

Just ASK: Autonomy & Safety of Kansas Needs Assessment Report

I. Collaboration Background

Collaboration Partners

The Just ASK, Autonomy and Safety of Kansas, collaborative is comprised of three partner organizations. The Kansas Association of Centers for Independent Living (KACIL) is a statewide, membership based organization for centers for independent living (CILs.) The Kansas Coalition Against Sexual and Domestic Violence (KCSDV) is a statewide, membership based coalition of all the sexual assault and domestic violence (SA/DV) programs in Kansas. The Kansas Department of Health and Environment (KDHE) is a state agency with a variety of programs addressing disability, health, safety and injury prevention. These organizations have a long history of working together to end violence against women with disabilities in Kansas. In 2006 the group was awarded an Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant from the Office on Violence Against Women. Through this project the partnering agencies formed Just ASK with a mission to increase points of access for women with disabilities who are survivors of sexual assault and/or domestic violence through CILs and SA/DV programs.

Just ASK spent considerable time formalizing the structure of the collaborative. A collaboration charter was created to detail the group goals, methods of communication and mission. , Central to this process was a common vision for a society where women with disabilities who are survivors of sexual assault and/or domestic violence are fully supported in their rights to safety and autonomy.

Selection of Target Sites

Just ASK utilized a competitive Request For Application process to select two target communities to receive intensive, direct technical assistance. The first community is Wichita. The Wichita collaborative includes a domestic violence program Catholic Charities Harbor House CCHH, Independent Living Resource Center, ILRC, and the Wichita Area Sexual Assault Center, WASAC The second community selected is Salina. The Salina collaborative

includes the Domestic Violence Association of Central Kansas ,DVACK, and Independent Connection, IC/OCCK*. Independent Connection is located within OCCK, a service provider for people with developmental disabilities).

To begin to identify areas of needed technical assistance, Just ASK conducted a needs assessment with both communities. This document reports on the major themes and findings of the needs assessment process, and describes potential strategies for improving services. Just ASK will be engaging in a strategic planning process to assist each target site address the identified needs and sustain practical systems change over the next several years.

II. Needs Assessment Plan Development

Just ASK went through an in-depth needs assessment plan development process that included intensive technical assistance from the Vera Institute of Justice. The process included crucial conversations, examination of needs assessment development literature and tools, and soliciting input from the local communities. From this process, a Needs Assessment Plan was designed to examine barriers and supports for survivors with disabilities when utilizing a CIL and/or a SA/DV program.

The guiding principles for the development of the needs assessment were concerns for safety, respect, and accessibility. As a result, multiple strategies were enlisted to obtain honest responses while acknowledging that participants would be diverse in their immediate needs, comfort level, and experiences. For example, advocates/staff and survivors with disabilities could choose between a focus group setting or a personal interview. This strategy not only resolved scheduling conflicts but also was responsive to participants with a wide range of communication needs or confidentiality concerns.

Just ASK took into consideration the need to balance an individual's safety and their right to make personal choices that may involve risk. This consideration lead to the creation of additional tools such as the check-in-

* OCCK is the name of the organization, not an acronym.

checklist (see Appendix A.9). The tools enhanced the safety of a participant while also supporting her individual choice about participation.

Another example of this balance was in the division of facilitator roles. One Just ASK co-director was available during the focus groups to respond individually to any participant who may be in crisis or distress.

Questions were developed to focus on service delivery and intentionally did not invite disclosures. Boards of directors and organizational leadership were asked about organizational policy, mission, and agency structure. Staff/advocates questions were focused on strategies and challenges when advocating for a person who faced both accessibility and safety barriers. Survivors with disabilities were asked about barriers and supports to accessing services, discussing disability or disclosing violence. Additionally consideration was given to language and confidentiality in question development.

All Needs Assessments documents were provided in accessible formats as requested by participants. Attention to this detail was critical as access is a central theme throughout the work of the collaborative.

III. Methodology

The Just ASK needs assessment utilized a variety of tools including survey, personal interview and focus groups. Four primary populations were identified: Boards of Directors, Executive Directors and Directors, advocates/staff and survivors with disabilities. The following chart documents the anticipated number of respondents as well as the actual number of participants in parenthesis.

<u>Population</u>	<u>Minimum Participants at each Target Site</u>	
	Wichita	Salina
Boards of Directors	3 survey groups WASAC: 12 (5) Harbor House: 21 (11) ILRC: 11 (3)	2 survey groups DVACK: 12 (9) Independent Connection: 5 (3)
Executive Directors	3 interviews WASAC (1)	2 interviews DVACK (1)

	Harbor House (1) ILRC (1)	Independent Connection (1)
Staff & Advocates	3+ focus groups WASAC: 8 (10) Harbor House: 8 (8) ILRC: 8 (7)	2+ focus groups DVACK: 8 (7) Independent Connection: 8 (32)
PWD	20+ participants (24)	20+ participants (23)

Boards of Directors

Questions directed to boards of directors were designed to assess current service capacity, barriers and supports to systems change, gaps in services and access points. Surveys along with a letter of explanation were given to board members by the executive director of each organization (See Appendix A.1 & A.2: Board of Directors Cover Letter, Board of Directors Survey). Self-addressed stamped envelopes were provided with each survey to facilitate return. This population exhibited the most discrepancy between proposed and actual response. It is worth noting, however, that the return rate is significant in both communities (Wichita – 43%; Salina – 70.5%) and exceeds the standard 10% rate of return on surveys.

Executive Directors and Directors

The Executive Director or Director (EDs) of each organization engaged in an interview with the Co-directors of Just ASK. The interviews focused on the organization’s current capacity, strengths, and gaps in the community and the organization’s previous experience with new policy development or other systems change work. The interviews also were crucial to gaining a better understanding of the organization’s history, culture, and how the organization actualizes its mission. (See Appendix A.3: Executive Director Interview Questions).

Staff and Advocates

Just ASK believe that direct service staff and advocates are a vital source to understanding gaps between policy and practice. As such, staff/advocates were invited to focus groups or interviews to assess gaps in policy or protocol and examine the efficacy of current points of access. Advocates/staff also opinions were solicited regarding supports, tools and

resources, and structures that would sustain excellent advocacy provision to survivors with disabilities. Each organization had a minimum of one advocate/staff focus group and groups were agency-specific. Closing the group to advocates and staff from partnering agencies created a greater opportunity for advocates/staff to be candid about issues and gaps within their own systems. A standard set of questions was used to facilitate each advocate/staff focus group or interview (See Appendix A.5: CIL Staff and SA/DV Advocates Focus Group Questions).

Survivors/People with Disabilities

Survivors/people with disabilities are an essential source of information in evaluating current advocacy and in conceiving of services that fully address safety and accessibility. The recruitment of people with disabilities relied entirely on the advocates/staff of the local programs because the advocates/staff had existing relationships with the individuals. They extended invitations in-person or over the phone. This strategy was chosen to improve an individual's comfort level in requesting an accommodation or in declining the opportunity altogether. Advocates/staff reported any needed accommodations on an RSVP sheet, indicated the individual's preference for a group or individual meeting and assisted with transportation arrangements. The Just ASK co-directors met individually with each participant before the start of a focus group or interview. This check-in served several purposes. It offered a private opportunity to disclose safety needs or to confirm that the requested accommodations had been provided. It also created an opportunity to meet someone as an individual, thank them for their participation and ensure they had complete information about the project, such as confidentiality expectations or potential risks in participating. Questions were focused on service provision and advocacy. The groups discussed barriers to access, risks in disclosing violence and successful advocacy practices that encourage, welcome and support survivors with disabilities. (See Appendices: A.10 Survivor/People with Disabilities Focus Group Questions; A.11 Invitation; A.12 RSVP form; A.9 Check-In Checklist; A.13 Confidentiality Statement).

