

2009

H.O.P.E. Collaborative Needs Assessment Report Haywood County North Carolina



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- EXECUTIVE SUMMARY
- Needs Assessment Report

H.O.P.E. COLLABORATIVE NEEDS ASSESSMENT EXECUTIVE SUMMARY

The following is an executive summary outlining the process and key findings of the needs assessment conducted by the Haywood County, North Carolina H.O.P.E. Collaborative. The purpose of the assessment was to determine strengths, gaps, and barriers for service to survivors with disabilities.

Background of the Collaborative

The H.O.P.E. Collaborative of Haywood County, North Carolina, was established in 2007 as a community effort of major service organizations to create systems change for more effective response to persons with disabilities who are victims of domestic violence and abuse. Based on projected abuse incidence of 75% for this population, there is potential for more than 9,000 individuals with disabilities to be victims of abuse within this county.

Funded through a three year grant from the U. S. Department of Justice, Office on Violence against Women, the H.O.P.E. Collaborative consists of six major agencies within Haywood County. These agencies include:

- 30th Judicial District Domestic Violence-Sexual Assault Alliance, Inc (The Alliance)(a seven county regional agency and convening organization for the grant project)
- REACH of Haywood County, a domestic violence-sexual assault direct service agency
- The Arc of Haywood County (offering group homes, transitional and independent living apartments for adults with developmental disabilities)
- Haywood County Department of Social Services (DSS) including Adult Protective Services
- Haywood Vocational Opportunities (HVO)(non-profit organization providing work force training and employment for persons with disabilities)
- Smoky Mountain Center(Smoky) (a Local Mental Health Management Entity in North Carolina managing the provider network for mental health, developmental disability, and substance abuse services)

Following the creation of a mission, vision, and focus statement, the H.O.P.E. Collaborative completed their Collaborative Charter and their Needs Assessment plan. The actual needs assessment began in November of 2008 and the following report is a compilation of the data gathered through focus groups and interviews. This executive summary represents an overview of the information and a general compilation of the results. A comprehensive, detailed report is also available.

Goals of the Needs Assessment

The needs assessment process was based on four questions. These four questions were decided upon to demonstrate the highest priorities for the work of the Collaborative and were the guide posts for the focus groups and interviews used throughout the needs assessment. The four questions were:

1. What services, policies, procedures, practices, knowledge and relationships do our organizations currently have for survivors with disabilities as they move from crisis to healing?
2. What do our organizations still need to effectively work with survivors with disabilities?
3. What are the barriers survivors with disabilities face in accessing and receiving services?
4. What opportunities exist or can be created that will lead to seamless, inclusive, and responsive services that empower persons with disabilities who experience violence and abuse to move from crisis to healing?

Process of the Needs Assessment

The Needs Assessment Facilitation Team of the H.O.P.E. Collaborative spoke with 135 persons in either a focus group or interview format over the course of two months using specific questions designed by the H.O.P.E. Collaborative. Participants included persons with disabilities, survivors of domestic violence and abuse, agency front line staff, leadership and management, volunteers, and boards of directors. Participants were recruited on a random basis through an invitation letter, RSVP form, and Frequently Asked Questions format.

Eighteen focus groups were held across all Collaborative agencies. This represented 77.86% of the original projected number of focus group participants. Thirty-three interviews were conducted. This represented 143% of the projected number of interviews as participants had an option to choose this format and did so in more instances than expected.

Outcome of the Needs Assessment

After reviewing all of the data collected, seven major key findings emerged. These findings are based on question responses by all participants and do not reflect a statistical, inference or research based analysis.

Key Finding #1: We found that in order for survivors to feel comfortable in disclosing domestic violence, abuse and the presence of a disability, they needed a welcoming environment. We found that agencies had a varying degree of welcoming environments.

Key Finding #2: We found that there are areas for improvement in our agencies in how accessible services are for survivors with disabilities. We found accessibility issues to be present in different contexts including physical, programmatic, and transportation.

Key Finding #3: We found that not all agencies were aware of the safety mechanisms important for dealing with issues of domestic violence and abuse.

Key Finding #4: We found a lack of awareness regarding what services were available for survivors with disabilities and how to access them.

Key Finding #5: We found a gap in the comprehensive knowledge base for working specifically with survivors with disabilities.

Key Finding #6: We found that there was a lack of policies, procedures and protocols for responding to the specific needs of survivors with disabilities.

Key Finding #7: We found a gap in the relationship with law enforcement and the judicial system in Haywood County for assisting survivors with disabilities.

The seven Key Findings will be used to inform the Strategic Plan process of the H.O.P.E. Collaborative which will begin in March of 2009. In turn, the Strategic Plan will guide the implementation phase of the grant project and agencies should begin to see the impact of the collaborative efforts of Haywood County.

Conclusions

Haywood County, North Carolina represents a rural, Appalachian portion of the state where many people know each other and service organizations are in close proximity. Because of a long history of working together, the success of the needs assessment was deeply rooted in the cooperative nature of the region and its people. While the key findings suggest that improvements can only help the system, the findings also revealed the positive strengths that exist in the county, reflected in the attitudes of all of the participants.

Leadership spoke to the *“competent committed staff”* at their agencies. They said that individuals had *“a passion”* for the work that they do in the agency. Leadership talked about other strengths such as the *“strong, cooperative and collaborative culture”* that is found in Haywood County. They felt that for the most part, the informal relationships in the county are strong.

Staff in the agencies all echoed that they were willing to do whatever they need to do for the clients in their programs. Their desire was to help individuals they worked with access whatever services they need. Most staff spoke of opportunities that they have had to collaborate on meeting the needs of a client in more challenging situations.

Individuals with disabilities and survivors talked about how much they like the staff they work with and the positive aspects of service delivery at the agencies in the collaborative. For every comment relating to constructive feedback that was made, there were others that shared how

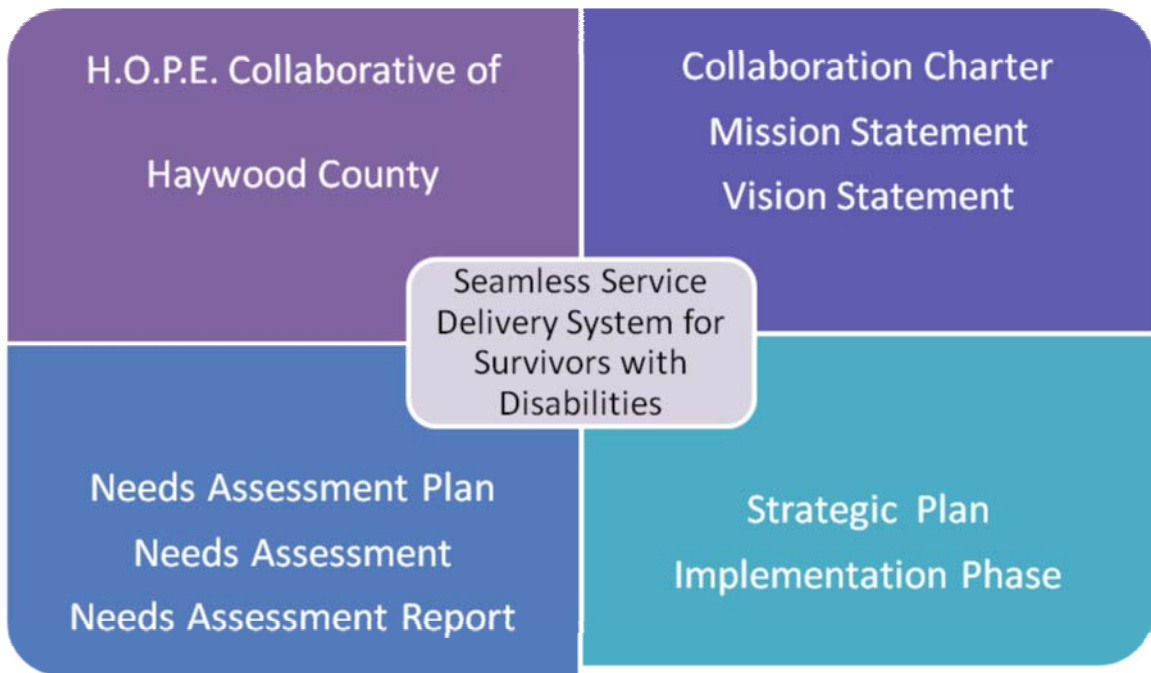
much they valued the individuals in the agencies. Comments made were: “I like it when someone is watching over me and making sure I’m alright.” “I’ve been treated really good here.” “They are real nice to me at DSS.” “I have never heard them say anything mean.” “They treated me like a regular person and I felt more comfortable.” “They are friendly, smile, and don’t look at you like it is a ‘crazy’ place.”

Agency leadership and board chairs all expressed a willingness to work for change. Board and leadership voiced a desire to work on legislation, statutes, internal processes with their staff and budget review in order to see the initiative move forward.

Agencies say that they utilize three approaches to the initiation of changes: *mandated change* which comes from laws, general statutes or other legislative areas; *bottom up* where staff or volunteers recognize a need and initiate it from their level; and *administrative* where the board of directors or executive director see the need and initiate the change. It will be critical to look at our initiatives from this perspective to see where they fit into the structure of change within our organizations.

In conclusion, there is a strong foundation in place to effect change. The key areas have been identified and Haywood County, through the work of the H.O.P.E. Collaborative, is positioned to move forward to create a seamless service delivery system for survivors with disabilities.

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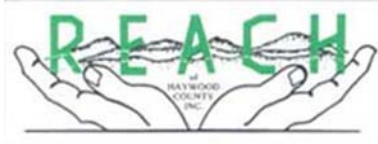
**THE H.O.P.E. COLLABORATIVE
OF
HAYWOOD COUNTY North Carolina
NEEDS ASSESSMENT REPORT**

I. INTRODUCTION TO THE H.O.P.E. COLLABORATIVE

The H.O.P.E. Collaborative of Haywood County, a three year project funded in October 2007 by the Department of Justice, Office on Violence against Women’s Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant, is located in the Appalachian Mountains of Western North Carolina. It is a collaborative group of six agencies joining together to improve the way that we respond, both as individual organizations and as an inter-connected system, to persons with disabilities and Deaf persons who experience violence and abuse in our county. The acronym “H.O.P.E.” means “Helping Our People Emerge....from crisis to healing,” reflecting our community and our sense of shared responsibility.

The H.O.P.E. Collaborative brings together six agencies, and a consultant with statewide adult protective services experience. Five of these organizations directly serve persons with disabilities and survivors of violence and abuse. They have pledged to be sites of change, working together to remove barriers to services and supports for persons with disabilities and Deaf persons experiencing violence or abuse and promoting universal accessibility. The sixth agency is the convening agency. These agencies are:

- **REACH of Haywood County**, the local domestic violence-sexual assault agency, which assists victims and survivors of domestic violence, sexual assault, stalking and rape;



- **Haywood Vocational Opportunities**, a non-profit organization providing work force training and employment for persons with disabilities;



- **The Arc of Haywood County**, offering group homes, transitional and independent living apartments for persons with developmental disabilities in Haywood County;



- **The Haywood County Department of Social Services**, which receives and evaluates reports concerning adults with disabilities alleged to be abused, neglected or exploited;



- **Smoky Mountain Center**, a Local Mental Health Management Entity of the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disability and Substance Abuse Services. The agency manages a provider network for mental health, developmental disability and substance abuse services.



