

NUCOV

Northern Utah's Choices Out of Violence



Needs Assessment Report

1/15/10



UtahStateUniversity
CENTER FOR PERSONS WITH DISABILITIES

Northern Utah's Choices Out of Violence, Prevention of Violence and Improved Services to Women with Disabilities in Utah (OVW Cooperative Agreement #2007-FW-AX-K003). Funded under the U. S. Department of Justice, Office on Violence Against Women's Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities program (CFDA #16.529).

The opinions, findings, conclusions and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the U. S. Department of Justice, Office on Violence Against Women.

Executive Summary

Northern Utah's Choices Out of Violence (NUCOV) is made up of service organizations in our community that serve people with disabilities and work with survivors of domestic violence/sexual assault. These organizations include:

- Community Abuse Prevention Services Agency (CAPSA)
- Utah State University's Center for Persons with Disabilities (CPD)
- OPTIONS for Independence (OPTIONS)
- Utah Division of Services for People with Disabilities—Northern Region (DSPD)

These organizations collaborated on a grant from the Office on Violence Against Women that is focused on creating better services for people with disabilities or those who are Deaf who are victims of violence. This report is the third step in the planning phase of the grant and describes the conducting of the needs assessment process and the findings.

Design and Goals

NUCOV planned and wrote goals and tools for their needs assessment which included instructions and questions tailored to each individual audience. The assessment was conducted over the course of several months. The tools developed and used are found in the appendices of this report. Results were synthesized into key findings, which included implications, and will be used to formulate a strategic plan. Focus groups and interviews were conducted on four different levels for each organization where available: clients/consumers/survivors, staff, administrators, and boards of directors.

In order to provide a basis for improving services for people with disabilities and Deaf people who have experienced violence, NUCOV established the following needs assessment goals that address the strengths and challenges of each organization as well as the interactive connections among the agencies:

1. Identify the existing strengths within each of the NUCOV organizations that can collectively be utilized to comprehensively serve people with disabilities and those who are Deaf who are victims of violence.
2. Identify existing barriers and challenges within each of the NUCOV organizations that limit their ability to comprehensively serve people with disabilities and those who are Deaf who are victims of violence.
3. Identify the existing working relationships among the collaborating organizations and conceptualize the ideal working relationships necessary

to comprehensively serve people with disabilities and those who are Deaf who are victims of violence.

Methods

NUCOV spoke with 129 persons in either a focus group or interview format over the course of eight weeks using specific questions designed by the NUCOV collaboration partners. Participants included persons with disabilities, English and Spanish speaking survivors of domestic violence, organization staff, administration, volunteers, and boards of directors. Participants were recruited by the staff or administrator closest to the individual on a one-on-one basis.

Eighteen focus groups as well as eleven interviews were conducted among the collaborative organizations. All planned focus groups and interviews were held with the exception of individual consumer interviews for DSPD.

NUCOV started conducting focus groups and interviews using separate facilitators but quickly recognized the benefits of having a consistent method. From that point, the focus groups and interviews were conducted by the same facilitator. This facilitator was available to provide additional information and answer questions about each group as collaboration partners analyzed the data.

Method of Data Analysis

NUCOV began analysis of the data by having transcripts made of the recordings from the focus groups and interviews. These transcripts were then read together as a collaborative group and discussion followed as to what information gained was most important for each organization to know. After analyzing the data, NUCOV partners synthesized this data into key findings and implications.

Key Findings

1. **Targeted policies, procedures and practices** – There is a lack of adequate policies, procedures and practices within the partner organizations for responding to the specific needs of survivors with disabilities.
2. **Resources including funding, time, reallocation of resources** – Demands on the partner organizations are so high that it is extremely challenging for them to address the complex needs of survivors of abuse with disabilities or who are Deaf.
3. **Organizational relationships** – There is a lack of meaningful collaborative working relationships among partner organizations. There is not a clear understanding between abuse and disability organizations

regarding services available to survivors/clients/consumers. There is a significant gap for survivors who also have mental health issues.