Tools and Implementation

Within this report the term advocate/staff is used to describe staff at both CILs and SA/DV programs. The terms survivor with a disability or

survivor/person with a disability is used to describe the vast majority of participants who experience both disability and violence.

While group questions differed according to population, the facilitation of focus groups shared some commonalities. For example, the three Just ASK Co-directors assumed different roles within each focus group. One member acted as information recorder, one primarily as discussion facilitator, and one as a “floater” able to prompt discussion and provide an identified safe individual if one-on-one support was needed. The division of roles worked well in each focus group allowing attention to detailed information, providing a safe outlet for individuals and promoting the continued group discussion. To increase participants level of comfort, there were no audio recordings of the group. Nor did the information recorder use a laptop during the group. Just ASK was concerned that the presence of a tape recorder or computer could hinder the openness of group discussion. Detailed notes were hand written by the information recorder. Participants were assured that no names or other identifying information was being recorded. The pace of the groups made it difficult to record direct quotes from individuals; however, the co-directors all reviewed notes to ensure that they reflected participant comments.

Focus groups were conducted in each community where organizations have established offices in an attempt to reduce the amount of travel required to participate and to increase the comfort level of participants. The Salina site focus groups for people with disabilities were located at neutral, unaffiliated locations to further provide for the confidentiality of the participants. In Wichita, focus groups were held at affiliated facilities. Safety, confidentiality and access were consistently reinforced in both the advocate/staff and people with disabilities focus groups. Demographic information was gathered from all focus groups to insure representation among all participating organizations and geographic locations. These forms were anonymous and voluntary. (See Appendices: A.4 Staff/Advocates Demographic Information Form; B.1 Staff/Advocates Demographics Report; A.7 People with Disabilities Demographics Information Form; B.2 Survivor/PWD Demographics Report).

IV. Needs Assessment Findings

Overview

At the conclusion of the needs assessment activities, the data were compiled and examined for overarching themes. The results strongly support Just ASK's position that greater connections are needed between CILs and SA/DV programs. Additionally the results indicated that both movements need to collaborate in order to provide excellent advocacy to people with disabilities who experience sexual assault or domestic violence.

Eleven overarching themes, addressing both barriers and supports, emerged upon close examination of the data. Several additional community-specific themes were identified. Each theme, as well as its descriptive text, is rooted in input directly from the needs assessment, although exact quotes are not always available due to the decision not to create an audio recording of the groups and interviews. Nonetheless, these themes emerged directly from the voices of survivors, people with disabilities, advocates and staff and agency leadership.

Potential strategies for addressing the barriers will be presented for each theme. The strategies also draw from the needs assessment process but include proposals from Just ASK as well. In general, Just ASK strategies will include on-going support for each target community's local collaborative. Support for the collaborative will include assisting the target sites in creating a strategic plan to address the identified needs in a sustainable and practical way. This support will most often be in the form of intensive technical assistance.

Themes Addressing Barriers

**Attitudinal barriers and stigma persist against survivors with disabilities.*

A woman with a disability who experiences violence may face a myriad of myths, blame, and bias. The culture attaches stigma and shame to domestic violence, sexual assault and disability. A battered woman may face assumptions that she is an unfit parent simply because she is being battered. A rape victim may have her entire sexual history scrutinized for evidence of bad moral judgments. A woman with a disability may face assumptions that she is incompetent, irresponsible, or simply unable to make decisions about her own life.

Attitudinal barriers and stigma regarding disability and being a survivor of sexual or domestic violence were repeatedly noted in focus groups of people with disabilities and advocate/staff groups. As one participant stated, it is “being treated like you have the plague.” Another survivor reported “They look at you like it’s your fault.” All these cultural stereotypes converge when a survivor with a disability is seeking help. One survivor summed up the source of the stigma. “They fear what they do not understand” she said.

These barriers also restrict an individual’s ability to gain employment, find housing or otherwise engage with the community. One individual noted that some employers think disability means a person cannot work. Another participant referenced gaps in her work history. “If I am honest, (the) employer then assumes domestic violence will interfere with the job” she said. One woman stated “I don’t do things the normal way, I do things my way.” Though this was clearly a statement of pride the woman also reported that she had not found this level of acceptance from others.

Attitudes at allied systems, such as food banks, housing assistance, schools, or Adult Protective Services, are often a significant barrier for survivors with disabilities and advocates. Advocates noted the need of survivors with disabilities for more supportive services for Individual Education Plans (IEP) for their children who also have a disability, assistance in overcoming healthcare barriers, and increased availability of accessible housing. Many survivors with disabilities expressed frustration with allied systems. Much of the available assistance requires detailed applications that can become overwhelming to a survivor with a disability. Some individuals expressed reluctance to even attempt an application due to previous experiences with organizations.

Survivors with disabilities reported being fearful about revealing a disability to SA/DV providers or violence to CILs. This reluctance or inability may result in a survivor with a reading disability signing an intake that she cannot understand or simply not talking about the violence. Each survivor/people with disabilities focus group noted that the best way to provide services was in a welcoming, supportive manner from staff. This reportedly has one of the greatest impacts on whether an individual will utilize the organization.

Just ASK strategies will include on-going support for each target community’s local collaborative. Specifically, the creation of a collaboration charter and on-going collaboration will impact each

organization's culture and improve the knowledge base. Support for the collaborative will also include assisting the target sites in creating a strategic plan to address the identified needs in a sustainable and practical way. Just ASK will review best practice policies and protocols. Just ASK will provide on-going technical assistance to develop local policies and protocols that reflect safety and accessibility broadly throughout the organizations. Integrating safety and accessibility in all aspects of the system can have a powerful impact on the organization's culture. In this way policies, protocols, and resources likely will interrupt many of the myths that underlie stigma and attitudinal barriers. Additional technical assistance may include providing increased tools for ally development or examining new staff orientation plans for the inclusion of information about violence and disability.

**Communication Barriers*

SA/DV programs and CILs reported that access to language interpretation is very limited. All populations identified the need for more interpreters, both ASL interpreters and other languages. In addition to a lack of actual interpreters and the difficulty obtaining their services for immediate crisis, there is also a lack of funds available to pay for interpreter services. One staff advocate recounted an experience working with a survivor with a hearing disability where an interpreter could only be available for one group meeting. With the interpreter, the survivor integrated into the group and had full participation in a productive space. Absent the interpreter, her participation was severely limited and the group had no effective way to engage with her. Advocates and staff also noted that cultural competency training and resources, particularly with Deaf communities, were a necessary part of language access.