The sixth agency in the collaborative is the **Thirtieth Judicial District Domestic Violence-Sexual Assault Alliance**, a nonprofit, regional coalition based in Haywood County that provides education, outreach, and community capacity building to improve the response to victims and survivors of domestic violence, sexual assault, stalking and elder abuse. The Alliance acts as the convening agency of the H.O.P.E. Collaborative.



30th Judicial District
Domestic Violence-Sexual Assault Alliance, Inc.

National Domestic Violence Hotline

1-800-799-SAFE (7233)

1-800-787-3224 (TTY)

Free confidential help 24 hours a day

Ayuda confidencial y gratis 24 horas al día

Our Vision for the H.O.P.E. Collaborative

Organizations in Haywood County take collective responsibility to provide a seamless system of quality, inclusive, and responsive services that empower persons with disabilities and Deaf persons who experience violence and abuse to move from crisis to healing.

The Mission of the H.O.P.E. Collaborative

The H.O.P.E. Collaborative will remove barriers to services and supports for persons with disabilities and Deaf persons who experience violence and abuse by fostering agency collaboration, creating a collective response, and changing organizational policies and procedures, which will be fully integrated into the culture of our agencies.

The H.O.P.E. Collaborative Areas of Focus

The H.O.P.E. Collaborative focuses on persons with all types of disabilities and Deaf persons residing in Haywood County, North Carolina who have experienced violence and abuse. The Collaborative members are concentrating on sustainable, substantial systems change. They desire to create agency environments which encourage disclosures of violence and abuse and a seamless, collective response when disclosures are made. They will work to change not only their agencies' policies and procedures but also their organizational cultures. The agencies have the capacity and expertise to create this change, as well as the vision and commitment to expand this project in the future to additional counties in this rural, mountainous region of Western North Carolina. The 30th Judicial District Domestic Violence-Sexual Assault Alliance, Inc. will not serve as a site of change but will be the convener for the H.O.P.E. Collaborative member agencies.

II. NEEDS ASSESSMENT PLANNING AND DEVELOPMENT

Planning and Development

The H.O.P.E. Collaborative was formed in 2007 as a mechanism to move our agencies toward the provision of a seamless system of services for individuals with disabilities and Deaf persons that experience violence and abuse. The first step toward this goal was to strengthen our collaborative and develop our processes for working together and ultimately creating our collaboration charter. Through the development of our collaborative charter we established the

functions and organizational structure necessary to move our organizations toward becoming an inter-connected system. The collaboration charter became the foundation for the development of our shared values and guiding principles. The process of the charter development provided a time to embrace the important role each partner would play in promoting safety and addressing barriers and challenges that people with disabilities and Deaf persons may encounter if they are experiencing violence and abuse. The time spent in the development of the collaborative charter was a time for learning and growing as a collaborative. The H.O.P.E. Collaborative Charter was completed in May of 2008.

Following the development of the Charter, the H.O.P.E. Collaborative members moved forward in undergoing the process of narrowing the focus to better assist the Collaborative in reaching their vision. Through this process, the collaboration agreed to focus its efforts on all persons with disabilities and Deaf persons, residing in Haywood County, who have experienced violence and abuse. The original concept of involving all seven counties in Western North Carolina was re-framed to include only Haywood County so that effective systems change could occur with future planning for the remaining six counties.

The next step for the Collaborative was to develop a comprehensive Needs Assessment Plan to assess the challenges and needs of persons with disabilities and Deaf persons experiencing violence and abuse, to determine appropriate resources and services available, to study universal accessibility, and to address current policies, procedures and practices. The Needs Assessment Plan included the following components:

- Global Needs Assessment Questions to act as guideposts for the process
- A review of information sources, both existent and new
- An Overview of Methods to be used in the needs assessment process
- Identification of participating audiences
- Recruitment methodology
- Process for Facilitation
- Identification of the Facilitation Team
- Consent, Access and Safety considerations
- Client & Personnel Confidentiality
- Mandatory Reporting
- Development of Assessment Tools
- Data storage and the Needs Assessment Report

The H.O.P.E. Collaborative felt that by studying the current system and with feedback from leadership and management, front line staff, persons with disabilities, survivors of violence and abuse, volunteers, and boards chairs, the H.O.P.E. Collaborative would be able use the information obtained from the needs assessment to inform the work of the Collaborative, to identify unmet needs and ultimately, to guide the comprehensive strategic planning process. The Needs Assessment Plan was approved in November 2008 and this launched the implementation of the actual Needs Assessment.

III. NEEDS ASSESSMENT IMPLEMENTATION

Following the approval of the Needs Assessment Plan, the Needs Assessment Implementation began in December of 2008. Key members of the H.O.P.E. Collaborative were responsible for recruitment of participants and issued invitation letters, R.S.V.P. forms, and Frequently Asked Question sheets. In addition, the key members were responsible for transportation issues, scheduling and room reservation, and meeting any accommodations needed with the assistance of the Project Directors.

The needs assessment was conducted over a two month period with data gathered by the end of January 2009. Data was gathered via focus groups and interviews across all identified participants. The H.O.P.E. collaborative has compiled the key findings and implications in this Needs Assessment Report.

This report is the document that will guide our strategic planning process. Each of the following sections reflects the process and results of the Needs Assessment Plan. The H.O.P.E. Collaborative sought to capture information about the beliefs, attitudes and experiences of survivors, persons with disabilities and service providers. Using the guiding questions listed below, the framework for the needs assessment was established.

GUIDING QUESTIONS

Through a technical assistance retreat, the H.O.P.E. Collaborative created the following four questions with the purpose of identifying the information that was of the highest priority to the work of the Collaborative. These questions are listed below:

| | |
|--------------------|--|
| Question 1: | What services, policies, procedures, practices, knowledge and relationships do our organizations currently have for survivors with disabilities as they move from crisis to healing? |
| Question 2: | What do our organizations still need to effectively work with survivors with disabilities? |
| Question 3: | What are the barriers survivors with disabilities face in accessing and receiving services? |
| Question 4: | What opportunities exist or can be created that will lead to seamless, inclusive, and responsive services that empower persons with disabilities who experience violence and abuse to move from crisis to healing? |

IV. METHODOLOGY

Two methods were chosen to obtain information during the needs assessment:

Method 1: Focus groups

Method 2: Interviews

These methods were chosen based on what would work best for each audience. Audiences participating in the needs assessment process included: Leadership & Management, Front Line Staff, Survivors of Violence and Abuse, Persons with Disabilities, Volunteers, and Board Chairs.

General Information

Interview and Focus Group Facilitation was completed by the two Co-Project Directors for the H.O.P.E. Collaborative from the 30th Judicial District Domestic Violence-Sexual Assault Alliance and an independent consultant who is currently part of the H.O.P.E Collaborative. The facilitation team members were not affiliated with any of the partner agencies who participated in the actual assessment, and acted as outside, objective observers.

A passive consent process was chosen for all participants. Since this was not a formal research project and the collaborative was only seeking to gain insights, opinions and ideas, no consent forms were signed. Guidelines for the passive consent process were read to each group or individual prior to beginning the focus group or interview. Each individual choosing to stay was effectively giving their consent to participate.

Confidentiality was reviewed with all participants. Although confidentiality could not be guaranteed in the focus group setting, participants were assured that the facilitation team would keep information confidential and requested that group members do this as well. Personal care attendants were not permitted to attend and individuals that had personal care attendants were offered the opportunity of an alternate attendant.

The mandatory reporting statute of North Carolina was reviewed. This let participants know that North Carolina is a mandatory reporting state and that if an individual disclosed current violence or abuse that was personally happening to them, the group leaders may be required to report this information to Adult Protective Services. They were also told that if they needed to report violence or abuse that was happening to them that they could report this for themselves by contacting Adult Protective Services. The number was available for them at the conclusion of the meeting.

All interviews and focus groups were held in accessible locations within the community. For survivors and persons with disabilities, the needs assessment was conducted at the location where they were receiving services. The R.S.V.P. form allowed participants to request needed accommodations. If the individual needed assistance in completing any of the forms, assistance was provided by the agency staff member recruiting them. The facilitation team was

responsible for filling the accommodation requests. All survivors and persons with disabilities received a \$20 gift card from Wal-Mart for coming to the focus group or interview.

Safety considerations for participants included having the potential participant return all written information to the recruiter after it had been read, having participants provide contact information that they felt would be safe for them, providing a resource list for individuals in the group if they wanted more information, having a R.E.A.C.H. advocate available at focus groups for persons with disabilities and survivors, and offering to keep the gift card at the sponsoring agency if the participant was afraid to take it home.

The collaborative agencies had a target of 154 participants for inclusion in the focus groups and interviews. The final total of participants was 135 for an 88% participation rate. The following two sections reflect the process and outcomes of the Focus Group method and the Interview method.

A. FOCUS GROUPS

The focus group method was chosen to gather information specific to practices, attitudes, cultures, barriers and systems response to persons with disabilities and survivors of violence and abuse. Persons with disabilities, survivors of violence and abuse, front line staff and management who did not wish to participate in the focus group method were offered an individual interview as an alternative method.

Participants recruited for the focus groups were not screened based on disability and/or issues of violence and abuse. Every effort was made to recruit the broadest range of participants. As a safety precaution, flyers, posters, or other public recruitment formats were not used. All focus groups required approximately one to one and one-half hours to complete. The facilitators followed a script in each setting for uniformity.

The following chart represents how the focus groups were organized, the expected number of participants and the actual number of participants. There were nineteen projected groups and eighteen actual groups that were held. The anticipated number of participants was 131 and 102 actually were involved. Group types participating in the focus groups were: Leadership & Management, Front Line Staff, Survivors, and Persons with Disabilities.

| Group Type | Projected number of Groups | Actual Number of Groups | Projected Number of Participants | Actual Number of Participants |
|----------------------------------|-----------------------------------|--------------------------------|---|--------------------------------------|
| Leadership Management | 3 | 3 | 21 | 14* |
| Front Line Staff | 8 | 8 | 66 | 52* |
| Survivors | 3 | 1 | 14 | 6** |
| Persons with Disabilities | 5 | 5 | 32 | 30 |
| Total | 19 | 18 | 131 | 102 |

*When numbers were initially projected, the figures used reflected the total number of agency staff. Although we were not able to have every agency staff person included, we were able to recruit a representative sample from each agency.

**More survivors selected the interview method than was anticipated and that is reflected in the next section.

Three groups with Leadership and Management were conducted. This included executive directors, upper level management, and supervisory staff at each of the five agencies in the H.O.P.E. Collaborative. Focus groups were held on-site at each agency's location during the standard work day. Eight focus groups were held with front line staff on-site at their agency location. Groups were held during regular work hours. Numbers were affected by crisis response to situations occurring at the same time the groups were being held.