4. **Training and education** – There is a lack of awareness regarding what services are available for survivors with disabilities and how to access them. There is a fundamental lack of knowledge and understanding at the organizations about disability and abuse which leads to feelings of fear when working with survivors with disabilities.
5. **Environmental issues:**
 - a. **Welcoming** – A welcoming environment is critical to people when accessing services. We found that organizations varied in their ability to provide a welcoming environment.
 - b. **Safety** – Safety concerns are paramount to both survivors and staff. We found that not all organizations are aware of the safety considerations important for dealing with issues of domestic violence and abuse.
 - c. **Accessibility** - There are areas for improvement in our organizations in how accessible services are for survivors with disabilities. There are accessibility concerns present in physical, attitudinal, programmatic, and transportation areas.
6. **Service system navigation** - Navigation of the service system is limited by the lack of knowledge on the part of survivors and staff regarding existing services and resources.

Conclusion and Recommendations

Collaboration partners have discussed each of these findings in depth and will use the implications as a springboard in creating a strategic plan to address as many facets of the findings as possible under this grant with the resources currently available. Significant findings were discovered in this process that will be critical to address in the future, specifically working with mental health and law enforcement.

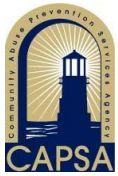
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Introduction

Collaboration Members

Northern Utah's Choices Out of Violence (NUCOV) is a collaboration of four partners focused on improving services to people with disabilities and Deaf people who are victims of violence. The four partners are:



Community Abuse Prevention Services Agency (CAPSA)

CAPSA is a private non-profit domestic violence shelter and rape crisis center that serves northern Utah. CAPSA has been providing shelter, advocacy, education and resources for more than 30 years. *CAPSA is where abuse ends and hope begins.*

CAPSA representatives to the collaboration are Jill Anderson, Executive Director, Kathryn Monson, Program Director, and LaLine Ray, NUCOV Project Coordinator.



Utah State University – Center for Persons with Disabilities (CPD)

CPD at Utah State University joins the expertise of researchers and faculty with community partners to address the most difficult challenges facing persons with disabilities and their families.

CPD representative to the collaboration is Gordon Richins, Consumer Liaison.



OPTIONS for Independence (OPTIONS)

OPTIONS is a nonresidential, consumer driven Center for Independent Living where people with disabilities can learn skills to gain more control and independence over their lives.

OPTIONS representative to the collaboration is Cheryl Atwood, Executive Director.



Utah Division of Services for People with Disabilities – Northern Region (DSPD)

DSPD promotes opportunities and provides support for persons with disabilities to lead self-determined lives. It oversees home and community-based services for more than 4,000 people who have disabilities. Support includes community living, day services, supported employment services, and support for people with disabilities and their families.

DSPD representative to the collaboration is Deborah O'Dell, Administrative Program Manager.

History

In October 2007 the four partner organizations were awarded a three year cooperative agreement with the U. S. Department of Justice, Office on Violence Against Women (OVW). CAPSA has served as the prime contractor with subcontracts going to the other three collaborating organizations. An additional subcontract was awarded to Baer Management, Inc. to provide the services of Richard D. Baer, Ph.D. as project director. Richard Baer resigned from the project in August 2009. Jill Anderson took over project director responsibilities. Technical assistance for the project has been provided by Vera Institute of Justice.

The cooperative agreement includes planning and implementation phases. The first two planning steps, developing a collaboration charter and a focus memorandum, were completed in 2008. Copies of these documents are available from the project or OVW. These steps were vital in helping to build the collaboration and in narrowing the collaboration's focus. This was accomplished through creating vision and mission statements and in defining how collaboration partners would work together throughout the process. A detailed needs assessment plan was also developed and approved by OVW in August 2009.

This needs assessment report describes the third step in the planning phase, conducting the needs assessment. Major sections included in addition to the introduction are Methodology, Key Findings, Implications and Conclusions.

Creating the needs assessment helped the collaboration focus on what information was most important for them to know. The findings will determine what changes can be made in the service delivery system in each organization so survivors with disabilities and those who are Deaf have access to the comprehensive services they require.

Vision and Mission

NUCOV's vision is:

NUCOV envisions a future where a lasting collaboration of public and private entities work together to ensure people with disabilities and Deaf people who experience violence are aware of and have access to comprehensive services. It believes that as a result of this collaboration people will have access to services no matter where they enter the system and the option to live free of fear and violence.

NUCOV's mission is:

To ensure people with disabilities and Deaf people living in Cache and Rich counties of Utah who are victims of violence are aware of and have access to appropriate services, it is the mission of NUCOV to:

- Enhance the capacity of victim and disability service agencies to reach out and provide the protections and services needed, and
- Improve the coordination of supports and services between victim and disability service agencies.