CIL staff reported needing greater information and resources for discussing violence, trauma, and safety risks and understanding perpetrator tactics. At an early focus group several CIL staff had basic questions about the causes of domestic violence and why a victim would return to a dangerous situation. SA/DV programs reported needing greater information and resources for discussing disability, utilizing alternative formats, and asking about needed accommodations. One SA/DV advocate said she simply needed "good terminology" for talking about disability. When asked what was needed in order to provide excellent advocacy to survivors with disabilities, staff from both movements expressed obtaining not only

information but also practical experience using the new information and technology/tools.

Sexual assault/domestic violence programs appear to need increased resources, policies and protocols around responding to mental health needs. Organizational leadership and advocates reported sometimes feeling ill-equipped to assist survivors with severe and persistent mental health needs. One advocate noted that “our own lack of confidence with this is our biggest barrier.” Survivors with disabilities who identified mental health needs often reported feeling uneasy and apprehensive in discussing their disability.

Just ASK will provide technical assistance and resources to each target site for the creation of their own charter. A charter would assist target sites in addressing many of these communication needs. It would formalize relationships so that information exchange and resource sharing become embedded in the agencies’ structures. Just ASK’s technical assistance will assist communities in examining policies or protocols relating to survivors with mental health needs. Examples may include advocacy strategies when working with a woman who dissociates or protocols for suicide intervention. Though Just ASK cannot impact the number of interpreters in a community, sharing strategies for budgeting and networking would enhance language access. Technical assistance to increase cultural competency would address agency policies, protocols and outreach strategies

**Inadequate community infrastructure and resources*

Each group of respondents cited a lack of reliable, accessible, and affordable transportation. This was true for both rural and urban areas. The vast geographical distance between population centers in rural communities made available transportation extremely limited. Transportation hours of service in urban areas greatly restricted transportation options, especially if an individual needed transportation outside the normal 8am-5pm workday. Staff/advocates in urban areas also noted that, while cab service existed around the clock, no cabs were accessible.

Lack of sufficient mental health services for survivors with disabilities was noted by all groups. “Women with mental illness get passed along from agency to agency because no one wants to ‘deal’ with them” reported one SA/DV advocate. This perception that victims with mental health needs

cannot be helped or presented issues that were too complex was reported by multiple advocates and staff. Several survivors with disabilities, in both rural and urban areas, also noted the lack of mental health services.

Also noted as lacking was health and sexuality education within the educational system and the community generally. This was in particular reference to survivors with developmental disabilities. Many staff/advocates expressed frustrating experiences with guardians and/or parents of adults with developmental disabilities refusing access to health and sexuality information based on destructive myths. Staff/advocates reported, for example, a parents' refusal to acknowledge the sexuality of their child, believing that this information will only serve to stimulate their child into experimenting with sexual behavior, or simply censoring the information from their child.

There is limited availability of accessible, affordable and safe housing. This is especially true with transitional housing for survivors with disabilities. Access barriers are also present for mothers of children with physical disabilities as housing priorities are given to families whose head of household has a disability, not a child within the family.

Expressed at all levels of inquiry was that current funding streams remain inadequate in addressing violence and disability in communities. Board of director surveys, executive director interviews, and advocates/staff all identified increased funding as one of their top three needs.

Just ASK cannot directly impact many of these infrastructure concerns because they are beyond the scope of this project. Technical assistance can be provided, however, on other available resources. For example, Just ASK can ensure the local sites are well connected to other projects at KACIL, KCSDV and KDHE that may be of assistance. Just ASK will also provide technical assistance to the collaboratives as they help each other develop tools for effective outreach to guardians or parents of adults with developmental disabilities that support the choice of the individual with a disability to access services at a CIL or SA/DV center.

**Insufficient policies*

The statutory requirements regarding mandatory reporting of vulnerable adults reported being interpreted differently and policies for staff reporting were not always clear. CIL staff/advocates indicated knowledge of mandatory reporting expectations of their position, but both the staff/advocates and executive directors recognize the absence of specific protocols. Clearer guidance is needed to defining reportable events, a procedure to follow when reporting, safety measures for victims involved and a clear organizational definition of mandatory reporting. CIL staff/advocates and EDs also acknowledged the need for protocols when a consumer discloses violence.

SA/DV programs appear to need model policies regarding provision of accommodations and model service provision to people with disabilities. Both advocates and executive directors expressed the need to examine this area within their organization. Advocates also indicated the need for policies and resources for survivors with active addictions. For example, many shelters face competing needs to provide safety for *any* battered woman, including a woman with an active addiction, and the possible risks that may present for other women in shelter, such as risks of relapse for a woman in recovery. Attempts to reconcile these complex safety needs sometimes lead to confusion. One advocate commented that their current procedure felt like a “mixed message” to survivors with addictions because the advocates invite information about use which may result in a requirement to be formally evaluated for substance abuse.

Both CIL and SA/DV programs appear to need for policies and protocols when staff have safety risks due to domestic violence or sexual assault or need accommodations due to a disability. Executive directors identified the need for policy change or development regarding staff safety risks, as well as the need to turn policy into practice. Board members from all both CIL and SA/DV organizations acknowledged the need to examine and develop policies regarding safety and accessibility. Each organization expressed a willingness to examine needed changes in policy and protocol.

Just ASK’s primary strategy will be the provision of intensive technical assistance. Local collaboratives will receive support in examining current policies and protocols, referencing model policies and drafting new documents that address identified issues. This process will be guided by each target sites’ strategic plan. Technical assistance will be on-going to assist with unexpected concerns that may arise when the new policies and

protocols are proposed or implemented. Just ASK will provide support in ensuring the dynamic of the collaborative is productive, candid and safe.

**Limited points of access to obtaining services*

SA/DV programs continue to identify challenges with physical accessibility as a barrier to providing services to survivors with disability. The spectrum of structural access issues range from doors that are too heavy, badly designed entrance ramps, and a need for Braille signage in facilities. Though the specific issues varied, all programs reported a desire to address them. One SA/DV program that is architecturally accessible expressed a need for an evacuation plan that is more inclusive of people with mobility limitations. Advocate/staff provided suggestions that included additional accessible rooms in shelter, additional assistive technology, and tools to assist survivors with disabilities, such as having alternative formats of program information readily available.

Survivors with disabilities often experience increased isolation due to the tactics of the perpetrator, effect of trauma, and inaccessible and inhospitable communities. As such SA/DV and CIL advocates and staff noted the increased challenge to reach out to survivors with disability. This is particularly true when the victim is being abused by family members or a personal care attendant. This situation leaves the survivor with little or no access to others without the knowledge of the abuser. CIL staff/advocates found it particularly difficult to address abuse when it is inside the family. Many SA/DV advocates, for safety reasons, are prohibited from going to someone's home, thus making it a challenge to connect with individuals who cannot leave their home. Geographic isolation was also identified as an issue in rural areas, specifically because services are difficult to access if reliable transportation or phone service is not available.

Participants identified their own organizational/movement structure as a contributor to the isolation a survivor may experience. Each organization/movement has its own specific language, jargon, and assumptions. For example, sexual assault centers, domestic violence programs and CILs all operate from different definitions of disability, sexual assault and domestic violence. These disparate ideas sometimes interfere with organizations making appropriate referrals or understanding each other's policies and actions. A CIL advocate commented that "philosophical differences get in the way of co-advocacy." Sometimes confidentiality

requirements are not honored, and advocates have to explain what the requirements are; and advocates must sometimes explain survivor centered advocacy to other agencies. Several EDs also noted that understanding differences in language, philosophy and assumptions is crucial to networking and collaboration.

