meeting or forums in the future. Team members have decided that the initial groups be limited to 3-4 meetings with persons with disabilities and D/deaf community members to give more specific input into the long term initiatives to be completed in the next 7 – 18 months. These groups will be convened as critical conversation groups or listening projects to avoid perceptions that we are establishing therapeutic support groups. The meetings can also provide additional information and feedback to AI and SafePlace about the quality of current services we are providing abuse survivors who are D/deaf or who have disabilities.

Activities	Who	When	Outcome
Lead Staff: Shell Schwartz			
Identify primary purpose/s of meetings and number of groups that will run (1 - 4)	All	Month 1-2	Established purpose of group, number of groups and number of meetings
Select populations for inclusion in groups (e.g., D/deaf community members, people with cognitive disabilities/mental illness/physical disabilities, etc.)	All	Month 1-2	List of groups/populations to be invited
Select method for facilitation of group (listening project, focus group, critical conversation group)	All	Month 1-2	Meeting method selected
Research and determine best practices for implementation of method selected	Shell Schwartz Heather Kamper Vonnie Basham	Month 2-3	Understanding of best practice for method and how to implement

Determine meeting location, length of meetings, and dates / times	Shell Schwartz Heather Kamper Vonnie Basham	Month 2-3	Location, date and time of meetings selected and on calendar
Select facilitators / moderators	Shell Schwartz	Month 2-3	Facilitators/moderators identified
Create subject pool for recruitment purposes (limit group to 5-7 adults)	Heather Kamper Vonnie Basham	Month 3	List of possible participants and their contact information
Recruit participants for (1 – 3) groups	Heather Kamper Vonnie Basham	Month 3-4	Participants contacted and signed up
Design questions or activities to facilitate group discussions (1-4 questions)	All	Month 3	Agenda and meeting protocol established
Identify needed accommodations	Heather Kamper Vonnie Basham	Month 3-4	Accommodation needs identified and planned for
Set up meeting room / snacks / beverages	Heather Kamper Vonnie Basham	Month 3-5	Meeting room / snacks set up
Conduct sessions	Shell Schwartz Heather Kamper Vonnie Basham Faye Kuo	Month 3-5	Meetings conducted
Summarize information gathered from each meeting	Shell Schwartz Heather Kamper Vonnie Basham	Month 5-6	Findings summarized in report
Facilitators / moderators de-brief after meetings	Shell Schwartz Heather Kamper Vonnie Basham Faye Kuo	Month 3-5	Debriefing completed

Report findings to agencies leadership	Shell Schwartz Heather Kamper Vonnie Basham Faye Kuo	Month 5-6	Internal reporting of what was learned
Determine strategies for using input from community	All	Month 6	Plan developed for utilizing community input

Initiative 2

Identify necessary content for development of visual communication boards for use in resource center, shelter and by legal advocates in court.

Justification: Over half of SafePlace staff took basic sign language classes offered at SafePlace in 2008. However, SafePlace staff is not equipped to functionally communicate with D/deaf clients without an interpreter and especially with individuals who are in crisis. A number of D/deaf participants relayed that it is critical that receptionist staff can communicate with D/deaf survivors. The project will develop communication boards with vocabulary and icons specific to shelter, legal advocacy and reception. Note – this initiative is not intended to replace ASL interpretation, but rather to support communication with walk-in clients.

Activities	Who	When	Outcome
Lead Staff: Heather Kamper and Vonnie Basham			
Review findings of needs assessment to identify specific barriers to entry into SafePlace facilities for D/deaf individuals that could be addressed using a visual communication board in shelter, resource center and by legal advocates in court	Heather Kamper Vonnie Basham Wendie Abramson	.Month 1	Identification of specific barriers to be addressed
Identify content needs for development of communication boards in consultation with staff from key service areas	Heather Kamper Vonnie Basham Wendie Abramson	Month 1	List of experts vocabulary needs for communication boards that are location specific
Use findings to inform and conduct research on possible existing communication board systems and those consistent with best practices	Heather Kamper Vonnie Basham	Month 1-2	List of possible systems for use in board development
Determine if one communication board could serve in all three environments or if 3 individual boards should be developed	All	Month 2	Select number of boards to create
Identify necessary costs for developing board/s	Heather Kamper Vonnie Basham	Month 2	Resource costs and availability for communication board development activity