One focus group was held with survivors although three were projected. The decrease in groups was attributed to survivors deciding to opt for the interview method versus the group method.

Five focus groups were held for persons with disabilities. This was the projected number. Thirty of the projected thirty two participants completed the focus group. All groups for persons with disabilities were held at Haywood Vocational Opportunities with transportation provided for the groups. This included participants from the Arc and from DSS as well as HVO.

During each focus group, a staff member from REACH, the domestic violence and sexual assault direct service provider, was available on the premises for support services. One focus group participant requested the need for REACH services during the group and was assisted by the REACH staff member who was on-site specifically for the needs assessment and any violence related issues.

B. INTERVIEWS

The Interview method was chosen in order to gather information specific to agency policies, practices, attitudes, strengths, weaknesses, and commitment to the initiative from the partner agency leadership. Interviews were used for agency executive directors, Board chairs, some management positions and some front line staff and volunteers. Interviews were also given as an optional method for survivors and persons with disabilities.

All interviews required approximately one hour to complete. The facilitators followed a script in each setting for uniformity. Two facilitators completed each interview with one facilitator asking the interview questions and the other facilitator acting as recorder.

The following chart represents the interview types, the projected number of interviews, and the actual number of interviews.

| Interview Type | Projected | Actual |
|--|------------------|---------------|
| Leadership/Management | 8 | 7 |
| Front Line Staff and Volunteers | 10 | 10 |
| Board Chair | 5 | 5 |
| Optional Interviews: Survivors /Persons with Disabilities/Staff | Unknown | 11* |
| Total Interviews | 23 | 33 |

*Four staff and seven survivors were interviewed under the optional method.

Seven interviews were completed with Leadership and Management on-site at each of their respective organizations. Eight interviews were projected. One agency executive director requested an additional briefing on the project prior to participation in the interview process. This briefing was completed by the facilitators and the interview was then accomplished.

There were ten projected interview for front line staff and volunteers. Ten were completed. Front line staff interviews were all held on-site at respective agencies. Interviews with volunteers were held in different locations in the community to meet the needs of the participants.

Initially, when the numbers were projected as optional interviews for survivors and persons with disabilities and/or staff, it was difficult to project an actual number until the Invitation Letters, RSVP forms, and Frequently Asked Questions sheets were distributed. Once this occurred, four staff members and seven survivors requested interviews

Challenges

Due to the timing of the needs assessment administration, the facilitation team had anticipated that the holiday season would impact on the scheduling of the groups and interviews. This actually did not occur. Most of the groups and interviews were completed as scheduled and only a few minor changes were needed to work around the holiday activities and collaborative agency conflicts. Following the holiday season, one focus group and four interviews remained to be scheduled. Facilitation of the four interviews as well as the focus group was easily accomplished within a few weeks after the winter holiday. Survivors that were in follow-up services chose to participate in interviews rather than doing a focus group.

The next section will present the key findings of what was learned from the needs assessment participants and how, through the strategic planning process, the H.O.P.E. Collaborative will create sustainable systems change to address the needs of the individuals with disabilities and Deaf persons in our county that experience violence and abuse. The questions that were used

with each group of participants to generate responses in the focus groups and interviews can be found in Appendix 1.

IV: Key Findings and Implications

All data from the focus groups and the interviews were computer documented and reviewed for themes, key findings, strengths, and areas in need of improvement. Seven key findings were determined. The areas of key findings were:

Key Finding #1: We found that in order for survivors to feel comfortable in disclosing domestic violence, abuse and the presence of a disability, they needed a welcoming environment. We found that agencies had a varying degree of welcoming environments.

Key Finding #2: We found that there are areas for improvement in our agencies in how accessible services are for survivors with disabilities. We found accessibility issues to be present in different contexts including physical, programmatic, and transportation.

Key Finding #3: We found that not all agencies were aware of the safety mechanisms important for dealing with issues of domestic violence and abuse.

Key Finding #4: We found a lack of awareness regarding what services were available for survivors with disabilities and how to access them.

Key Finding #5: We found a gap in the comprehensive knowledge base for working specifically with survivors with disabilities.

Key Finding #6: We found that there was a lack of policies, procedures and protocols for responding to the specific needs of survivors with disabilities.

Key Finding #7: We found a gap in the relationship with law enforcement and the judicial system in Haywood County for assisting survivors with disabilities.

Key Finding #1---*Welcoming Environment*

We found that in order for survivors to feel comfortable in disclosing domestic violence, abuse and the presence of a disability, they needed a welcoming environment. We found that agencies had a varying degree of welcoming environments.

From conversations with survivors and individuals with disabilities, the facilitators learned that a welcoming environment was critical to comfort and trust in an agency. The comfort and trust

was paramount in a person's decision as to whether or not to disclose violence and abuse or whether or not to disclose a disability that may require an accommodation in one of the collaborative agencies.

Individuals with disabilities and survivors participating in the needs assessment said that they are more likely to discuss their needs in a welcoming environment. Participants voiced that the following items were key to providing a welcoming environment:

1. Physical environment and privacy;
2. Interaction with agency personnel; and
3. Telephone access.

Physical Environment and Privacy

Survivors and individuals with disabilities were asked a specific question about what constituted a welcoming environment and what helped them feel comfortable when they came to an agency for services.

Participants shared that in general, the physical environments of the collaborative agencies were welcoming. Individuals with disabilities in the HVO program shared that their physical environment was one where they felt welcome. They said that the building was clean with friendly people. Another individual talked about another agency and said that one of the things she liked was, *"...there are plants and pictures of children and family....it shows you care about people."* Another individual in the HVO focus group shared that the R.E.A.C.H. shelter was, *"a warm and cozy place so it feels safe"*.

The exception was when survivors and individuals with disabilities talked about the older building that houses the Department of Social Services (DSS) programs. Survivors and individuals with disabilities talked about the awkwardness of going to the "window" in the small and confined entrance area. One person with a disability in an HVO focus group shared, *"it is so tiny, you can't get in, need a little hallway."* DSS staff also shared that they did not feel that the environment was welcoming, particularly for someone in a wheelchair. They talked about the building being *"almost impossible to get through the front door and navigate," "lots of them have claustrophobia and can't get on the elevator,"* and that because of the way their building is set up with the congested waiting area that it *"isn't user friendly"*. They did speak to the desire to have a new building that would be designed to eliminate these issues.

Having a place to meet with staff and being able to share information in private is paramount to the trust that survivors and persons with disabilities have with their service provider. Living in a small rural area where many people know one another, it is important to survivors and individuals with disabilities to be assured that information shared will not be overheard by others or repeated to others in the community. Individuals with disabilities mentioned numerous times the need to have private conversations with the staff that work with them in the HVO focus groups. *"We need to talk in private"* (HVO participant) and *"we should have*

private conversations in an office, not in the break room" (HVO participant). In the focus groups with individuals from Smoky Mountain Center the participants talked about needing reassurance that *"staff won't talk to other people about [them]."* A survivor expressed her fear of disclosing information to agencies other than R.E.A.C.H. by saying that *"you don't want them to go around and talk about you."* Of particular concern in one focus group for individuals with disabilities, which included two survivors, was the lack of privacy when entering the Department of Social Services. *"You go right in the door and you ask the lady and people hear everything you say and they ask you for your social security number and everybody hears what you are saying."* Front-line staff at DSS also reported that *"we attempt to maintain confidentiality, but our office space can get in the way of that."* Overwhelmingly the participants said that they want to have conversations with staff in their office or in a place where others cannot overhear what is being said.

Both survivors and individuals with disabilities reported that how the agency reception areas and offices looked were important to overall perception and comfort level with the agency in terms of disclosure and asking for help. They said this is also a concern in any reception area where there are lots of other people waiting, especially if they are there to get things such as clothing or food.

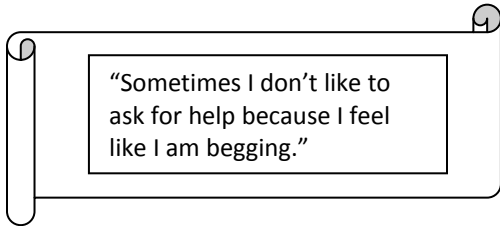
Suggested Solutions:

As collaborative agencies, we should assess the environment where we provide our services. We should look not only at the first point of contact and our reception area but also at individual offices and whether we have a warm and inviting atmosphere or one that is so formal that it may be uncomfortable to those we serve. We should also look at where we meet with people and where people are being asked to share personal information. We should provide privacy so individuals are not being asked to share information in places where others may overhear what is being said.

Participants suggestions for a more welcoming physical environment was to include more photos of people (and other comforting pictures) and plants and for staff to assess the way they dress. Going forward, having a more welcoming physical environment will be helpful as we work to create agencies where people with disabilities feel comfortable disclosing violence and abuse or their needs for accommodations.

In the area of privacy, suggestions mentioned by individuals in the collaborative would be to include this topic as an aspect of confidentiality in our agency training. Training could include the elements of not discussing individuals in any area that is not private and should always meet with the individual in a private setting. Suggestions for creating more privacy at the "window" at DSS were to have a small screen between where someone talks and the waiting room. An individual with a disability suggested that it is good to have *"a separate office and you say what you are here for"*.

Interaction with Agency Personnel



“Sometimes I don’t like to ask for help because I feel like I am begging.”

Survivors, people with disabilities, and the front line staff of both disability agencies and the domestic violence program consistently said that service providers need *to treat people as individuals, treat them with the dignity any human being deserves, listen and believe the person, be patient, don’t judge, and pay attention to the person.* Persons with disabilities that spent most of their time in HVO, Smoky or Arc programs talked about how the interaction with staff on a frequent basis helped them feel welcome. Survivors also have an on-going relationship with R.E.A.C.H. which is similar to these other relationships. The programs at DSS are very different. Often the individuals will have multiple contacts with different individuals from that agency. Although some individuals did mention their “social work” and their relationships with those workers, most contacts at DSS were not on-going like the other “disability” agencies.