Purpose and Goals

The purpose of the needs assessment was to collect data related to three goals described below from individuals served by the collaborating organizations, their staffs, administrations and boards. This data will provide a basis for developing a strategic plan to implement comprehensive services for people with disabilities and those who are Deaf who are victims of violence in the project service area.

In order to provide a basis for improving services for people with disabilities and Deaf people who have experienced violence, NUCOV established the following needs assessment goals that address the strengths and challenges of each organization as well as the interactive connections among the agencies:

1. Identify the existing strengths within each of the NUCOV organizations that can collectively be utilized to comprehensively serve people with disabilities and those who are Deaf who are victims of violence.
2. Identify existing barriers and challenges within each of the NUCOV organizations that limit their ability to comprehensively serve people with disabilities and those who are Deaf who are victims of violence.
3. Identify the existing working relationships among the collaborating organizations and conceptualize the ideal working relationships necessary to comprehensively serve people with disabilities and those who are Deaf who are victims of violence.

Report Structure

In addition to this introduction, this report describes the methods of data collection and analysis used, key findings and implications, as well as NUCOV's conclusions and planned next steps. The appendices include the instruments used for data collection.

Questions about this report should be directed to the NUCOV Project Director, Jill Anderson. She can be reached at CAPSA at 435-753-2500.

Methodology

Overview

NUCOV's needs assessment was designed to collect data in as safe and anonymous a way as possible in order to promote a feeling of safety and comfort for those participating, and to comply with Utah's laws requiring mandatory reporting by all citizens of child, vulnerable adult, and elder abuse. The collaboration partners decided to use two methods for collecting data: focus groups and interviews. Between August 2008 and August 2009 NUCOV representatives and staff cooperated with OVW and Vera Institute personnel to create focus group and interview questions that would directly relate to these goals. These questions can be found in the appendices to this report. A short explanation regarding the wording of the questions is provided in the introduction to the appendices. Needs assessment data was collected during August, September and October 2009.

From the data collected, transcripts were made of all but four of the focus groups and interviews. Detailed notes from the note taker and facilitator were used in those instances. As transcripts and notes became available, collaboration partners read through them as a group and notes were taken by each member of the collaboration on what aspects of the groups and interviews had the most meaning for their organizations and for the collaboration as a whole. Discussion followed, and key findings are reflected in this report.

Due to the process undertaken by the collaboration in analyzing and synthesizing the data, a better understanding of how each organization works was gained by all members. Partners expressed a greater level of appreciation for the complexity and difficult nature of the work being done by each organization. Because most groups were conducted without a collaboration member present, some of the information gained was uncomfortable for administrators to hear. Collaboration partners had to school their emotions over the difficult information to some degree, which created an atmosphere for full transparency and an opportunity for learning. Throughout the process, the collaboration partners were able to support each other in making sure the findings were well articulated and not glossed over. Due to this process, the collaboration partners' commitment to analyzing the implications and implementing change has been strengthened.

Needs Assessment Questions

Questions to be addressed by the needs assessment paralleled the needs assessment goals and were:

1. What are the existing strengths within each of the NUCOV organizations that can collectively be utilized to comprehensively serve people with disabilities and those who are Deaf who are victims of violence?
2. What are the existing barriers and challenges within each of the NUCOV organizations that limit their ability to comprehensively serve people with disabilities and those who are Deaf who are victims of violence?
3. What are the existing working relationships among the collaborating organizations and how can the ideal working relationships necessary to comprehensively serve people with disabilities and those who are Deaf who are victims of violence be conceptualized?

Data Sources

Focus Groups

Focus groups were conducted at the respective collaboration member offices in order to provide a familiar and comfortable setting for participants. Staff for focus groups consisted of one facilitator, at least one note-taker, and any other personnel needed to provide accommodations. Focus groups were no more than two hours long and light meals and snacks were served.

Participants were greeted by a staff member who reviewed an informed consent form and asked that it be signed. Survivors/clients/consumers were then given a \$20 gift card stipend. At the beginning of each focus group, the facilitator explained that the focus group responses would be audio recorded and asked if there were any objections. Only one group had a participant object to the recording. All other groups were recorded. The facilitator also oriented the participants to the facility including explaining that safe rooms were available for anyone who needed one. At the end of the focus group, the facilitator thanked the participants and asked if there were any questions.