Identify topic areas and icons that need to be included in a single or multiple communication boards and prioritize board development project	All	Month 3	List of topics / communications needed
Select communication symbol / board system that will be used for development	All	Month 3	System selected
Submit feasibility results, preferred system and development method for internal review by program area	Wendie Abramson	Month 3	Decision reached by leadership on development method and use
Select symbols and develop initial board template	Heather Kamper Vonnie Basham	Month 3-4	Template / sample completed
Create mock up boards	Heather Kamper Vonnie Basham	Month 4	Mock up board for pilot and field testing
Pilot test board usefulness / effectiveness with forum groups, agency staff and end users	Heather Kamper Vonnie Basham	Month 4	Pilot / field test completed
Make necessary revisions	Heather Kamper Vonnie Basham	Month 4-5	Communication Board completed
Submit for internal review by program areas	Wendie Abramson	Month 5	Revisions required / communication board(s) approved for use
Develop timeline for producing communication boards	Shell Schwartz	Month 6	Timeline for completion developed

Initiative 3

Voice Carryover: Research infrastructure for voice carryover telephone options for SafePlace clients to use while receiving services.*

Justification: For individuals who are hard-of-hearing, having a telephone that allows the individual to speak using their voice while using a TTY or videophone is a welcome and needed resource. Team members will research the capability of providing this resource for clients who receive services to increase accessibility to individuals who are D/deaf or hard-of-hearing.

Activities	Who	When	Outcome
Lead Staff: Heather Kamper and Faye Kuo			
Research and identify what is needed to establish the infrastructure for voice carryover telephone.	Heather Kamper Faye Kuo	Month 1	Identification of infrastructure needs. Flow chart or mapping of process for infrastructure for voice carryover
Determine set up and maintenance costs of establishing / installing voice carryover telephone option for SafePlace clients.	Faye Kuo Heather Kamper	Month 2	Set up costs identified
Internal review of standard set-up process and costs for voice carryover	Heather Kamper Faye Kuo Wendie Abramson	Month 3–4	Internal review completed
Develop timeline for infrastructure enhancements and any technological needs	Wendie Abramson Faye Kuo	Month 5-6	Timeline established

Initiative 4

Website Accessibility: Explore feasibility of providing basic information in ASL about Advocacy, Inc. and SafePlace services on our websites. Identify priority information to include and develop script.

Justification: Many D/deaf survivors rely on technology for access to services in today’s world. Having a website that is accessible for the D/deaf community will increase the number of people accessing Advocacy, Inc. and SafePlace services by ensuring that the information shared clearly communicates (in the individual’s primary language) that the partnering agencies are D/deaf friendly and committed to serving the D/deaf community. Several focus group participants indicated that the partner agencies websites are too wordy and recommended that we have information from the website in ASL format.

Communicating the services available to survivors who are D/deaf can support more survivors to come forward and pursue healing services. Due to the relative new implementation of the Deaf Services program at SafePlace, this website modification will be important in order to reach out to the D/deaf community in a consistent and safe way as community members and service providers have asked in these needs assessment activities.

Based on stakeholder feedback, D/deaf survivors may not know that Advocacy, Inc. is an agency that can ensure a D/deaf survivor’s civil rights are upheld. This knowledge is particularly important for a D/deaf survivor at a time when they are in crisis and need to access the systems of support that are in place for survivors. Having information about Advocacy, Inc. and available services in ASL on the Advocacy, Inc. website will increase the potential for D/deaf survivors to learn more about Advocacy, Inc. and the supports that the agency can provide in a difficult time.

Activities	Who	When	Outcome
Lead Staff: Heather Kamper and Faye Kuo			
Research and identify standards for linking to a web spot where information for AI and SafePlace could be provided ASL (e.g., You Tube)	Heather Kamper	Month 1	Identification of standards for designing and installing an ASL spot on the web
Conduct internal assessment of websites & identify information to include in ASL	Faye Kuo Wendie Abramson	Month 1-2	Major content identified
Determine costs and resource needs for creating ASL spots (e.g., production filming / editing, interpreters, web designer costs, etc.)	Heather Kamper Mary Faithfull Faye Kuo	Month 2	Costs identified

Write script for ASL spot links (AI and SafePlace)	Heather Kamper Faye Kuo	Month 3–4	Script for ASL spot identifying contact information and services available in partnering agencies
Review script and obtain in-house approval of script	Vonnie Basham Wendie Abramson Mary Faithfull	Month 4-5	Script approved by AI and SafePlace
Develop timeline for completing production of website information in ASL	Shell Schwartz Wendie Abramson Faye Kuo	Month 6	Timeline for initiative completed

Intermediate Term Initiatives (7 – 18 Months)

Advocacy, Inc. Board

Develop and present to Advocacy, Inc. Board of Directors on issues related to the dynamics of domestic violence, caregiver abuse and sexual assault.