Strategies for Just ASK will again focus on collaboration development and intensive technical assistance. Collaboration charters outline expectations organizations may have of each other, including confidentiality agreements. This creates a supportive and safe environment to candidly examine access barriers. The local collaborations will be the best place to identify how accessibility may be enhanced by equipment or technology, such as a TTY machine or shower chair, or through expertise, such as an improved emergency evacuation plan. Technical assistance will be provided in the development of co-advocacy strategies that might reduce the isolation of survivors with disabilities, for example, to equip a CIL advocate to approach a person with a disability with referrals or a safe phone to contact SA/DV services.

**Safety considerations*

Survivors with disabilities indicated fear of disclosure leading to the removal of children, forced institutionalization, and the potential loss of rights that could result from reporting actions following disclosure. Some CIL staff may be statutorily required to report abuse of a vulnerable adult. However, the distinction among staff is not clear to survivors/people with disabilities. This can become a safety concern if a survivor with a disability discloses to a mandatory reporter unknowingly. Additionally CIL staff identified having few guidelines for what constitutes a reportable situation. CIL staff identified the need for further training and clearer policies regarding this issue. SA/DV advocates are statutorily exempt from being mandatory reporters for adult abuse.

CIL staff identified the need for policies and protocols for serving both survivors and offenders if both access services. One particular incident was discussed within a CIL staff/advocate focus group that involved a case manager serving both the survivor and the offender. While this situation was resolved with the assignment of a new case manager for the survivor clear policies and protocols do not exist to resolve future conflicts.

Current strategies used by both CILs and SA/DV organizations to communicate across language barriers sometimes jeopardize victim safety. One CIL advocate stated “It is hard to know how someone translates arthritis when they are six, seven or eight years old.” This practice may traumatize a child or family member, limit what the survivor is willing to share, and impact the reliability of the information that staff is communicating. Clear protocols are needed to guide staff when utilizing interpretation services including guidance for safer communication until an interpreter has available.

Just ASK also will facilitate the development of protocols for disclosures of victimization. Protocols should thoroughly address ways to inform individuals of mandatory reporting requirements and opportunities to disclose to a safe person. Additionally, Just ASK will assist in the development of protocols for the use of interpreters that includes using a neutral interpreter to find out who the victim does/does not feel safe using for interpretation.

**Criminal Justice System*

While Just ASK cannot address criminal justice system issues in this project we are documenting the issue as it consistently emerged in focus groups and interviews with ED’s, staff/advocates and survivors/people with disabilities. Barriers to accessing justice were identified as communication barriers, victim-blaming bias, lack of training, and an assumption that people with disabilities would not make credible victims or witnesses. Identified gaps in the criminal justice system ranged from a lack of legal representation, an unwillingness to provide communication accommodations, and assistance to overcoming the stigma of disability throughout any judicial proceeding. Attitudes found in the criminal justice system were identified in most cases, to be less than optimal. It is perceived that law enforcement organizations tend to perpetuate common myths about disability. Participants reported that some within the criminal justice system hold destructive attitudes towards victims such as believing that women with mental illness lies about sexual assault.

Again, Just ASK cannot directly interface with the criminal justice system. We will ensure that target sites have complete information and access to other projects and resources at KACIL, KCSDV and KDHE that can address these issues.

Themes Addressing Supports

The remaining overarching themes are identified as supports rather than barriers to safe and accessible services for survivors with disabilities. As a result, potential strategies to address each theme are unnecessary. Just ASK will continue to promote the further development of these supports as the collaborative efforts within each community continue. Specific proposals to expand on these strengths are noted where applicable.

**Organizational capacity*

All CILs and SA/DV organizations have solid histories and experience with collaboration and partnership in their respective communities. Organizational leadership and direct service staff/advocates are recognized change agents in the communities. Organizational leadership in all collaborating organizations have long standing experience with the individual organization and with their respective movements. Additionally, EDs at each organization have considerable experience implementing policy change within the organization and reported instituting change at a policy level as a priority.

**Organizational commitment*

A high level of organizational commitment was evident at every level of each organization. Boards of directors at CILs and SA/DV organizations identified services to survivors with disabilities as core to the organization's mission. EDs reported personal investment in addressing these issues as well as a professional mandate to serve *all* the people in their community. Direct service staff and advocates, as well as staff and advocates who primarily provide education and community programming, were energetic, honest, and candid in sharing successes and challenges in addressing violence and disability. Survivors/people with disabilities who participated in the needs assessment noted that, while evident, high levels of commitment do not always translate into effective services. This is often due to a lack of

resources. An example of this is the recognition that staff/advocates are committed to assisting survivors in finding housing, but may be limited due to a lack of financial resources available and lack of affordable and accessible housing stock. Just ASK will assist target sites in documenting their organizational commitment as part of their collaboration charters.

**Survivor-Centered, Person-Centered, Empowerment Based Advocacy*

SA/DV programs, CILs and staff/advocates at all organizations operate from a basic assumption that all people have the right to be heard and make choices in their own lives. This empowerment based philosophy is often called “survivor-centered advocacy” in the anti-violence movement and “person-centered advocacy” in the independent living movement. Programming and services are designed to maximize opportunities for individual empowerment supporting each survivor/person with a disability as they access and use organizational services. All participating organizations appear to be skilled at recognizing supports beyond those traditionally used. All participating staff/advocates recognized the importance of meeting an individual “where they are”. One SA/DV advocate stated, “Our primary product is listening and believing”. This type of advocacy was consistently expressed by survivors/people with disabilities as being crucial to providing effective services.

However, leadership at both SA/DV programs and CILs expressed a need for enhanced or modified documentation standards, job descriptions and advocacy/service definitions that support this broad-based advocacy. Just ASK will engage in technical assistance with target communities about how they support and sustain this survivor-centered/person-centered advocacy.

**Trust and relationship building*

Survivor/people with disabilities focus groups all reported that establishing trust and relationship building are necessary in order to provide effective services and advocacy. A primary consequence of victimization is the destruction of trust in others and trust in one’s own judgment about other people, particularly since the perpetrator is usually someone close to the victim. For a survivor with a disability this often magnifies the cultural belief that she should not be allowed to make her own decisions. Staff and advocates are then in the position of overcoming significant distrust before

establishing a relationship. Advocates/staff and leadership all acknowledged the development of trust as a critical piece in advocacy provision. “The advocate is the backbone, and without a backbone, you cannot walk” is how a survivor with a disability described excellent advocacy services.

Relationship building is both time-intensive and necessary. “If I think an advocate has something better to do, I’m not going to waste my time” said one survivor/person with a disability. Other members of the focus group listed multi-tasking, rushing individuals and being distracted as indicators of disinterest. Staff and advocates also reported pressures and time constraints, such as large case loads or competing organizational responsibilities, that negatively impact relationship building. Although both CIL and SA/DV advocates work in under-resourced environments, survivors and people with disabilities repeatedly commented on feeling connected and reported high levels of trust. One survivor/person with a disability commented that a trusting and patient relationship is the difference between an advocate and other social service providers. She stated that advocates “wait until a victim gets her own thoughts out. They have patience and let us work through it.” To build on this, direct service staff should be structured in a way to allow for relationship building with individuals. Just ASK will provide technical assistance to the target sites in examining job descriptions or project outcomes that might support more time for individual work.