Interviews

Interviews were conducted at the respective collaboration member offices in order to provide a familiar and comfortable setting for participants. Project staff

for interviews consisted of one interviewer and one note-taker. Interviews were no more than one and one half hours long.

Participants were greeted by the interviewer who reviewed an informed consent form and asked that it be signed. At the beginning of the interview, the interviewer explained that the interview would be audio recorded and asked if there were any objections. There were no objections. At the end of the interview, the interviewer thanked the participant(s) and asked if there were any questions.

Consistent Person

LaLine Ray, NUCOV Project Coordinator, served as note taker during all focus groups and interviews except the group conducted in Spanish and the CAPSA Administrator Joint Interview. Her presence, in this way, facilitated summary and integration of the data.

Analysis

Facilitators and note takers used a debriefing form developed by collaboration partners. The form was modified after the first few focus groups to better record the information gained. The final form provided space for recording:

- Memorable quotes and key points
- Major themes identifying strengths and weaknesses
- Suggestions for improvement
- Other insights or gaps we were unaware of
- Procedural insights (for improving the facilitation of groups)

Immediately following each focus group, the facilitator and note taker took time to fill out the debriefing form and discuss what information would be best used to summarize the group. This summary was provided along with the transcripts of each interview and focus group to the collaboration partners for review. The partners read each transcript together and discussed the content and implications, asking any clarifying questions from the facilitator and note taker as needed. This led to the development of the key findings. While a very time consuming and painstaking process, this was an extremely beneficial experience in helping the partners understand what challenges exist within the organizations represented in this grant as well as others in the community. The end result will enable partners to give more than lip service to the needs of the community for survivors with disabilities because of the deeper understanding gained.

A major lesson learned and relearned throughout the entire grant process was and continues to be the necessity to complete each step together as a collective

group. Whenever the partners felt the need to save time by individually assigning sections, it was found the work was not cohesive. The partners were not functioning as a true collaborative team, and in the end it took even more time than originally planned as the partners had to go back and redo it as a group. A guiding principle will be that any future endeavors by this collaboration will be done as a whole in order to accomplish the changes envisioned.

Data Sources/Key Informants

Each NUCOV collaboration partner has years of experience working with the populations served by their respective organizations as well as their staffs, administrations, and boards. In light of this, each partner was asked to define what audiences and methodologies would be best suited to obtaining the data necessary to meet the needs assessment project goals. Audiences and numbers recommended to participate and actually participating in the needs assessment, along with associated methodologies, were as follows:

CAPSA

For CAPSA, NUCOV conducted focus groups with survivors, volunteers, staff, and board members. A joint interview was conducted with administrators. As CAPSA serves a diverse population, separate survivor focus groups were held for English and Spanish speakers. Staff and volunteer focus groups were determined by duties and responsibilities. A brief description of staff, administrator, and board member responsibilities follows:

- **Caseworkers:** The CAPSA caseworkers have long-term interaction with survivors. They assist the survivors in various settings, such as at the office, in court, etc. The caseworkers also help the survivors in creating personal action plans in addition to advocating and coordinating services for the survivors with other agencies in the community.
- **Support Staff:** The support staff have limited but crucial interaction with survivors. They answer the crisis phones and help to connect survivors with caseworkers. They also help survivors as they enter and exit the services facility and while waiting to meet with their caseworkers.
- **Shelter Staff:** Shelter staff rotate frequently over 24-hour periods to provide the needed coverage and support for shelter residents. Their primary roles involve interacting with the shelter residents to help them feel comfortable during their stay as well as checking them in and out of the shelter. They also help provide for any physical needs the residents may have while in shelter.

- **Volunteer Advocates:** Volunteer advocates are available 24 hours a day. They meet with survivors at the request of law enforcement, medical services or when a survivor requests assistance outside normal business hours. These advocates meet with survivors who are in crisis and are looking for immediate resources such as shelter. They assist in coordinating transportation for the survivors to the shelter.

CAPSA has two administrators, Jill Anderson, Executive Director, and Kathryn Monson, Program Director. Ms. Anderson is responsible for the overall operation of the organization including interfacing with the board, funding, personnel, policies and procedures, and public relations. Ms. Monson is responsible for all direct client services including supervision of shelter staff and caseworkers. She also represents the organization on a variety of state and local boards and coalitions.