Justification: Advocacy Inc. leadership would like their governing board to receive training that could better support Advocacy, Inc. in their endeavors to provide sensitive services and resource linkages to their clients and callers who are abuse survivors. The training would include information about the 1) dynamics of domestic violence, caregiver abuse, sexual assault and disability, 2) resources available to abuse survivors with disabilities, and 3) their partnership and MOU with SafePlace. These training topics will become even more critical for the governing board as AI begins routine screening during their regular course of business.

ASL Interpreters

Develop content and provide training to ASL interpreters (ethics, confidentiality, dynamics of violence, secondary trauma). Obtain certification for Continuing Education Credits for this training.

Justification: Stakeholders in the needs assessment activities indicated that there are instances where interpreters do not exhibit appropriate professional boundaries (e.g., interjecting information rather than interpreting). Interpreters are typically used when a client who is D/deaf prefers to work with a hearing staff or for services that are only provided by hearing staff. Because the Austin D/deaf community is small and closely knit, interpreters are sometimes family members or friends of the survivor or perpetrator. Training ASL interpreters on the ethics of holding confidentiality, maintaining professional boundaries, and domestic and sexual violence terminology and dynamics can help ensure that services are delivered effectively to the D/deaf community.

Deaf Services Advisory Committee

Initiate and maintain an advisory committee composed of D/deaf community members and other relevant community members.

Justification: Creating and maintaining an advisory committee that meets on a regular basis can provide SafePlace with continuous feedback about the agency, our reputation within the D/deaf community and how to improve and/or expand our services or relationships with D/deaf community members.

Outreach Plan

Develop an annual plan to outreach Austin's D/deaf community to provide information about SafePlace and Advocacy Inc.'s services and information about domestic violence and sexual assault.

Justification: Stakeholders indicated a need for targeted outreach to the D/deaf community about the issues of sexual assault and domestic violence as well as SafePlace's Services. Stakeholders indicated that more education, training and increased awareness about the issue and about the Deaf Services Program is necessary. Stakeholders expressed concerns that the D/deaf community does not know what SafePlace does, referrals to SafePlace programs

such as Transitional Housing have decreased significantly and stakeholders expressed a need for SafePlace to staff booths and tables at D/deaf events. The following initiatives were developed to help increase awareness of SafePlace's Deaf Services program, increase SafePlace's presence in the D/deaf community and increase the awareness of the issues of domestic/sexual violence within the D/deaf community – including deaf service providers.

Many stakeholders identified that it would take time with consistent and thoughtful outreach within the community in order to build relationships with the Deaf community. Stakeholders also indicated that community members and service providers had an interest in learning more about SafePlace and the services offered to the D/deaf community. Stakeholders shared that the open houses that were offered previously were well received but more events should be offered. Developing a plan to be implemented on an annual basis can demonstrate to the community that SafePlace is committed to serving D/deaf survivors in the short and long-term.

Screening for Abuse

Develop and pilot a protocol within Advocacy, Inc. for screening for domestic, caregiver, and sexual violence, responding sensitively, and making effective referrals (pilot with community integration staff).

Justification: Advocacy, Inc. staff expressed interest in learning about screening for abuse and responding to disclosures. Staff also requested that community integration team members at Advocacy, Inc. who work primarily with individuals who are institutionalized need training on how to conduct screenings for abuse. Advocacy, Inc. staff asked to be provided current information about SafePlace services and how to make effective and appropriate referrals to SafePlace programs.

Shelter Access

Create script and produce DVD in ASL to welcome new clients into shelter.

Justification: At intake into shelter, all residents are welcomed and given information about the expectations of their stay in shelter. A DVD would not be used as an alternative to providing an interpreter but would be used to provide information to clients during the waiting period when an interpreter is not immediately available when a D/deaf client first arrives at shelter. This information can also give clients some sense of what they can expect in their shelter experience at a time when they may feel anxious and overwhelmed. Having this session available in an accessible format can help D/deaf residents feel more comfortable to receive services from SafePlace in a residential *hearing* environment.