**Salina Themes*

Strengths and needs unique to each target site also emerged through the needs assessment. In Salina, IC/ OCCK and DVACK have an established history of cooperation to meet the needs of survivors with disabilities. This has occurred at multiple levels within the organizations. Cross referrals occur frequently. Staff/advocates at both organizations readily assist survivors in accessing services that would benefit the survivor/person with a disability. Organizational leadership also rely on each other and encourage co-advocacy. Salina also has a well-practiced tradition of resource sharing. An example of this is DVACK regularly utilizes assistive equipment borrowed from IC/OCCK.

IC/OCCK and DVACK reported that resources in rural service areas are fewer and more difficult to access. Both OCCK/IC and DVACK have satellite offices located in Concordia, a rural community 1-hour distant from

Salina. Further, the drive time from Concordia to more remote communities in the service area can be several hours. This makes both regular programming and crisis work extremely difficult.

Potential strategies to respond will include promoting the use of existing connections within the community to utilize available technology, such as interactive television capabilities at the community college located in Concordia, to expand programming in rural areas. Just ASK will also provide technical assistance and explore the development of rural volunteer networks to serve as local resources and increase access to all organizations.

**Wichita Themes*

The unique make up of Wichita's collaborative is one of its strengths. Three separate organizations are involved resulting in a high level of expertise and focus for each area. The increased access to experts aids in successful collaboration and in specifically addressing both sexual assault and domestic violence against women with disabilities.

Close ties exist between CCHH and WASAC. Closer organizational links are needed, however, between the disability movement and the SA/DV movement in Wichita. While referrals are made among organizations, more formal connections need to be developed between ILRC, CCHH and WASAC.

CCHH, ILRC and WASAC have already begun to address this gap. Just ASK will provide technical assistance in the creation of a collaboration charter and will assist with ongoing collaboration development to formalize links across movements.

V. Conclusion

The Just ASK needs assessment results from the Wichita and Salina sites presented a number of clear themes pertaining to both sites, plus several issues unique to each site. The themes highlighted supports and barriers to accessing services for people with disabilities who are survivors of domestic abuse or sexual assault.

The themes highlighting supports are:

- Organizational capacity – CILs and SA/DV organizations have solid histories and experience with collaboration and partnership in their respective communities.
- Organizational commitment – A high level of organizational commitment was evident at every level of each organization.
- Survivor-Centered, Person-Centered, empowerment based advocacy – SA/DV programs, CILs and staff/advocates at all organizations operate from a philosophical base that all people have the right to make choices about their own lives.
- Trust and relationship building – the survivors with disabilities and staff/advocates all expressed the importance of trust and relationship in the interactions between survivors and advocates.
- In Salina, the unique support theme that emerged is the established history of cooperation to meet the needs of survivors with disabilities.
- In Wichita, the unique support theme that emerged is the expertise available from the three separate agencies involved – the CIL, a sexual assault organization, and a domestic violence shelter/program.

The common themes highlighting barriers that need to be addressed are:

- Attitudinal barriers and stigma persists against survivors with disabilities.
- Communication barriers
- Inadequate community infrastructure and resources
- Insufficient policies
- Limited access to obtaining services
- Safety considerations
- Criminal Justice System

For each of these themes, strategies to address the barriers are suggested. Although the strategies draw from the needs assessment through the board of director surveys, executive director interviews, and the focus groups with both staff and advocates and survivors with disabilities.

Just ASK has several action steps to respond to the identified needs. Just ASK will hold a retreat to develop the Just ASK strategic plan of work with the target sites. This will include a detailed plan until the end of the project and a general 5-year plan to sustain change that will lead to increased access to services. The Vera Institute of Justice will assist with the planning

process and provided needed technical assistance with the implementation of the plan.

Co-directors have coordinated with target sites to set all organization site meetings in Salina and Wichita. These meetings will be used to review the needs assessment report and the Just ASK strategic plan for services. Both meetings are scheduled to take place in August.

Finally, Just ASK will develop plans with the sites for technical assistance provision. The plans will mirror the Just ASK strategic plan with more detail in the plan to the end of the project and several years beyond to work toward sustainability.

Just ASK Needs Assessment Report

Appendix A: Needs Assessment Tools

1. Survey Cover Letter for Board Members
2. Boards of Directors Survey
3. Executive Directors Interview Questions
4. Staff/Advocates Demographic Information
5. CIL Staff and SA/DV Advocates Focus Group Questions
6. Direct Service Advocates Focus Group RSVP form
7. People with Disabilities Demographics Information Form
8. Statement of Purpose
9. Check-in Checklist
10. People with Disabilities Focus Group Questions
11. Invitation to the Individuals with Disabilities Focus Group
12. Individuals with Disabilities Focus Group RSVP form
13. Focus Group Confidentiality Statement
14. Confidentiality Agreement for Personal Care Attendants

Just ASK Needs Assessment Report

Appendix A.1

Survey Cover Letter for Board Members

Dear (Name):

Thank you for participating in the needs assessment survey about the services your organization provides to people with disabilities who are survivors of domestic or sexual violence. As you know, your organization is part of a local collaboration that was chosen as a target site to be part of a grant to enhance and increase services to survivors with disabilities through systems change. Your collaboration was chosen, in part, because of the commitment to change and the willingness to participate in all phases of the change process. The grant provides a variety of benefits to your collaboration that will be provided by Just ASK, a collaboration of the Kansas Association of Centers for Independent Living (KACIL), the Kansas Coalition Against Sexual and Domestic Violence (KCSDV), and the Kansas Department of Health and Environment (KDHE). One of the first benefits to your community collaboration is a needs assessment.

Your participation as a board member in the needs assessment board survey is very important to the process. You are in a unique position to provide a broader view of the community, your organization and its resources. You are also key to providing the policy support and commitment of resources that are necessary for sustaining change that increases services to survivors with disabilities. Once the needs assessment is complete, we will furnish you with a report, and your community will participate in a strategic planning process that will map out how Just ASK will provide technical assistance in your community.

Thank you for your participation in the needs assessment process. If there are any questions, please contact one of the Just ASK coordinators by phone or email.

Sincerely,

Jehan Faisal
Co-Director
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785-232-9784
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Just ASK Needs Assessment Report

Appendix A.2

Board of Directors Survey

_____ (insert program name)

Instructions: Please check the appropriate box to answer questions 1-5. Questions 6 and 7 are short answer format.