The CAPSA board is a governing board whose main responsibilities include supervision of the executive director, fund raising, and approval of policy. They are also involved in community awareness and public relations for the organization.

Survivors participating in focus groups were invited on a personal one-on-one basis by the staff person closest to the participant. CAPSA administrators invited their staff, and Ms. Anderson invited the board of directors.

All groups and interviews were held as planned, with the exception of one support staff participant who was interviewed as she was unable to attend her scheduled focus group. The number of individuals who participated was very close to the number planned. However, finding a time when volunteers were able to meet as a group was very difficult and their group was much smaller than anticipated. A table indicating the numbers recommended and in actual attendance follows (see Table 1).

Table 1
CAPSA Needs Assessment Activities

Group	Method	Recommended Participants	Actual Participants
English Speaking Survivors	Focus Group	6-8 Survivors	8
Spanish Speaking Survivors	Focus Group	6-8 Survivors	4
Shelter Staff	Focus Group	4-6 Staff	6
Caseworkers	Focus Group	6 Caseworkers	6
Support Staff	Focus Group	6-8 Staff	5/1 interview
Mobile Crisis Team Volunteers	Focus Group	6-8 Volunteers	3
Administrators	Interview	2 Administrators	2
Board of Directors	Focus Group	6-8 Board Members	8

CPD

For CPD, NUCOV conducted focus groups with clients, key staff, and the CPD Consumer Advisory Committee. Due to many advisory committee members living across the state, it was planned to interview over the phone those who could not attend in person. However, due to a number of scheduling conflicts, the focus group was conducted via conference call with those able to participate.

Clients participating in focus groups were invited on a personal one-on-one basis by the staff person closest to the participant. CPD’s Consumer Liaison invited the key staff and advisory committee members.

Focus groups were held as planned, with the number of individuals participating within the planned parameters. A table indicating the numbers recommended and in actual attendance follows (see Table 2).

Table 2
CPD Needs Assessment Activities

Group	Method	Recommended Participants	Actual Participants
CPD Clients	Focus Group	6-8 Clients	6
Key Staff - CPD Director, Medical Director, Family Nurse Practitioner, Services Director, and Clinical Services Coordinator	Focus Group	5 Staff	4
Advisory Committee	Focus Group (Interview)	5-9 Committee Members	6

OPTIONS

For OPTIONS, NUCOV conducted focus groups for consumers, staff, and board members. An interview was held with the administrators. In light of the fact that OPTIONS provides services to people with all types of disabilities, and needs and experiences may vary by disability type, separate focus groups were held based on disability type (see Table 3). Staff focus groups were determined by duties and responsibilities. A brief description of staff, administrator, and board member responsibilities follows:

- **Support Staff:** Support staff typically provide information and referral services over the phone or for consumers who come to the Center. They also work within the community promoting the Center.
- **Direct Service Staff:** Direct Service staff provide services on a one-on-one basis to consumers. Services are provided in the setting most comfortable for the consumers, generally their homes. They help consumers set and reach goals and have contact on a regular basis to monitor progress and provide support.

OPTIONS has two administrators, Cheryl Atwood, Executive Director, and Judy Biggs, Center Manager. Ms. Atwood is responsible for the overall operations of the organization including interacting with the board, funding, personnel, policies and procedures, and supervision of the staff. Ms. Biggs is responsible for the day-to-day operation of the Center with limited decision making authority in Ms. Atwood's absence.

OPTIONS' board is a governing board whose main responsibilities include supervision of the executive director, limited fund raising, and approval of policy. Board members are also involved in community awareness and public relations for the organization.

Consumers participating in focus groups were invited on a personal one-on-one basis by the independent living coordinators closest to the consumer or by Ms. Atwood. Ms. Atwood also invited her staff and board of directors to participate.

After hearing the summary of the first focus group with OPTIONS staff, it was determined by collaboration partners that using the same facilitator for every group would alleviate any deviations from intended questions and enhance the quantity and quality of information gained. Information from the first group was useful but limited and it was determined to use the facilitator already engaged by CAPSA. As a result, individuals who participated in the Direct Service Staff focus group were invited to participate again with the Support Staff in a single group. Questions for this group were taken from sets of questions developed for both groups in order to get the relevant information without duplicating questions. All other focus groups and interviews were conducted as planned. A table indicating the numbers recommended and in actual attendance follows (see Table 3).