Videophone North Austin

*Explore feasibility to install videophone at Advocacy, Inc.**

Justification: Geographically, SafePlace is located in southwest Austin and Advocacy, Inc. is located in northwest Austin. And while there are resources to provide donated videophone technology, many individuals cannot afford the monthly expenses associated with using this technology (e.g., high speed internet access). Having access to a videophone to the Deaf community in northwest Austin would allow survivors to contact SafePlace and other necessary resources to address their safety needs.

Visual Communication Board

Develop visual communication boards and provide training to key staff on use of visual communication boards for resource center, shelter and legal advocates.

Justification: Over half of SafePlace staff took basic sign language classes offered at SafePlace in 2008. However, staff is still not equipped to functionally communicate with D/deaf clients without an interpreter, especially individuals who may be in crisis and walk-in clients. A number of D/deaf participants relayed that it is critical that receptionist staff can communicate with D/deaf survivors. The project will develop communication boards with vocabulary and icons specific to shelter, legal advocacy and reception and resources to help reduce the need for note-writing with walk in clients.

Long Term Initiatives (18 month - 5 Years)

Program Evaluation

Expand program evaluation activities within SafePlace to gather information from clients with disabilities and who are D/deaf to assess service effectiveness and use this data to continuously make service improvements.

Justification: This initiative will help address quality control and client satisfaction issues as SafePlace's Deaf Services program continues to evolve and grow within a hearing organization. SafePlace currently has a tool for collecting qualitative data about client satisfaction that could be adapted to include an assessment of how D/deaf survivors and survivors with disabilities are experiencing SafePlace services. Knowing this information, SafePlace can implement new policies and procedures as needed to continue ensuring that survivors who are D/deaf or have disabilities receive the most sensitive and welcoming services possible.

Service Coordination

Develop a formal structure for coordination of services to clients who are D/deaf and who are receiving services from SafePlace programs.

Justification: Stakeholders repeatedly indicated a need for coordinated services between the new Deaf Services program and other programs within SafePlace. Clarification of the roles of Deaf Services and other programs (e.g., resource advocacy, transitional housing advocacy, counseling, etc.) is a need that was highlighted by participants in the needs assessment. Effective service coordinating will help ensure that clients are not missing out on available services or receiving duplication of services. There are currently nine (9) direct service areas within SafePlace and service coordination is an ongoing process that can be improved upon and institutionalized to ensure quality services are delivered to the D/deaf community.

Simplified Intake

Create, pilot and implement a simplified intake process within SafePlace to increase accessibility for persons who have limited reading skills.

Justification: Several stakeholder groups indicated that the intake process for SafePlace services (e.g., counseling, shelter and transitional services) is cumbersome and not accessible to individuals who are D/deaf or have cognitive disabilities. Although funding entities require certain elements be included in our intake documents, a feasibility study is needed to look at the possibility of adapting intake materials so that they are accessible to individuals who are D/deaf or have cognitive disabilities.

Technical Assistance

Develop and pilot protocol for providing/ensuring comprehensive education, consultation and technical assistance to SafePlace direct service staff working with clients with disabilities.

Justification: SafePlace direct service staff expressed some interest in furthering the relationships between Disability Services and opportunities to increase the availability of technical assistance from the program. One suggestion was to attend direct service staff

meetings and provide [mini-trainings] and offer technical assistance around current challenges and hear about what is going well for staff working with clients with disabilities.

Volunteer Recruitment

Design a targeted recruitment plan to engage people with disabilities and Deaf community members as volunteers within SafePlace (including but not limited to a Speakers Bureau, peer mentors, board members, and Advisory Committee members).

Justification: Developing a plan to involve persons with disabilities and Deaf community members as volunteers will help increase the diversity of SafePlace's volunteer pool and provide opportunities to engage this segment of our community as advisors, policy makers, educators, or in providing direct services to SafePlace clients.

Policy Review

Review SafePlace and Advocacy, Inc. policies to ensure that survivor who have disabilities or who are D/deaf gain access to the full range of resources, supports and services available.

Justification: A thorough review of partner agency policies is needed to identify gaps, necessary modification to existing policies and development of new policies to inform and ensure agency services are accessible to abuse survivors.