1. How would you assess your agency's current capacity to serve people with disabilities who are experiencing domestic or sexual violence? Consider policies, procedures, attitudes, equipment, knowledge, skills, funds and training.
 - We currently have a high level of capacity.
 - We currently have a good level of capacity.
 - I'm not sure
 - We currently have a limited level of capacity.
 - We currently have a low level of capacity.Please explain: _____

2. Do you see work to end violence against survivors with disabilities as crucial to your organization's mission statement?
 - Yes
 - I'm not sure
 - NoPlease explain: _____

3. Do you believe current policies and procedures are consistent with providing effective service to survivors with disabilities?
 - Yes
 - I'm not sure
 - NoPlease explain: _____

4. What are the three most critical areas in which change is needed?
(check only three)

- | | |
|--|---|
| <input type="checkbox"/> Budget line items for safety & accessibility needs | <input type="checkbox"/> Protocol for disclosures of violence |
| <input type="checkbox"/> Effective outreach | <input type="checkbox"/> Protocols for utilizing interpreters/translators |
| <input type="checkbox"/> Intake procedures | <input type="checkbox"/> Protocols when both a victim and a perpetrator are receiving services (for example, attending a community event) |
| <input type="checkbox"/> Offer of accommodations re: disability | <input type="checkbox"/> Provision of alternative formats |
| <input type="checkbox"/> Physical structures | <input type="checkbox"/> Provision/use of assistive technology (TTY, screen readers, shower chairs etc.) |
| <input type="checkbox"/> Policies re: batterer's interference with services to a survivor (such as canceling transportation) | <input type="checkbox"/> Referral protocols |
| <input type="checkbox"/> Policies re: drug or alcohol use by survivors/consumers | <input type="checkbox"/> Screening for sexual assault/domestic violence |
| <input type="checkbox"/> Policies re: personal care attendants in shelter | <input type="checkbox"/> Staff development protocols |
| <input type="checkbox"/> Policies re: prescription medications | <input type="checkbox"/> Workplace violence policy |
| <input type="checkbox"/> Policies re: service animals | |
- Other (please specify) _____

5. Which areas do you consider the most likely in which change to improve service for survivors with disabilities could be successfully made and sustained?

(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Budget line items for safety & accessibility needs | <input type="checkbox"/> Policies re: drug or alcohol use by survivors/consumers |
| <input type="checkbox"/> Effective outreach | <input type="checkbox"/> Policies re: personal care attendants in shelter |
| <input type="checkbox"/> Intake procedures | <input type="checkbox"/> Policies re: prescription medications |
| <input type="checkbox"/> Offer of accommodations re: disability | <input type="checkbox"/> Policies re: service animals |
| <input type="checkbox"/> Physical structures | <input type="checkbox"/> Protocol for disclosures of violence |
| <input type="checkbox"/> Policies re: batterer's interference with services to a survivor (such as cancelling transportation) | <input type="checkbox"/> Protocols for utilizing interpreters/translators |

- Protocols when both a victim and a perpetrator are receiving services (for example, attending a community event)
- Provision of alternative formats
- Other (please specify) _____
- Provision/use of assistive technology (TTY, screen readers, shower chairs etc.)
- Referral protocols
- Screening for sexual assault/domestic violence
- Staff development protocols
- Workplace violence policy

Please answer questions 6 and 7 with 2-3 sentences each.

6. What challenges do you see to implementing change in the above areas?
7. What allies, partnerships or board member affiliations are available to your organization to assist in developing or expanding services to survivors with disabilities?
8. What would you consider “success” in your agency’s ability to serve survivors with disabilities? What are your benchmarks to know when you have been successful?

Just ASK Needs Assessment Report

Appendix A.3

Executive Director Interview Questions

1. What are some strengths of your organization and your community?
2. What key community resources do you utilize when addressing the issue of violence against women with disabilities?
3. Tell us about a policy change you implemented at this organization that was very successful. What did your leadership look like? Were there challenges and, if so, how did you overcome them? How did you evaluate the change? What sustained it?
4. Do you have a policy about reasonable accommodations or responding to violence? What is your organization's philosophy or value statement regarding your work with survivors with disabilities?
5. What strategies do you use to respond when key systems/allies are either inaccessible or present safety risks to survivors with disabilities?
6. What strategies does your organization use to reach survivors with disabilities?
7. What services to survivors with disabilities do you think could be successfully improved and the changes sustained?
8. What are the three most critical areas in which change is needed?
9. Identify key resources your organization would need in order to better serve survivors with disabilities. Consider policies, procedures, attitudes, equipment, skills, budgets for accessibility and safety needs, knowledge and training

10. What do you need in order to provide excellent leadership in addressing safety and accessibility for survivors with disabilities? (such as resources, model policies, networking opportunities with other EDs, education etc.)

Just ASK Needs Assessment Report

Appendix A.4

Staff/Advocates Demographic Information

Instructions: Please provide the information requested and put the form in the box provided on the table when you leave the focus group. None of this information will be used to identify you in any way. Please do not put your name on the form so that you can remain anonymous. This information is being gathered to ensure equal representation of advocates across programs (SA outreach, DV outreach, CIL outreach). All demographic information will be destroyed no later than 3 months following the completion of the strategic plan.

Organization: _____

Position: _____

City where most work is done: _____

Just ASK Needs Assessment Report

Appendix A.5

CIL Staff and SA/DV Advocate Focus Group Questions

1. Tell us about a positive experience advocating for a survivor with a disability. *(follow up: What was comfortable about that experience?)*
2. Tell us about a less positive experience advocating for a survivor with a disability. *(follow up: What was uncomfortable about that experience?)*
3. What are some of the ways survivors with disabilities find out about your services? *(follow up: Do folks come as survivors/people with disabilities or do you find out later that they are experiencing violence/have a disability? What do you think makes someone feel safe and comfortable enough to disclose violence to you/ discuss their disability with you? When folks come to you through word-of-mouth, are there particular services they're interested in?)*
4. What are some primary barriers and supports when a survivor is disclosing violence or talking with you about her disability? *(follow up: What are barriers/supports within your own organization? How do differences between policy and practice impact your advocacy? Consider advocacy interactions with other systems.)*
5. What are some gaps in services in your community for survivors with disabilities? *(follow up: Consider gaps in terms of accessibility e.g., attitudinal, physical, communication, etc.. Consider gaps in terms of safety: emotional safety as well as immediate, physical safety.)*

6. In light of existing gaps in the community, how have you or your organization been able to provide services to survivors with disabilities? *(follow up: What connections have you already made? What does advocacy for survivors with disabilities look like in your organization? Have you used co-advocacy in providing services to survivors with disabilities?)*

7. What would you need in order to provide excellent advocacy for a survivor with a disability? *(follow up: What do you need from your board, your ED, your co-workers, your agency's structure, technical assistance. . .? What do you need from yourself?)*

Just ASK Needs Assessment Report

Appendix A.6

Direct Service Advocates Focus Group RSVP Form

If you are attending a focus group or would like to have an interview, please return this card to the primary contact at your organization (include names) or call (telephone numbers) to let us know how we can make the focus group accessible for you. All information provided is confidential.

Name: _____

City: _____

Organization or City where you provide services: _____

I prefer to participate in a (please check one box)

Focus Group (please select date/time)

- _____ (date/time will be specified)
- _____ (date/time will be specified)

Individual Interview

- _____ (date/time will be specified)
- _____ (date/time will be specified)

I request the following accommodations (*check all that apply*):

Just ASK will ensure that arrangements for accommodations are made.