Table 3
OPTIONS Needs Assessment Activities

Group	Method	Recommended Participants	Actual Participants
Consumers with Sensory Disabilities	Focus Group	6-8 Consumers	6
Consumers with Physical Disabilities	Focus Group	6-8 Consumers	5
Consumers with Cognitive Disabilities	Focus Group	6-8 Consumers	7
Support Staff	Focus Group	3 Staff	11
Direct Service Staff	Focus Group	10 Staff	7
Administrators	Interview	2 Administrators	2
Board of Directors	Focus Group	5 Board Members	4

DSPD

Consumers served by DSPD have a wide range of cognitive functioning. The DSPD collaboration partner, Deborah O'Dell (Administrative Program Manager), knows each consumer and determined that a focus group would be the most effective way to collect needs assessment data from consumers who have a higher level of functioning but that an interview would be more appropriate for consumers who have a lower level of functioning. Level of functioning was

determined by Deborah O'Dell's observations of consumers' language ability and their ability to function in a group.

NUCOV assisted Ms. O'Dell in conducting the focus group and interviews for consumers, as well as conducting focus groups and interviews for staff and administrators. A brief description of staff and administrator responsibilities follows:

- **Support Coordinators:** Support Coordinators work directly with consumers. They provide interface with DSPD, advocating on behalf of consumers for appropriate funding and services. They act as a source of information and referral for consumers and families. They write program plans and monitor budgets and quality of services.
- **Support Staff:** DSPD has one support staff. She serves as a receptionist, greeting consumers and the public. Additionally, she acts as office manager and a source of information and referral for consumers and their families. She processes provider billings submitted by organizations subcontracted with DSPD.
- **Administrative Program Managers:** Administrative Program Managers are responsible for oversight of support coordinators and support staff. They also interface with families, providers, the DSPD State Office, Utah Department of Health, and other relevant agencies. Further, they are responsible for quality assurance of consumer programs. They provide contract monitoring, policy interpretation and implementation, and associated documentation.

Administrators are responsible for oversight of division operations and staff. They are also responsible for developing and interpreting policy, state level decision making, training and supporting staff, and budget development. Further, they also interface with the larger social service system and state legislature, advocating for appropriate funding and programs for people with disabilities.

Clients participating in focus groups were invited on a personal one-on-one basis by Ms. O'Dell. Interviews with consumers were originally planned but due to scheduling and interpreter constraints none were conducted. She also invited support coordinators and support staff to participate in a focus group and interview respectively. Due to scheduling conflicts, Ms. O'Dell was unable to secure a facilitator for the support coordinator focus group so she conducted it herself. Finally, she solicited participation for interviews from DSPD's other program manager and regional director as well as state level administrators.

All focus groups and interviews were held as planned, except as noted above. A table indicating the numbers recommended and in actual attendance follows (see Table 4).

Table 4
DSPD Needs Assessment Activities

Group	Method	Recommended Participants	Actual Participants
Consumers	Focus Group	6-8 Consumers	6
Consumers	Interview	2-4 Consumers	0
Support Coordinators	Focus Group	16 Staff	16
Support Staff	Interview	1 Support Staff	1
Program Managers	Interview	2 Program Managers	2
Administrators	Interview	3 Administrators	3

Needs Assessment Procedural Insights, Challenges and Strengths

Overall, collaboration partners feel the needs assessment was a success. Not only was valuable information gained, but useful lessons were learned along the way. Creating the tools needed to conduct the needs assessment was, at times, tedious, and the excitement in finally conducting the planned activities and receiving the eagerly anticipated information led to some needed preparations being overlooked. Feedback from the facilitators and note taker from each focus group and interview was valuable in adjusting subsequent activities to improve the quality of the focus group process.

Feedback included things such as changes to the order of questions or which questions were not working and changes to the physical environment in order to keep it comfortable while aiding in keeping participants on task. It was also discovered that administrators (collaboration partners) should be interviewed first so their answers would not be tainted by information coming from the staff and client/consumer/survivor groups. When this was realized the interviews were moved ahead of the other staff and client focus groups to preserve as much of the integrity of the administrator answers as possible.