Consistently individuals in the focus groups and interviews shared their need to be treated with dignity and respect by our collaborative agency staff. Although it seems that this would be a given in both the field of domestic violence and disability services that staff would interact with clients in this way, from the comments made, it appears to be lacking at times in our agencies. This was mentioned numerous times in regard to social workers and other staff at the Department of Social Services (DSS). Several survivors and individuals with disabilities made comments such as, *“the women at the front desk at DSS are snappy and make you feel unwelcome from the start.”* In some focus groups, comments were not attributed to a specific agency and were just made in general. Numerous comments were made by individuals with disabilities in the HVO focus groups which included participants from HVO, the Arc, Smoky Mountain Center and DSS. When they talked about things that made them feel unwelcome, they were able to voice specific things that may or may not be occurring in their interactions with staff at the agencies where they are receiving services. These individuals were very clear about issues that caused them to retreat from asking for help. Comments from persons with disabilities included: *“...not to make you feel uncomfortable...giving you the runaround; not make you feel like trash....take time with you; need the staff to be more understanding; and show some concern.”*

Interaction with staff members and their attitudes toward the survivor or the person with a disability are key elements to the individual’s overall satisfaction with the agency services. How they perceive the staff interactions impacts their trust and comfort in an agency. Trust relationships are built and agencies should not expect survivors or individuals with disabilities to disclose much personal information until this trust relationship is built. Staff *“needs to be understanding rather than acting like they are just doing a job.”* Another individual in the focus

groups for persons with disabilities shared that *“it is hard enough for a person to just walk into a place and talk and to feel comfortable...you walk in and you already feel bad about yourself.”*

Comments made by participants with disabilities centered on the attitude of the staff they encountered. *“Staff should be in a good mood when dealing with people with mental disabilities”*, and *“the person at the desk would have a positive attitude and not be rude”*, stated a consumer in the Smoky Mountain focus group. Individuals with disabilities in the focus groups reported experiencing these negative interactions at times in the places where they sought services.

Survivors focused more on the attentiveness of the staff and comments made were: *“They don’t talk down to you;”* are *“a good listener;”* and *“they pay attention to you when you talk.”* One survivor summed it up when asked what they would not want to see at an agency by saying, *“Don’t always be looking at your watch. They are there but they want to get this appointment over with so they can get to the next one and get home.”* By taking time to listen and spending time with the individuals that we serve, they feel valued and will be more likely to share concerns with our agency staff. Survivors said that R.E.A.C.H. staff was very attentive to what they said, however, when they went to other agencies they encountered these problems.

Suggested Solutions:

Our collaborative will be charged with ensuring that the individuals we serve are consistently treated with the dignity and respect which will then lead to the trust that we want them to have with us. A welcoming environment must be an environment where people feel that we have a concern for them and for their needs. Suggestions for better dealing with this issue would be to provide training for all agency staff in sensitivity, customer service, and effective communication. One person with a disability suggested, *“Have a secret shopper like once a month to see how persons are treated.”* This will need to be woven in to our training curriculum so that we ensure that all staff has this training and/or retraining at a set interval.

Telephone Access

The issue of using the phone to call for information about services was frequently brought up by clients of HVO, the Arc, Smoky, DSS and REACH. In some cases the request for services was simple, such as with the REACH Hotline.

The R.E.A.C.H. Hotline is covered twenty four hours a day, seven days a week and survivors consider this extremely valuable. *“R.E.A.C.H. will always call you back. It’s like a security blanket,”* was how one survivor felt about having access to people that can help her whenever it was needed. R.E.A.C.H. hotline access is more the norm for domestic violence agencies but is not the case for agencies that serve individuals with disabilities. There are crisis lines for mental health which are staffed around the clock; however, these are just for emergencies.

Overwhelmingly, both survivors and individuals with disabilities talked about how important it was to have easy access to individuals in our agencies. Over and over they talked of the need to

get a live person on the line when they call. They spoke to the issues of navigating a voice mail system and to not being able to reach the person they are calling. Survivors and Individuals with disabilities in the focus groups and interviews spoke of encountering these issues often when seeking services in our county. Survivors calling other agencies say, *“it is easier to talk to a person than a machine”* or *“sometimes I just hang up”*, or *“it is nicer to talk to a person”*, or *“you leave a message and they never call you back”*. Individuals with more cognitive challenges spoke more to the navigation of a voice mail system or not being able to reach someone easily. They say that they want a system where *“you don’t have to keep pushing buttons when you call”*, or *“you get a person and don’t have to leave a message”*. Both groups feel that return calls should be made soon after the initial call. When they call, they want the worker/staff person to *“keep in contact”* and to *“respond in a timely manner”*.

Suggested Solutions:

Implications for our collaborative agencies is to assess our phone system to see if there are areas that can be changed to be more accommodating for individuals with cognitive disabilities. We also should review the protocols that exist in our agencies for responding to calls from individuals seeking services or that are currently receiving services. Suggestions from our collaborative is to assess the phone system to see if individuals can access a “live” person more quickly if they are frustrated or have difficulty navigating the system. In addition, we need to develop protocol for returning calls to clients on a timely basis. This includes developing a protocol to include a call-back even if you cannot assist them. With inter-agency shared resources, we could offer additional resources.

Key Finding #2---Accessibility

We found there are areas for improvement for our agencies in how accessible services are for survivors with disabilities. We found accessibility issues to be present in different contexts including physical, programmatic and transportation.

Concerns regarding access to programs and services of the collaborative by individuals with disabilities fell into four areas; physical access, needs related to speech and hearing access, accessibility of written information and access to transportation options. Consistently, participants reported problems in these areas that directly impacted their ability to access programs and services.

Physical Accessibility

From conversations with leadership we learned that the entrances to all of the collaborative agencies are physically accessible. The Arc and HVO, as primary agencies serving those with cognitive disabilities, spoke to working to ensure physical accessibility in their service locations. Both agencies were attuned to providing accommodations such as ramps, automatic door openers, visual and audible alarms. HVO employs a safety coordinator who looks at accessibility issues on a regular basis. There are also suggestion boxes in all of the break rooms at HVO where clients and staff can leave suggestions for accommodations or requests for maintenance. An example could be a report that the automatic door openers are not working correctly as excessive use can cause this to happen. The Arc has recently built a new group home to replace one of their homes that was not accessible. Leadership and staff from the Department of Social Services (DSS) and R.E.A.C.H. spoke to concerns about specific physical accessibility barriers of their buildings. Barriers in the DSS building included the lack of an accessible bathroom near the waiting area and the size of some office doors. Even though DSS reports accessibility challenges, agency staff and leadership say that the services that they provide can be offered in the person's home if accessibility is an issue. With this accommodation, it would be necessary for the individual or advocate to request this service or for the DSS worker to suggest a home visit from talking with someone on the phone. DSS is exploring options to relocate their services to a more accessible location. At the R.E.A.C.H. main office, although they can access the building, accessing the restroom would not be easy for an individual in a wheelchair because of the way the room is arranged. The shelter does not currently have an accessible bedroom and bathroom. R.E.A.C.H. is looking for a new main office location and the R.E.A.C.H. shelter is being renovated for better physical accessibility. They are putting in a wheelchair accessible entrance and are renovating a large bedroom and bathroom on the first floor to better accommodate individuals with different mobility needs or who may be elderly.

While some of the agencies are able to handle the issue of physical accessibility, other agencies need assistance in determining what is needed, how to go about meeting this need, and what the costs, manpower, and timeframe will be in addressing this issue.

Suggested Solutions:

The collaborative agencies need to evaluate what can be changed within the scope of this grant project related to physical accessibility in Haywood County. An Accessibility Audit could bring a clearer understanding of what is needed, what the costs involved will be, and how they can factor into short-term and long-term budget planning. This could be especially useful to the Department of Social Services and to REACH as they move forward with plans to relocate.

Programmatic Accessibility

Access for Individuals with Different Speech and Hearing Needs

Through self report from our collaborative agencies, there are not many Deaf individuals participating in the programs or seeking services. Agencies (the Arc, HVO) that have Deaf

individuals that regularly attend their programs do have staff that knows some sign language. Other agencies (DSS, Smoky, and R.E.A.C.H.) provide services to individuals that are Deaf, but they must first contact an interpreter to come for the appointment. DSS staff said, *"We can only help Deaf people with prior notice and it is hard to find an interpreter"*. R.E.A.C.H. has a similar concern. *"We don't have an interpreter if someone is Deaf."* According to information on the Smoky Mountain Center website, there is only one certified interpreter on contract for the seven counties and she doesn't live in the region. Both R.E.A.C.H. and the disability agencies report that they are familiar with "NC Relay" which is the system in the state to relay through a special operator to a Deaf person's TTY. Although staff of the disability agencies and R.E.A.C.H. feel this is helpful, they still report that they are concerned that they don't have interpreters readily available for *"any meaningful exchange of information"* if someone comes in without a pre-arranged appointment.

Staff in all of the collaborative agencies said that they have served or are serving people that are hard of hearing and that they felt that the services they have provided have been able to meet their needs. However, none of our collaborative agencies have augmented hearing devices if this is required.

Suggested Solutions:

If services were more responsive and if staff were more comfortable with Deafness, there may be more survivors that are Deaf who would come to our agencies for services. In addition, the rural nature of the county often has people traveling to Asheville, North Carolina (30 miles from us) for increased service options. Suggestions from the collaborative are to develop additional relationships with people in the community that are fluent in sign language and to identify resources that can assist with individuals requiring this service within a shorter amount of time. This may involve having the individuals that are already in our collaborative agencies provide interpreter services if necessary through a contractual agreement. Another option would be to provide training in all of our collaborative agencies in basic sign language and the Deaf culture so that at least some staff would feel comfortable with a Deaf person presenting for services and could talk with the person until an interpreter could be located. We could consider having augmented hearing devices available as an accommodation in our agencies for individuals that are hard of hearing.

Access limited by their ability to read or comprehend information

Again, when we asked survivors and persons with disabilities about accessibility, we found that many mentioned an inability to read and/or comprehend information that was given to them, either in intake format, consent forms, or reading or understanding program materials. One individual with a mental disability summed it up well by saying, *"I need people to show me and read to me. Part of my mental disability is that I can't read or comprehend it."* A person with a cognitive disability also said that it is *"good that they talk to you if you can't read"*. Through the conversations, it was relayed that not only were there barriers because of cognitive disabilities, but those on medications often were unable to concentrate or discern what the materials

meant. Individuals in our focus groups for people with disabilities clearly indicated a need to review all agency materials for cognitive levels and readability. Program materials from service start to finish need to be evaluated for client applicability.

Suggested Solutions:

Our collaborative agencies can make our information more user-friendly so that the majority of people would be able to read and understand it. One person said that *“if someone can’t read and you send something out, maybe you need to make it easier.”* A number of suggestions were made by our participants to help with this problem. All of our collaborative agencies should review their brochures and other written information for “readability” by individuals with difficulty reading. If agency information is written in simple, clear language it will be easier to comprehend. Agencies can also look at their protocols for presenting information and develop procedures to present material orally if individuals don’t seem to be able to read or understand what they are being given at an agency. By adapting our resources to reach the broadest range of participants, we will be better able to assist individuals with disabilities that are experiencing violence and abuse.

Transportation Accessibility

A lack of transportation for varied services was voiced as a unanimous concern for people with disabilities and survivors. The need for a more responsive transportation system was echoed by front-line staff, volunteers, management and leadership of all collaborative agencies.

Because this is a rural county, a public transit system that you would see in urban areas does not exist. Haywood County does have an accessible transportation system that is available by appointment Monday through Friday from approximately 7 a.m. until 5 p.m. Individuals may ride their accessible vans and buses, but it must be prearranged and paid for when the individuals is picked up. They will take individuals any place in the main Haywood County area for a small fee. However, if the person needs to be picked up outside of the “normal” routes, the fee is very high and can cost as much as \$12 per day. Individuals using this system often have to arrive at their appointment several hours early and have to wait to be picked up and taken home. Focus group participants with disabilities reported that they did not like having *“sit for three hours”* when riding these vans. Other Concerns mentioned by survivors and individuals with disabilities were, *“you either live right in town where you can walk to most things or you live way out and can’t get around and that is a real handicap”* and *“we have to walk everywhere”*. This is a problem for anyone in our community that does not have access to a vehicle.