- ASL interpreter
- Other language interpreter Please specify: _____
- Alternate format for materials Please check all that apply.
 - Braille
 - Large print
 - Other Please specify: _____
- Dietary concerns for snacks. Please specify: _____
- Other Please specify: _____

Just ASK Needs Assessment Report

Appendix A.7

People with Disabilities Demographic Information

Instructions: Please provide the information requested and put the form in the box provided on the table when you leave the focus group. None of this information will be used to identify you in any way. Please do not put your name on the form so that you can remain anonymous. Demographic information is being gathered to ensure equal representation across programs (main office, satellite office) and will be destroyed no later than 3 months following the completion of the strategic plan.

I am: A survivor A person with a disability Both

I live in

- A rural area (such as Concordia or Ada)
- A semi-urban area (such as Salina)
- An urban area (such as Wichita)

I access services at: _____
(organization or city)

Just ASK Needs Assessment Report

Appendix A.8

Statement of Purpose

Thank you for coming to the Just ASK focus group or interview. Just ASK: Autonomy and Safety of Kansas is a group made up of three agencies that work statewide.

- Stephanie works for the Kansas Association of Centers for Independent Living, also called KACIL. KACIL works with independent living centers from all over the state.
- Jehan works for the Kansas Coalition Against Sexual and Domestic Violence, also called KCSDV. KCSDV works with rape crisis centers and domestic violence programs from all over the state.
- Ann works for the Kansas Department of Health and Environment, also called KDHE. KDHE works to promote the health and well being of all Kansans.

We work all over the state and so we do often work with the _____ (name of CIL) and _____ (name of SA/DV program.) We do not work for them but are here to help them find ways of improving their services. Your input will help us do that. The things you tell us will stay confidential. We will tell them about the things discussed in the group but will not tell them who attended or what they said.

This meeting is so we can learn more ways to help people with disabilities and survivors of violence.

We will listen to you carefully. You know the community best and know the most about what things need to change.

It is okay to tell us about what services work well in your community and what has not worked well. It is also okay if there are things you don't want to tell us.

If you know of a complaint about a local program, it is okay to tell us. We cannot fix the situation but hearing about it may help us understand problems that happen all across Kansas.

Your knowledge is very important. Thank you for sharing it with us.

Stephanie, Jehan and Ann

Just ASK Needs Assessment Report

Appendix A.9

Check-in Checklist

- Welcome and thank the individual for participating
- Hand the individual the stipend
- Confirm universal access of focus group or interview
 - On your RSVP you stated we should have _____ (Braille, large print, interpreter, childcare, etc.) Does what we have meet your needs? Is there anything else that might make you more comfortable participating?
- Explain who Just ASK is
 - Stephanie, Jehan and Ann do not work for the local programs and will not share identifying information with them. The local programs will get a copy of a report at the end of the needs assessment.
 - Stephanie, Jehan and Ann do not make reports to SRS.
 - Jehan is available during the meeting if you want to stop the interview or take a break from the focus group to talk one-on-one.
 - *Hand participant the statement of purpose.*
- Explain confidentiality and its limits
 - Stephanie, Jehan and Ann do not make reports to SRS
 - We ask everyone to keep the discussion private
 - We cannot guarantee everyone will keep your confidentiality
 - If you are worried that something you say will jeopardize your safety, well-being, a job, your housing, etc., you can either talk to us privately or just not bring it up. Your safety is the most important thing, and it is okay if you decide not to share certain things.
 - *Hand participant the confidentiality agreement.*
- Review the discussion topics and ask if there are any safety concerns
 - Here is the list of questions we're starting with for the group today. We are asking questions to improve services for people with disabilities who experience sexual assault or domestic violence. We will be talking about disability and safety and how agencies can be more helpful. These topics sometimes

bring up memories or feelings if something is or has happened in your life. In the focus group we will be focusing on how to improve services and we will not ask about anyone's personal experiences with violence. If you are currently feeling unsafe because of something that is going on now or has happened in the past, please feel free to talk with me now. Jehan is available all through the meeting today and here is information on the local CIL and SA/DV center if something comes up after we've gone. You can always step out if the discussion becomes too intense or if you want to talk with us individually. Do you have any safety concerns that you would like to talk about now?

- *Hand participant local CIL and SA/DV contact information.*
- *Hand participants the list of focus group questions.*
- Review the demographics survey and how information will be used
 - We are collecting statistics on each person who participates. We are doing this to make sure we have people with different life experiences participating in the groups. I'd like to read this form and then we can fill it out together or you can fill it out and drop it in a box after the group. Your name will not be attached to it.
 - *Hand participant demographics form*

Just ASK Needs Assessment Report

Appendix A.10

People with Disabilities Focus Group Questions

1. Can you tell us about a time you received excellent advocacy assistance? *(follow up: from a CIL, SA/DV program, others in the community etc. What made the advocacy excellent?)*
2. When you think about disability, how would you describe it or how do you think about it? *(follow up: What are some reasons why someone would identify with the word “disability”? What are some reasons why someone would not identify with the word “disability?”)*
3. When you think about domestic or sexual violence, how would you describe it or how do you think about it? *(follow up: If you are worried that a friend may be experiencing violence, what are things that make you think there may be abuse? What does that abuse look like?)*
4. Many people have experienced domestic violence or sexual assault at some point in their lives. You may know someone who has experienced this. When someone is working with an advocate or service provider what makes it hard to talk about abuse or try to get help? *(follow up: What have you seen or heard about? What kinds of help does someone get? How are they treated? What might make it easier or encourage someone to talk about it?)*
5. We often hear that it is hard to get help from service providers because they don't seem to understand the violence or the disability. What would be the best way for service providers to help a person with a disability that has experienced sexual assault or domestic violence? *(follow up: What do service providers need to do, to avoid, to do differently or to know in order to understand violence or disability)*

6. What are some ways that people find out about services? What things make it easier or harder to contact and use services such as a CIL or an SA/DV center? Are there services that are hard to find or simply unavailable here in _____ (town name)?
(What supports or services are utilized the most in your community?)

7. What would ideal services, advocacy, programs look like? What would you tell service providers and advocates about providing excellent advocacy?

Just ASK Needs Assessment Report

Appendix A.11

Invitation to the Individuals with Disabilities Focus Group

Possible language for CIL or SA/DV Advocate when extending an invitation to a consumer/survivor

We're going to be working with our local (*Center for Independent Living or Sexual Assault/Domestic Violence organization*) to find survivors and people with disabilities to participate in focus groups. We want to find out how we can better provide services to survivors with disabilities. I thought you might be interested in helping us.

The focus group will be on (*date*) at (*time*) and last about 90 minutes. We can help with several things - transportation, childcare, interpreters, or other accommodations. We'll just need to know a little ahead of time. Various focus group and interview times are available. Please check the time/date most convenient for you.

Here's an RSVP form and an envelope to return it if you choose to participate or you can just call me and we can fill the form out together. If you have any questions, please let me know.

Please see the following if an individual requests any accommodations or information.

Information on transportation: (will be community specific)

Just ASK has purchased bus tokens/ transit vouchers. They are available at the CIL or SA/DV office for staff to give to potential focus group participants.

Information on childcare: (will be community specific)

Volunteers from _____ will be in a room next door to the focus group location. They will be playing a movie and have crafts & games available.