R.E.A.C.H. staff is aware of this option for their clients. *“There is Mountain Transit and cabs, but they cost money”*. Most people and agencies cannot cover the cost. The system provides daily transportation by contract with HVO for their consumers enrolled in their programs. DSS has funds in the Work First Program to contract for transportation and to also allow car repair for those clients with their own vehicles. The Arc owns vans for each group home and can provide

most of their clients with necessary transportation. R.E.A.C.H. can provide necessary transportation while a person is in the shelter, but these are specific to individuals in those programs. Often the person needing to access services must go to several agencies to receive the needed services. One CEO shared that, *“the lack of transportation in this rural area makes access to needed services very difficult”*. This speaks to the fact that a survivor with a disability, a survivor, or a person with a disability without transportation may have difficulties accessing the services that need in our community.

Suggested Solutions:

As a community we need to continue to develop our relationships and awareness of resources so that we can better link our clients with other needed services. This may help to limit the need to go from place to place to obtain the services they need. Individuals spoke to having to *“go to one place and then find out that they should have gone someplace else first.”* The more we learn about the resources available at the other agencies in the community, the better able we will be to link individuals with the services that they need and hopefully minimize their need to go to multiple places. One focus group participant from a disability agency suggested that *“...we consolidate services so there are fewer places to go (for services)...”* Although this will not improve the actual transportation problem, it may help prevent some of the frustration they experience because of the lack of transportation in our area. A county-wide transportation committee has been meeting for many years to look at ideas and address this problem. As transportation has been an ongoing problem for the community and the use of a public transit system is not feasible, a Service Audit would be helpful in determining whether more of the services for survivors with disabilities could be housed in one location utilizing a “One Stop Shop” concept. This is a timely issue as the County of Haywood is determining building usage for a vacant Wal-Mart space where many agencies could be housed under one roof. Potentially, in the implementation plan, the mobilization of services could be reviewed and studied which will address many of the service accessibility issues.

Key Finding #3---Safety

We found that not all agencies were aware of the safety mechanisms important for dealing with issues of domestic violence and abuse.

Survivors report that a “safe environment” included elements of actual physical safety such as a panic button, a place to hide their car, staff available at the shelter, but they also say that staff being attentive to their needs or not judging them by their actions or by what they say contribute to their feelings of safety. For survivors, knowing that what they share is held as

confidential contributes to their feeling of safety. DSS staff and survivors shared concerns about “systems” issues related to receiving benefits at DSS that can compromise survivor safety.

Creating a safe environment is foremost to providers of domestic violence programs. Disability agencies, however, have not had the same level of safety concerns in general. Most of the collaborative agencies have some measures to assist with the safety of the people they serve. HVO, the Arc, Smoky and DSS all have safety and security measures such as alarm systems and protocol relating to violence in the work place.

Smoky staff in the apartment program shared how they rely on law enforcement whenever they have concerns for a resident’s safety. They report that law enforcement is very responsive when they call. There were concerns however in how law enforcement speaks to someone with a mental disability and how they disclose and relay information if a staff member is not present to assist. Not understanding the disability impacts on a safe environment for individuals to disclose. *“You can actually cause symptoms to worsen, delusions, so far as training to deal with that, it was inadequate.”* Both Arc staff and HVO staff shared examples of having to keep their clients apart from individuals that may compromise their safety. Arc staff talked about how they *“calm them down”*, that it is *“all about a sense of security”* with their residents.

One DSS staff member shared that *“if someone is waiting [in the waiting area] and the perpetrator enters, there is no place for them to go.”* DSS staff also shared stories about measures they had taken in the past to maximize safety. They talked about taking people out different doors to avoid coming in contact with spouses or boyfriends, calling the police to assist with someone getting to the parking lot, etc. Many DSS staff shared experiences of having to make adjustments frequently to ensure the safety of individuals receiving services.

Front line staff in several of the agencies (HVO, the Arc, and DSS) reported that when they had questions about safety, there were supervisors they could contact for guidance. Staff in the disability agencies relied on their individual abilities in assessing situations and assisting individuals with their safety when the need arose.

Leadership from Smoky stated that they need *“knowledge of what to do with disclosures, the safety issues.”* Leadership at HVO shared that a need for them was to *“provide additional [safety] awareness training.”* Even though agencies do have some measures in place to protect the safety and well being of their participants, all of the agencies expressed a need for greater awareness, protocols or assessments in this area.

In regard to the safety of having information held as confidential, all agencies reported having policies that addressed confidentiality of client information. Survivors expressed that the ideal service delivery system for them would have *“everything confidential”*. They want to be assured that it is safe to talk and to share and know that their information will be held as confidential. One survivor shared her concern that *“agencies shouldn’t go behind your back to DSS or the police without you knowing.”* They were concerned that if information got back to DSS about

the domestic violence occurring in their home, their children would be taken. They said that they want to talk, be believed and know that information is going to remain confidential. Survivors felt that they could trust R.E.A.C.H. but that they were not sure that other agencies had the same level of confidentiality. They say that the things that should not occur; “don’t talk down to people and don’t say it is their fault”. From talking with the survivors, it was clear that these things had happened to them or to someone that they knew. When survivors relate these negative experiences to others it could prevent them from disclosing so it is critical to ensure consistent, positive experiences.

In addition to these concerns, there are systems concerns to safety. *“The relationship will impact on someone getting child support if they are a survivor. If we go after the husband for child support, we have to name the county where the child lives, this could be a safety issue,”* said DSS staff. A client in a group with HVO stated that she had “worked two years to be safe from her ex-husband and if they went after him for child support, the fear would start all over again. He would find me and my son.” Survivors also voiced this same concern when discussing their needs for safety. Another survivor shared that she chose to do without benefits to keep her abuser from knowing where she and her children were living.

Suggested Solutions:

As we look at changing our culture and our response to the individuals that report violence and abuse, we need to define how our culture will look. We will need to develop our policies and procedures to provide for the most compassionate response to the disclosures. Our culture will need for us to show concern for the immediate needs of a person, believing them, being attentive to their concerns and assuring them of confidentiality by any staff member that they are confiding in and this will enhance their emotional safety. Through agency leadership and Boards of Directors, we can pursue legislative changes that will support a safer system for our survivors. One board chair shared that “we use our senators and legislators for direct contact to the state and federal government to get bills passed.” Additionally, we can provide a safety audit of our collaborative agencies to assess measures that can be taken to improve physical safety.

Key Finding #4---Awareness

We found a lack of awareness regarding what services were available for survivors with disabilities across the continuum and how to access them.

Knowing where to go for help was a key factor for individuals with disabilities and survivors. They learned about services through “word of mouth” and voiced that the community and services providers needed an awareness of all services available. Service providers equally

shared this concern for knowing what services are available and how they could assist consumers in a timely way to access services.

Awareness of Resources and Relationships

During all of the focus groups and interviews participants shared that they “*knew about*” the agencies in the collaborative. Most of the respondents from disability agencies knew that R.E.A.C.H. was the domestic violence/sexual assault agency in our area and said they had a varying degree of familiarity with the other disability service providers. R.E.A.C.H. staff also reported some knowledge of the collaborative agencies. In both groups, the familiarity varied from person to person.

R.E.A.C.H. staff talked about needing more contact with DSS and to “*learn what they provide*” even though they reported that they “*work with DSS*”. R.E.A.C.H. staff also talked about informal relationships with Smoky Mountain Center. They shared that, “*Smoky tells me all the time how their system has changed*” and R.E.A.C.H. staff expressed frustration with attempts to access their services. R.E.A.C.H. staff also said that they had contact with the Arc and HVO, but just informally at meetings and other community events.

Staff at the Arc said that they had a relationship with HVO because their residents attended the program, however, they did not know if it was a contract or if it was just an informal relationship. In one Arc group the staff said that “*I don’t know anything about R.E.A.C.H.*” Staff also shared that they felt that they had a good relationship with Smoky but again did not know if the relationship was formal or informal.

HVO staff shared that when they had suspected abuse that “*our issues tend to be more APS issues; not R.E.A.C.H. issues*” and that they worked well with the APS staff at DSS on these cases. Staff in two of the focus groups reported that they work with Arc “*all the time*” and that they “*have access to the case managers*” at Smoky.

DSS staff made reference to different relationships as they pertained to specific DSS programs. They reported that Work First had a contract with HVO for vocational services and a contract with R.E.A.C.H. for services related to domestic violence needs of their clients. Since there was a cross section of all DSS staff in the focus groups, there seemed to be a wide range between what one group knew about community agencies from another group. In addition, DSS staff spoke to the internal awareness issues of working in a large agency. Several staff made comments about their lack of knowledge as to what the other departments at DSS do, such as, “*I’m not exactly sure what they do*” or “*we need to learn what they do.*” One DSS staff member suggested a need for a service fair just for DSS programs and services so everyone at DSS would have a better awareness of the programs they offer.

We consistently heard from all of our needs assessment participants that they need to know what services are available to assist when someone discloses violence or abuse to a disability agency or when someone discloses their disability to a domestic violence agency. This was not

simply a concern for front line staff that has the primary responsibility for these linkages but also for the leadership and management of the collaborative agencies. In addition, we heard over and over again from survivors and individuals with disabilities about how important it is for agencies to know where and who to link them with when they present at an agency with a need. Survivors and individuals with disabilities stressed that they think staff should have an awareness of these services and that a smooth linkage with another provider helps to alleviate the stress they have when trying to access the services they need. Knowing who to contact for support within each agency for services needed for survivors or individuals with disabilities is a need for front line staff, volunteers, leadership and management. It all boils down to how we communicate with other agencies and the community about what we do, who we serve and how individuals can access our services.

This was one of the most identified needs in all focus groups and interviews. Comments were not made to be critical, but out of each individual's true concern for wanting to provide better linkages for the individuals they serve. Concerns voiced were, *"we need to know the resources to call if we have a situation, we just get passed from agency to agency"* and *"in working with the MH system there have been lots of changes...it is hard to know who to call and sometimes we can't get anyone by phone"* (REACH staff); *"we need to know what is available if we are to appropriately refer someone"* (HVO staff); *"we need education about resources as well as training"* (Arc staff); *"if they can't help you with a certain disability they have a contact where they can transfer you to someone who knows more about it"* (person with a disability); and *"if they could let us know about the services that are out there, we don't always know so if someone could help us and shouldn't assume that everyone knows what all of the services are"*(R.E.A.C.H. survivor). All agencies spoke to the need for our agency personnel to have a broader knowledge base so that they are able to better direct and assist the individuals needing help.