Commonly requested accommodations

Information on alternate PCAs: (will be community specific)

Alternate PCAs are being provided through _____. We request specific information about the kinds of PCA services needed to ensure we have a qualified PCA acting as an alternate. Examples of services needed might include scribe or assistance toileting.

ASL - American Sign Language for people who are deaf or hard of hearing and use ASL as their language

OTHERS - Foreign languages, SEE/ Sign Exact English (some mainstream school systems use this for students who sign), languages for people who are deaf/blind

BRAILLE - for people with visual impairments or are blind, tactile format

LARGE PRINT - for people with low vision

AUDIOTAPE - for individuals who prefer to read through the use of recorded audiotaped information

CD - for individuals who prefer to review text documents via computer

PERSONAL CARE ATTENDANT - an individual that assists a person with a disability perform tasks where assistance is required

CHEMICAL SENSITIVITY - awareness that the presence of chemicals in the environment may present significant barriers to some individuals resulting in a commitment to be as scent-free as possible

PHYSICAL ACCESS - this relates to the architectural access of a building or room and is in reference to individuals with disabilities related to mobility (for example, someone who uses a wheelchair, a walker, a cane)

DIETARY CONCERNS - some individuals may have food allergies. Other considerations may include low sodium, low sugar, gluten-free, etc.

Just ASK Needs Assessment Report

Appendix A.12

Individuals with Disabilities Focus Group RSVP Form

*If you are attending a focus group or would like to have an interview, please return this card to your local center for independent living at (actual name and address) or SA/DV organization at (actual name and address) or call (telephone numbers) to let us know how we can make the focus group accessible for you. **All** information provided is confidential.*

Name: _____

City: _____

Organization or City where you receive services: _____

I prefer to participate in a (please check one box)

Focus Group (please select date/time)

- _____ (date/time will be specified)
 _____ (date/time will be specified)

Individual Interview

- _____ (date/time will be specified)
 _____ (date/time will be specified)

Just ASK will ensure accommodations are available at focus groups & interviews. Please let us know what services you request (*check all that apply*):

- Transportation
 Child care Number of children and ages: _____
 ASL interpreter
 Other language interpreter Please specify: _____
 Alternate format for materials (*check one*)
 Braille

- Large print
- Other Please specify: _____
- Alternate Personal Care Attendant
Please specify needs: _____
- I will have my own Personal Care Attendant
- Dietary concerns for snacks. Please specify: _____
- Other Please specify: _____

Just ASK Needs Assessment Report

Appendix A.13

Focus Group Confidentiality Statement

The following statements about confidentiality will be the guidance for the operation of the focus group. Safety of the focus group participants is of primary importance.

1. Stephanie, Jehan and Ann will keep your information private. If you say you will hurt someone or yourself, we cannot keep that private, but everything else will be kept private. Stephanie, Jehan and Ann are not mandatory reporters.
2. Although the moderators are the only members of the group who are bound by confidentiality requirements, we strongly encourage all members of the group to keep the information shared and discussed during the session confidential based on mutual trust, safety concerns and respect for other members of the group.
3. Sometimes it is hard to share your story or ask a question about your situation because you are afraid of being reported to a watchdog agency. If you are uncomfortable talking about yourself, we suggest that you begin your remarks with a statement similar to: “A friend of mine is having this problem.” or “Suppose there were a situation like this: . . .” Then share the story or ask the question. Stephanie, Jehan and Ann are not mandatory reporters.
4. If you chose to privately discuss your situation with a moderator, we want you to know that private discussions with moderators will be held confidential.
5. All information presented and discussed by the group will be used only to plan better services for survivors.
6. No information that can personally identify you will be used in planning; however, we may identify your town in the planning process.

Just ASK Needs Assessment Report
Appendix A.14

Confidentiality Agreement for
Personal Care Attendants

Focus group participants are entitled to confidential space. I will protect the privacy of all participants by not sharing any information about who attended the group or what was said.

(Signature)

(Printed Name)

(Date)

Just ASK Needs Assessment Report

Appendix B: Demographic Information

1. Staff/Advocate Demographics
2. Survivor/PWD Demographics

Appendix B.1

Just ASK Needs Assessment

Staff Demographics

SITE	DIRECT SERVICE STAFF	MANAGEMENT	CITY WHERE WORK
Salina			
DVACK	3 OARS Advocate 2 SA Victim Advocate 1	4 Shelter Manager 1 Volunteer Coordinator 1 Facility Coordinator 1 Executive Assistant 1	Salina; Salina & Concordia Salina Salina Salina
Independent Connection	6 Independent Living Trainer/Teacher 1 Independent Living Specialist 2 Independent Living Specialist 1 Targeted Case Manager 2	0	Salina, Ellsworth, Kanopolis, Lindborg Salina; Salina & Concordia 9 counties Salina
OCCK	20 Case Manager 8 Case Manager 2 Team Leader Residential 2 Team Leader 3 Independent Living Team Leader 1	6 Regional Manager 1 Regional Manager 1 Regional Manager 1 Regional Manager 1 Asst. Regional Manager 1	Salina, Beloit, Concordia Salina & Abilene; Abilene Salina; Concordia; Concordia Salina, Beloit, Abilene; Beloit Abilene; Beloit

	Coordinator 1 Behavior Support Specialist/Case Manager 1 Service Coordination Specialist 2	Director, Personal Supports 1	Salina Salina Concordia, Beloit
Staff Demographics			
Wichita			
Harbor House	7 OARS Advocate 2 Outreach Advocate/ Volunteer Coordinator 1 Court Advocate 1 Client Advocate 1 Adult Counselor 1 Weekend Lead Advocate 1	1 Staff Supervisor	Wichita
ILRC	6 Payroll/PAS Advocate 1 Targeted Case Manager 1 ILC/TCM 2 ILC/TCM 1 Consumer Advocate 1	1 Interim HCBS Manager	Wichita/Wellington Winfield, Eldorado, Ark City, Coffeyville, Eureka, Belle Plaine Wellington, Oswego Wichita Hutchinson, Newton, Kingman McPherson, Sterling, Lindsborg Marquette, Cunningham, Nashville, Junction City Wichita
WASAC	5	5	

OARS Advocate 1	Statewide Coordinator 1	Wichita; across state
SA Outreach 1	Volunteer Coordinator 1	Sedgwick County, excepting Wichita; Wichita
Sexual Violence Prevention Educator 1	Hispanic Outreach Coordinator 1	Wichita
Outreach & Education 1	Coordinator of Program Services	Wichita
Court Advocate 1	Statistical Coordinator 1	Wichita

7/11/2008

Appendix B.2
Just ASK Needs Assessment

Survivor/PWD Demographics*

Site	Survivor	PWD	Both	Rural	Semi-urban	Urban	Service Access
Salina	0	3	13	7	9	0	Independent Connection 3 OCCK 5 DVACK 4 Legal Aid 1 SRS 1 Other Salina Services 1 Cawker City 1 Concordia 5
Wichita	4	3	12	1	0	18	Kingman 1 Wichita 5 Court Services 1 ILRC 7 ILRC Cooking Class 1 Harbor House 5 Woodward OK DV Center 1 WASAC 1 Austin & Waco TX 1

*Some participants chose to not complete the demographic form. Actual participant totals are:

Salina 23
Wichita 24

7/22/2008