In addition, DSS as well as other leadership expressed that we *"need more public awareness. People with disabilities are more prone to this (violence and abuse) and often can't report it. We need awareness of what to look for."* R.E.A.C.H. leadership also shared the need for *"community education programs."*

Supporting this finding is the insight we gained from talking with survivors and individuals with disabilities. Individuals with disabilities and survivors overwhelmingly say the best way to get information to them is by "word of mouth". However, the individuals that are sharing the information must be informed and have an awareness of available resources before they can share. This could come from their personal experiences with the agencies or from other materials distributed or displayed in our community. *"Word of mouth, like through your doctor"; "word of mouth, not by ads"* were comments made by individuals with disabilities. *"A neighbor", "a friend", "a former sister-in-law", "a daughter", "I was going to tutoring and my tutor asked me about it"*, were the best ways for survivors to obtain information.

Leadership in all of the agencies spoke to the relationships that exist but relayed that most of the relationships are informal. Smoky Mountain Center talked of contractual relationships with

some of the collaborative agencies, but only for specific services. One said, *"It is the relationship piece, who to contact/call...it doesn't matter what the policies and procedures are. It is do you have this and can you get me that?"* DSS leadership also shared that they have contractual relationships with both HVO and R.E.A.C.H. for services in the Work First program.

Front line staff participating in the focus groups responded that they know of the agencies that are in the collaborative but are generally unaware of the specific relationships that exist. They voiced concerns that on numerous occasions agencies don't call one another back. This concern came primarily from the domestic violence service front-line staff and comments made were, *"sometimes people don't even call us back" and "they don't return our calls and we don't know where else to go."*

Individuals with disabilities and survivors also feel that awareness of relationships is critical. Throughout the focus groups individuals talked about the need for knowing what was available and for service providers to be able to link them or at least point them in the right direction when they had a need for other services. One focus group participant shared *"if they can't provide help, have a contact where they can refer you to other services."* One survivor talked about her needs for more assistance in this area. *"Women like us who are in the shelter need some more guidance; if they could let us know about the services that are out there. Shouldn't always just assume that everyone knows what all the services are."*

Suggested Solutions:

The implication of this finding is that all of our agencies need to have a strong knowledge of what each agency does and how we can access services for the individuals we serve. It isn't enough that we have one person who knows how to link with the other agencies. It needs to be a shared awareness that is part of who we are and how we do business. In addition, it is the job of our collaborative agencies to be sure that the community is aware of the services we provide and how to access the services. Community education and information designed to reach the broadest audience will be needed if we are to move our initiative forward.

For community awareness, suggestions from participants included the use of bill boards in frequently traveled areas and magnetic car signs as well as information on television and radio stations. Although written information placed at locations such as our agencies, grocery stores and the library was mentioned, individuals also suggested pharmacies and Avon books as alternate places to distribute written material. Small pocket cards with agency contact numbers was suggested as a way for individuals to have information with them for themselves and to share with others. For non-readers, participants also suggested "recordable cards" like Hallmark where we could record the phone numbers and contacts that they need. A survivor suggested, *"I think some public service commercials on TV would help people who are unable to get out."*

Suggestions for developing staff awareness of other resources were to develop a web site that had all of the agency information and contacts as well as entrance criteria. This would need to be updated regularly to be a viable resource. Another suggestion was to better utilize our

Domestic Violence Task Force. This task force which already meets monthly could be expanded to include other agencies and could be utilized as a multi-disciplinary team to staff cases, particularly ones that may be more challenging because of diverse and multiple needs. Another suggestion by a survivor was to *“have someone who works with domestic violence at DSS.”* Agency awareness has already increased for those that participate in the H.O.P.E. Collaborative and is an excellent example of how important it is to develop relationships with those in other agencies.

Our collaborative agencies need to ensure that staff in all of our agencies knows what relationships exist and how the relationships support the work of each of our agencies. Additionally, we need to look at which relationships can be formalized to provide the greatest resources for our agencies.

Leadership spoke directly to a desire to strengthen the relationships in Haywood County. Smoky Mountain Center leadership expressed that, *“we have a desire to implement crisis intervention teams for those with greater needs”* and *“we could explore with the partners an MOA or a more detailed agreement if it would be helpful.”* HVO Leadership said that they *“would be willing to formalize relationships”*, the Arc that *“we will work with whoever is needed to meet the needs”* and R.E.A.C.H. to the need for *“cultivation of relationships with other service organizations”*. With the support of leadership, development of stronger relationships should be achievable. Not only will these relationships need to be developed, but it will be critical to ensure that staff of the agencies is aware of the relationships and the impact on their responsibilities.

Key Finding #5--- Knowledge & Training

We found a gap in the comprehensive knowledge base for working specifically with survivors with disabilities.

Front line staff of disability services agencies voiced a concern that they may not know how to provide services for a survivor. Overwhelmingly they expressed concerns that they did not have the skills they felt they might need to effectively serve survivors of violence and abuse. Domestic violence program staff also shared their concerns of a lack of training in the area of disabilities and accommodations. Both said that the combination of a disability and domestic violence or abuse created an unfamiliar and uncomfortable situation when providing services.

“A person without a disability has a hard time getting out but if you are disabled it could be that much harder...it is hard to leave that person and go to a shelter if you are dependent on the

person,” stated by a staff person from R.E.A.C.H. Having people at each agency that understood their unique needs was important to both survivors and individuals with disabilities.

This finding revealed a need for knowledge and training in the following areas:

- Mandatory reporting
- Disability Service Programs knowledge and training on Domestic Violence
- Domestic Violence and Sexual Assault Programs knowledge and training on Disabilities

Mandatory Reporting

One area of concern related to training was the same for both disability service providers and domestic violence service providers. Staff of our collaborative agencies is aware of the mandatory reporting requirement in North Carolina and that they are not required to substantiate abuse, only to report it. They knew that the call to protective services would initiate an investigation if the violence or abuse fell within the protective service guidelines. The overwhelming majority of staff participating had little knowledge of what criteria is used by protective services for the case to be investigated. R.E.A.C.H. staff expressed concern that they did not hear what happened to the individual once the report was made and that there was seldom feedback following a report. *“APS didn’t come and assess the woman with cognitive disabilities that had been raped”.*

During the focus group we could hear the frustration in the voices of the staff of the disability agencies and domestic violence agencies as they talked about what they perceived as APS not following up on the reports. Likewise, we could hear equal frustration from the APS staff about when reports did not fit their guidelines. There was a significant information gap around the area of mandatory reporting and the subsequent response by Adult Protective Services (APS). All of the leadership and front-line staff talked about the mandatory reporting statute and responsibilities of reporting. However, most agencies (other than the Department of Social Services that is responsible for the APS) said that *“we call APS but we don’t get a good response from them”*. Some agencies said that, *“APS doesn’t tell us what happened”* or *“APS just dropped it”* and similar statements. When having conversations with DSS in the focus groups the comments made were: *“if the abuse isn’t by a caregiver, our hands are tied”* and *“we need a law to make it so we can go into that house and help (when it doesn’t fit the criteria).”*

Suggested Solutions:

Personnel at each agency not only need to know that they are mandatory reporters, but they also need to understand what occurs when a report is made to Adult Protective Services (APS). Agency personnel need to have training on the criteria that is used by APS to open an APS case. They also need to know what they can do to assist with the situation if the case is not taken by APS. This could be achieved through training or through the development of a brochure on mandatory reporting.

Disability Service Programs knowledge and training on Domestic Violence

“Most victims in the beginning don’t want to admit they are victims and I think it is important for all caregivers to know. They don’t want to admit they need help. Most of them. They need to be treated with the dignity that any human being deserves.” REACH staff.

The only disability agency staff that said they had training on domestic violence was Smoky Mountain Center staff. They said that they had participated in a half-day training on “*predictors of violence*” and also one related to substance abuse and domestic violence. Staff felt these training opportunities were very valuable and that there was a need for additional training in this area. Other disability service providers expressed a need and desire for more specific knowledge of domestic violence and abuse. None of the other agencies reported any specific training on this topic that was provided through their agency. They also expressed concerns with recognizing signs of abuse in individuals that are non-verbal or less able to express their needs in words. *“I think we need to be better trained on picking up on signs, especially for people who are non-verbal or have difficulty communicating. If we are not aware (of the situation), we can’t advocate effectively.”*

Disability services providers feel confident in dealing with individuals with a variety of disabilities however, staff say that they are unfamiliar with how violence and abuse impacts each disability. DSS staff felt that they were more likely to see these issues and were interested in more guidance. *“We see so much domestic violence; we would like any kind of help in how to work with domestic violence issues.”*

Since disability service providers don’t deal with this on a regular basis, leadership expressed a concern that *“people with disabilities risk not being taken seriously if they disclose.”* They also felt that, *“training needs to be improved so that our staff feels more confident to respond to the situation and be consistent through the entire process”.*

Staff of both the Arc and HVO repeatedly shared the concern that persons with cognitive disabilities may not have the knowledge base to recognize the violence and abuse in their lives. *“They don’t see the abuser as hurting them. It is a way of life for them.”* In order to help the individuals they serve that may be victims of violence and abuse, the individuals themselves need to know and understand how they should be treated and how to recognize abuse. Arc staff spoke also to the training and encouragement that their clients may need in order to disclose. They said that the residents need to know that *“it is okay to tell”* and *“it is okay to let someone know”* when they are experiencing violence or abuse in their lives. Other concerns were for their clients as they disclosed to outside agencies that were not familiar with best practices in working with and serving survivors with disabilities.

Suggested Solutions:

In order to provide the best services for the individuals served, we have to not only have knowledge of the various disabilities, we also have to know how violence and abuse intersects with the disabilities and what we as service providers can do to provide the best supports. Disability service agencies need more training on the types of domestic violence. They need to learn that there are more types than the physical abuse that may be more easily recognized. All staff in the disability agencies should have a working knowledge of the dynamics of violence and abuse. They need to know how to recognize signs of abuse in the individuals they serve. This would be particularly in agencies like HVO and the Arc that provide services to non-verbal individuals with cognitive disabilities. A number of the survivors stressed the need for these agencies to learn from the survivors themselves. *"They need to learn this from someone who has been through it,"* stated one survivor.

As service providers we could provide programs, geared to the cognitive abilities of the groups of individuals we serve, on recognizing violence and abuse. This knowledge would help the people we serve be able to advocate for themselves and report abuse that is occurring to staff. Disability front line staff felt that *"agencies need policies to train persons with disabilities about abuse."* Collaborative members suggested a *"peer support program where individuals with disabilities help train others in self advocacy in the area of violence and abuse."* This same idea was talked about in the focus group for individuals with psychiatric disabilities. They talked about having *"peer support counselors"* that assist them with their wellness issues and they felt this was an excellent way of providing training.

Domestic Violence and Sexual Assault Programs knowledge and training on Disabilities

Accommodations can help with maximizing the individual's abilities, but they will still have the disability. "I have a disability. I was born with Down syndrome in my babyhood. I don't know how you can help that."

Domestic violence service providers had particular concerns when individuals with mental health or cognitive disabilities needed shelter. Some of the concerns come from perceptions of persons with mental illness stemming from a lack of knowledge and other concerns come from not feeling that they have the skills needed nor the number of staff available to effectively deal with a person with a mental illness. Staff expressed concerns such as: *"With a mental disability, it would be impossible for us to shelter them because it wouldn't be safe for others in the shelter. We are not trained to work with mental disabilities. People with emotional and mental disabilities are harder to work with. They get dumped on us; sometimes from other counties. We don't have enough staff to deal with psychiatric disabilities. When someone has a mental disability everyone wants to put them off on someone else."* Having adequate support to deal with individuals with mental health and cognitive disabilities was another concern. *"Whenever I have someone in my office with a mental health crisis, I just can't get them help."*

Staff did not have the same concerns when talking about physical disabilities such as wheel chairs. When talking about these disabilities, staff just said that they would use the same information as it applied to other individuals needing shelter. However, they did say that if an individual needed shelter and needed individual attention such as “*health care*”, they would not be able to provide the needed care since “[*they*] aren’t nurses”.

Suggested Solutions:

R.E.A.C.H. staff has a willingness to work with individuals with disabilities, but they do not feel they have the skills to work effectively with these individuals nor do they feel they have the support they need from other community agencies. As a collaborative, it will be our charge to provide each agency with the support and training they need to effectively serve the individuals that come to them for services. Staff said that they need “*Training on how to talk to people with disabilities*” and more importantly that “*training would help [them] deal with the issue rather than always having to call someone.*”

Key Finding #6--- Policies, Procedures and the Intake Process

Key Finding #6: We found that there was a lack of policies, procedures and protocols for responding to the specific needs of survivors with disabilities

Agency staff participating in focus groups and interviews talked of the different policies and procedures that they followed and the types of training that they received. The policies and procedures that were common to all of the agencies were those on confidentiality of client information and privacy; mandatory reporting; client rights; and non-discrimination. Beyond this, neither disability services nor domestic violence program reported any policies and procedures that were outside their normal scope of services; disability services dealt with disabilities and would call R.E.A.C.H. if a disclosure was made and if someone came to R.E.A.C.H. and there were obvious disabilities, R.E.A.C.H. staff would attempt to make contact with the disability service agencies they felt could be of assistance. Disclosures of violence and abuse by individuals with disabilities can be further complicated by issues of guardianship. This creates an added challenge for responding to disclosures by staff of both disability and domestic violence agencies.

A definite need to develop, implement and train personnel in our collaborative agencies on policies and protocols related to the following topics was revealed from our conversations with management and leadership as well as front line staff for each of the following areas:

- Guardianship protocols impacting services to survivors with disabilities

- Disability service programs on how to properly respond to disclosures
- Domestic Violence and Sexual Assault programs on properly responding to persons with disabilities that may need accommodations

Guardianship Protocols

Disability service front line staff talked about the times they have had a disclosure from a client and the perpetrator is the parent or guardian. Even if the client does not currently live in the home with the perpetrator, the guardian still has control. Staff expressed strong concerns over what would happen to clients where guardians were reported and then those guardians chose to pull the client from services or to switch guardianship to another family member in the same home where abuse was occurring. Knowledge of laws and guardianship implications when the perpetrator is the legal guardian and how to proceed with these cases is an area of concern for staff.

R.E.A.C.H. staff also reported that *“problems arise when the perpetrator is a legal guardian.”* They are not clear as to what the legal issues might be, the response of the judicial system and what role DSS may have in the situation. They say that, *“knowing what is legal and the process of proceeding with these cases is difficult.”*

Suggested Solutions:

In order to better support individuals with disabilities that experience violence and abuse, our collaborative agencies need to understand guardianship and the implications that guardianship can have on disclosures. Agencies dealing with individuals that are not their own guardian need to have a comprehensive understanding of guardianship implications and what can be done when guardianship issues arise. Staff in all of our agencies needs to have an understanding of the laws related to guardianship. This could be in the form of training or resource materials related to guardianship. Agencies could also develop policies and procedures related to guardianship that would guide staff with these cases.

Disability Service Programs Responding to Disclosures

Leadership and staff of the disability agencies state that they do not have additional policies and procedures around disclosures of violence and abuse. Although disclosures of violence and abuse do occur in the disability agencies, staff does not screen for violence and abuse nor do they actively create environments during their intake and service delivery to encourage disclosures. Many of the front line staff felt comfortable going to their supervisors for assistance with disclosures and relied on management and leadership to intervene and assist.

In the housing program for mental health, there are questions about housing needs and if the person is “fleeing from domestic violence”. However, once this information is noted, there is no mechanism for any follow-up. The Work First program at the Department of Social Services not only screens for domestic violence but has a contract with R.E.A.C.H. for support on these

cases. Work First staff was the most familiar with R.E.A.C.H. because of this formal agreement. Staff in all of the disability agencies voiced awareness of R.E.A.C.H. and of the fact that R.E.A.C.H. is the domestic violence/sexual assault program that provides direct services and shelter in Haywood County.

Staff was particularly concerned with a lack of protocol, including policies and procedures that they could/should follow if they were the person receiving the disclosures of violence or abuse beyond the reporting to protective services. The concerns centered on how they could adequately support the individual during the process. There were questions related to confidentiality and privacy practices available to support the individual and to provide help if protective services could not assist with the situation. Staff said that they need *“agreements so agencies can communicate and won’t have to get consent every time.”*

Suggested Solutions:

If we are to provide a seamless system where a person with a disability can disclose and receive services, we will need to provide an opportunity for them to disclose. And, in order to adequately support the staff of our disability agencies in responding to disclosures, as well as the person in crisis, staff needs policies and procedures that will guide them in the response.

Disability service agencies will need to evaluate their intake and service delivery processes to see where individuals might be provided an opportunity to disclose. All agencies said that altering their intake process to provide this screening was an option for them except in cases where state or federal mandates prevented this. Agencies will also need to put policies and procedures in place for staff to follow in order to respond to these disclosures. Agencies also need to revisit the “HIPAA Business Agreements” that are in place in some agencies that share clients to determine what this actually means for staff of these agencies. At this time staff is not clear if this provides the sharing of only health information or if it covers other confidential information.

Domestic Violence Programs Responding to Accommodation Needs

The domestic violence agency staff report that information regarding a disability may be disclosed at intake related to their federal intake form requirements. When this information is disclosed, it is recorded and unless something stands out that needs their attention, nothing beyond that is usually done. *“At REACH our policies and procedures are the same for everyone. Treat everyone the same.”* *“Staff is instructed to assess each client’s situation and make accommodations when needed.”* R.E.A.C.H. staff report that they *“are not aware of any policies dealing with psychiatric disabilities. I guess our policy is to refer them to SMC (Smoky Mountain Mental Health Center), but sometimes they don’t qualify.”* And *“If they report a disability, we figure it out on our own. There’s no protocol.”*

Some staff feels that the individual would be comfortable asking for needed accommodations and other staff see the need to “ask them how we can be more accessible” during intake. All report a lack of policies to follow when serving individuals with disabilities.

Suggested Solutions:

To create a seamless system where a person can get the help they need wherever they enter the system, we need to be able to better assess the need for accommodations of the people we serve and have policies and procedures in place that address how we will provide the services and linkages. Domestic violence service agencies will need to evaluate their intake and service delivery processes to see where individuals might be provided an opportunity to disclose a need for an accommodation through the questions they are asked. Staff will also need to have skills in recognizing the need for an accommodation in case the individual does not disclose what they need. Agencies will also need have the needed accommodations available and have policies and procedures in place for staff to follow in order to respond. Disability agencies will need to also evaluate their intake and service delivery processes to in relationship to disclosure of violence and abuse.

Key Finding #7--- Law Enforcement

We found a gap in the relationship with law enforcement and the judicial system in Haywood County for assisting survivors with disabilities.

Overwhelmingly participants in the focus groups and interviews said there is a need to include this component for a comprehensive service delivery system. Although we have been working on the way that law enforcement officers interact with survivors for many, many years, we still have much work to do in this area. The need for Law Enforcement collaboration becomes even more necessary as we begin our process of a seamless system of responding to individuals with disabilities that disclose violence and abuse.

Although as a 2007 grantee we are not working on a collaborative relationship with our local law enforcement, most individuals and groups did have opinions and suggestions related to the need to collaborate more closely with the Sheriff and Police Departments serving Haywood County. Leadership had strong feelings that “*Law enforcement as well as the court system must be trained to ensure an effective system.*” “*We (Smoky) have a desire to implement crisis intervention teams with law enforcement and mental health to help with the high intensity interventions...that would be people with disabilities that also have mental health and*

substance abuse as core issues.” “Some areas of law enforcement are trained in domestic violence, but I have seen officers get mad at the victim.”

R.E.A.C.H. front-line staff echoed similar concerns such as, *“Sometimes the law enforcement will say ‘oh, she’s crazy’ and they won’t help or take out a warrant.” “It seems like we always have new officers. They need training.” “Once I had a woman with cystic fibrosis who had been beaten by her husband. The officer wouldn’t take out an ‘assault on a disabled woman charges’ because he didn’t know the laws.” “People with disabilities should be taken seriously regardless of their disability. The procedures are followed the same for everyone.” “We need training and communication for law enforcement”.* Staff did say that there are officers that do respond appropriately and that they are really glad when those officers are the ones responding to the crisis. When those officers aren’t on a particular shift or are not available, it affects the process and outcome of the call.

Staff from disability organizations also felt that it was difficult for law enforcement to talk to victims with cognitive disabilities because of the communication barriers, the fear that the client has, and the lack of understanding on the part of law enforcement and many other agencies that is needed for this specialized population.

Individuals with disabilities did not talk about the law enforcement aspect as related to disability services. However, most survivors had contact with law enforcement and had some very specific concerns and needs in this area. They said, *“Don’t make people repeat and relive the violence over and over. Let them tell it to one person and let that be enough”.* *“I have found it easier to talk to a female police officer rather than a male.” “My abuser took out charges on me as retaliation and I was put in jail. They wouldn’t let me have my medications in jail.”*

Suggestions

Suggestions from the collaborative in regard to law enforcement included that we need to be more proactive in working with them to ensure that the people receiving services are treated with dignity and respect. This can include training and review of protocols and an understanding of the role law enforcement plays as first responders and, conversely, training for law enforcement in understanding how to respond on a call to a victim with a disability. At this time we can work with staff to improve their ability to interact with law enforcement and we can assist with the process and offer support and guidance when problems are encountered. Future planning may include an OVW grant application in the coming year to add law enforcement in Haywood County as a collaborative partner.

V. Conclusion: Moving Forward

“There is a need for cross-training, protocols, and MOUs as to the services that each agency provides, what the role should be for providing those services and how each agency can work better together to meet the needs of the victims/survivors who have a disability.”

With these findings from our needs assessment, the common themes and the gaps in the services that have been identified, we will move forward into our strategic planning process. During the interviews for the needs assessment, boards and other agency leadership reiterated their commitment to provide the necessary supports to move forward with this initiative. Staff also voiced their willingness to do their part in creating a more responsive system for the individuals they are serving. What we have learned through the needs assessment will inform our strategic planning process and enable us to operationalize the suggestions made by needs assessment participants and the collaborative members to create the sustainable changes in our agencies necessary to provide a seamless service delivery system for individuals we serve that experience violence and abuse.

Appendix 1

QUESTIONS FOR BOARD CHAIRS

1. What are the strengths of (your agency) in working with (Disability agency: people with disabilities/Domestic Violence Agency: survivors of domestic violence and abuse)?
2. What is the Board's role at (your agency)?
 - a. In the decision-making process? Are there decisions that do not involve board approval? What types of decisions?
 - b. In how policies and practices created/changed?
 - c. In personnel decisions? Hiring? Expansion?
 - d. In the allocation of resource?
3. As a board chair, what kind of support would you be able to offer in assisting with the changes needed to enhance the services to persons with disabilities that experience violence and abuse? Decision-making? Personnel changes? Policy and procedure changes? Resource allocation?
4. In a time of limited resources, how do you feel this initiative will support Haywood County?
 - a. What does your agency need in order to enhance their ability to provide services to people with disabilities that experience violence and abuse? Resources? Training? Other things?
5. What other comments would you like to make?

Appendix 2

QUESTIONS FOR LEADERSHIP AND MANAGEMENT Domestic Violence Agency

1. What does your agency do well in working with survivors with disabilities?

- a. Are there opportunities for individuals with disabilities to request accommodations?
- b. Are there resources available for providing accommodations?

2. What doesn't work as well in your agency in serving survivors with disabilities?

- a. Does the type of disability impact your ability to provide services? How?
- b. Does the relationship between the survivor and the perpetrator have an impact on your ability to provide services? Which relationships? What is the impact?

3. What policies and procedures do you have that guide staff in working with survivors with disabilities?

- a. What are the strengths? Weaknesses?
- b. What might need to change?
- c. What changes would you willing to make?
- d. How is staff trained on these policies?
- e. What do you do to support staff on following these policies and procedures?

4. What partnerships exist between your agency and other resources in the community that may be available to assist with providing services to survivors with disabilities?

- a. What types of relationship/partnerships do you have with: Department of Social Services? The ARC? HVO? Smoky Mountain Center?
- b. What is the depth of these relationships? Formal? Informal?
- c. What opportunities exist for creating a partnership if one is not already in place? What works? What doesn't work? How can they be improved?

5. How does change happen in your organization?

- a. What is the decision-making process?
- b. How are policies and practices created/changed?
- c. How are decisions made regarding hiring of personnel?
- d. How are resource allocations made?

6. In a time of limited resources, what do you need in order to enhance your agency's response to survivors with disabilities?

- a. Resources
- b. Training
- c. Other things

Appendix 3

QUESTIONS FOR LEADERSHIP AND MANAGEMENT Disability Agencies

- 1. What does your agency do well in working with persons with disabilities who have experienced violence and abuse?**
 - a. What does your agency do well to encourage the comfort and trust for individuals to disclose violence and abuse?
 - b. What does your agency do well to respond to these disclosures?

- 2. What doesn't work as well in your agency in serving persons with disabilities who have experienced violence and abuse?**
 - a. Does the type of disability impact your ability to provide services? How?
 - b. Does the relationship between the person with a disability and the perpetrator have an impact on your ability to provide services? Which relationships? What is the impact?

- 3. What policies and procedures do you have in place that guide staff who are working with people with disabilities who have experienced or who are currently experiencing violence and abuse?**
 - a. What are the strengths?
 - b. What are the weaknesses?
 - c. What might need to be changed?
 - d. What changes are you willing to make?
 - e. How is staff trained on these policies?
 - f. What do you do to support staff on following these policies and procedures?

- 4. What partnerships exist between your agency and other resources in the community that may be available to assist with providing services to persons with disabilities that experience violence and abuse?**
 - a. What types of relationship/partnerships do you have with: R.E.A.C.H.? Department of Social Services? The ARC? HVO? Smoky Mountain Center?

- b. What is the depth of these relationships? Formal? Informal?
- c. What opportunities exist for creating a partnership if one is not already in place?
What works? What doesn't work? What changes can be made?

5. How does change happen in your organization?

- a. What is the decision-making process?
- b. How are policies and practices created/changed?
- c. How are decisions made regarding hiring of personnel?
- d. How are resource allocation made?

6. In a time of limited resources, what will enhance your ability to serve individuals that report violence or abuse to your agency?

- a. Resources?
- b. Training?
- c. Other things?

Appendix 4

QUESTIONS FOR FRONT LINE/VOLUNTEERS DOMESTIC VIOLENCE AGENCY

- 1. Think about a time when things went well when you were helping a survivor that you feel may have had a disability?**
 - a. What things were in place with REACH to help you? Resources? Training? Policies? Procedures? Relationships?

- 2. Can you tell me about a time when things did not go as well for you in providing services to a survivor that may have had a disability?**
 - a. Did the type of disability impact your ability to deliver services? How? Why?
 - b. Did the relationship between the survivor and the perpetrator impact your service delivery? Why? How?
 - c. Are there things you can suggest that may have been done to improve the situation? Resources? Training? Partnerships? Other things?

- 3. What policies and procedures do you have that guide you in providing services to a survivor with a disability?**
 - a. What are the strengths of your policies and procedures?
 - b. What are the weaknesses?
 - c. What are some changes that you think could be made to provide you with more guidance in providing services to survivors with disabilities?
 - d. Do you receive training in following these policies and procedures?
 - e. How does your agency provide support to you in following these policies and procedures?

- 4. What are some ideas about how your intake and service delivery processes can create an opportunity for a person with a disability to get the accommodations they may need in order receive services from your agency?**
 - a. What processes does your agency have to create an opportunity for a person with a disability to request an accommodation?
 - b. What are some factors that may make it more difficult for a person with a disability to request an accommodation in your agency?

5. What relationships exist with other agencies in the county that can provide assistance in working with survivors with disabilities?

- a. What type of relationship/partnership do you have with DSS? HVO? The Arc? Smoky Mountain Center?
- b. What is the depth of these relationships? Formal? Informal?
- c. From your experience, what do you think can be done to strengthen these relationships/partnerships?

6. What do you want disability service providers to know about serving survivors of violence and abuse?

Appendix 5

QUESTIONS FOR FRONT LINE/VOLUNTEERS DISABILITY AGENCY

- 1. Think about a time when things went well when you were helping a person with a disability that was experiencing violence or abuse?**
 - a. What things were in place within your agency to help you? Resources? Training? Policies? Procedures? Relationships?

- 2. Can you tell me about a time when things did not go as well for you in providing services to a person with a disability that was experiencing violence or abuse?**
 - a. What type of things or concerns had an impact on your ability to effectively assist the person? Safety? Security? Knowledge? Skills? Resources?
 - b. What could you suggest that could have been done to improve the situation? Training? Resources? Partnerships? Other things?

- 3. What policies and procedures do you have available at your agency that guide you in responding to a person with a disability that experiences violence or abuse?**
 - a. What are the strengths of your policies and procedures?
 - b. What are some weaknesses?
 - c. What are some changes that you see that could be made?
 - d. Do you receive training in following these policies and procedures?
 - e. How does your agency provide support to you in following these policies and procedures?

- 4. What are some ideas about how your intake and service delivery processes can create an opportunity for a person you are serving to disclose violence and abuse?**
 - a. What processes does your agency have that create an opportunity for a person to disclose violence or abuse?
 - b. What are some factors that may make it more difficult for a person to disclose violence and abuse? Culture? Atmosphere? Safety concerns? Confidentiality?

5. What relationships exist with other agencies in the county that can provide assistance in working with people with disabilities that experience violence and abuse?

a. What type of relationship/partnership do you have with R.E.A.C.H.? DSS? HVO? Smoky Mountain Center? The Arc?

b. What is the depth of these relationships? Formal? Informal?

c. From your experiences, what do you think can be done to strengthen these relationships/partnerships?

6. What do you want domestic violence service providers to know about serving people with disabilities?

Appendix 6

QUESTIONS FOR SURVIVORS

1. How did you learn about the services available for survivors of violence and abuse?

- a. Where are good places to distribute or provide information about the services available?
- b. Are there specific places that you think agencies that provide services for survivors of violence and abuse should be sharing this information? Church bulletins? Library? Stores? Internet? What ways would reach more people?

2. What can agencies do to encourage survivors to talk about violence and abuse?

- a. What things do agencies do to help survivors feel more comfortable disclosing or talking about violence and abuse?
- b. What things do they do to help survivors trust and have confidence in them?
- c. What do they do to create a welcoming atmosphere?

3. What do agencies do that may keep survivors from disclosing or talking about violence or abuse?

- a. What things do agencies do that may make it uncomfortable for a survivor to disclose or talk about violence or abuse?
- b. What could agencies do that would prevent a survivor from feeling safe?
- c. What might they do to prevent a survivor from trusting them or having confidence in them?
- d. What things could agencies do that would create an unwelcoming atmosphere?

4. What would be the ideal service delivery system look like for individuals that are survivors of violence and abuse?

- a. What would a survivor want to happen when they disclose violence or abuse?
- b. What things would the survivor want the agency to avoid?

5. What are some things disability agencies need to know about working with and helping people who are survivors of violence and abuse?

- a. Confidentiality?
- b. Safety?
- c. Attitude?
- d. Other things?

Appendix 7

QUESTIONS FOR PEOPLE WITH DISABILITIES

- 1. What is the best way for agencies to let people with disabilities know about services that are available?**
 - a. Where are some places that you think it would be good to share information with people with disabilities on services that are available to them? Church Bulletin? Library? Stores? Internet?
- 2. What things do agencies do that may make it difficult for people with disabilities to get the information they need about services that are available?**
 - a. What might make it hard for a person with a disability to get the information or get the services that they need?
 1. What about accommodations? Accessibility? Materials in different formats?
 2. What would help a person with a disability get the information that they need?
- 3. What do agencies need to do to help people ask for specific accommodations that they may need or to help them talk about their disability?**
 - a. How does an agency help a person with a disability feel comfortable talking about accommodation they need to get services?
 - b. How does an agency help a person with a disability to feel safe in asking for accommodations?
 - c. What can agencies do to assure people with disabilities that they know how to work with their specific disability?
- 4. How do organizations make you feel welcome?**
 - a. What do staff do that makes you feel welcome?
 - b. What other things make the environment welcoming?
- 5. What are some things that other agencies may need to know about working with people with disabilities?**
 - a. What types of accommodations people with disabilities may need?
 - b. How to make sure accommodations are available?
 - c. What do they need to know about how to treat people with disabilities?
 - d. What might they need to know about specific types of disabilities?
 - e. What do they need to know to refer people with disabilities to other services?

6. If you could help us design the very best way for agencies to provide services for people with disabilities, what things would you want to be sure agencies would include?

- a. What would happen when the person with a disability goes to an agency for help?
- b. What things should not happen?