The following are other procedural insights discovered throughout the needs assessment process:

- The needs assessment plan took longer than anticipated which lead to collaboration partners feeling an urgency to begin the focus groups immediately following approval. It would have been helpful to take a couple of weeks to prepare more completely for the groups. Due to the urgency felt the focus groups were scheduled too tightly to appropriately assess the process and make necessary changes.

- Questions were originally designed from a global to a narrow focus. However, the group participants' natural flow was to start narrow and go global. Permission was given to the facilitator to tailor the order of the questions to match the natural flow of the conversation.
- Better clarification was needed on the consent forms so it was very clear to the participants how the notes and recordings would be used. Also, it was important that the facilitator understood who would be listening to the recordings and reading the transcripts so that no other guarantees would be made to the participants.
- A confidentiality form needed to be developed for facilitators and note takers. NUCOV discussed this as a group and decided that an internal CAPSA form could be used. However, it would have been beneficial to have had one developed specifically for the project during the tool development process.
- The invitation process with the clients/consumers/survivors made an impact on their level of preparedness and participation. By inviting one-on-one the participants felt they had a voice and came prepared with ideas and suggestions they wanted to share. Because a comfortable environment was created for participants to share their concerns, they were eager to spend time talking about their personal experiences. This was, at times, a challenge for the facilitator due to time constraints.
- While planning for each group was made, last minute issues concerning the facilities occurred. Facility preparation, including parking, room arrangement, temperature concerns, and acoustics need to be better anticipated and prepared for in advance. It became clear that a welcoming and accessible environment was important for the groups and interviews. Without attention to these details, the group participants could become distracted and lose focus. It would be helpful to have input from the facilitator on what environmental factors are conducive for effective facilitation of focus groups.
- It quickly became clear that a checklist to prepare for the focus groups was critical. After the initial focus groups, a checklist was developed outlining the details in each step needed in order to be fully prepared.
- Adequate and appropriate staffing of each focus group was important. For instance, one person was not enough to do the food and the registration. In addition, each individual assisting with the focus group needed to be clear in their roles and responsibilities and have a detailed understanding of the project.

- NUCCOV needed to include the facilitator much earlier on as part of the focus group preparation time in order for them to have a full understanding of the project, the collaboration partners, the groups they would work with, and the types of questions and information needed. Facilitator training was originally done by individual collaboration partners but should have been done as a collaborative activity instead.
- The focus group conducted by phone was very challenging as the participants were not as involved in the conversation because they could not see each other or the facilitator. It was challenging for the facilitator to track who was participating or to solicit additional comments.
- NUCCOV partners had numerous discussions on the need to work collaboratively to provide solutions that would involve all partner organizations. However, as the transcripts were reviewed, it became clear to collaboration partners that staff at each organization needed a much greater understanding of the mission and goals of NUCCOV. It was critical for them to understand that their role in serving survivors with disabilities and providing for their needs would be part of a collaborative effort and would not rest solely on any one organization.
- NUCCOV partners originally planned on not having collaboration partners attend the focus groups in order to help participants feel comfortable in sharing experiences. Due to scheduling conflicts and other factors, a few groups had collaboration partners in attendance. Though NUCCOV does not feel the quality of information was compromised, the determination of whether or not a collaboration partner should be in a focus group should be made with consideration for the comfort level of the participants. NUCCOV partners feel strongly that the openness of the conversation should be a priority when conducting focus groups.

Key Findings and Implications

As the collaboration partners analyzed the data gleaned from the needs assessment focus groups and interviews, there were times when it was difficult to separate the data into specific findings. Each main theme that appeared was interrelated with all the others to some degree. Information that appears to fit under one key finding may also have a strong implication under a different key finding. Collaboration partners focused on articulating the major key findings before exploring the implications each finding presented. The strategic plan will be limited to those findings that the collaboration partners feel could be addressed under this grant and can be feasibly worked on under the limitations current resources allow.

Throughout this report, CAPSA is the domestic violence organization and OPTIONS, CPD, and DSPD are the disability provider organizations.

Analysis of the data revealed the following key findings:

1. **Targeted policies, procedures and practices** – There is a lack of adequate policies, procedures and practices within the partner organizations for responding to the specific needs of survivors with disabilities.
2. **Resources including funding, time, reallocation of resources** – Demands on the partner organizations are so high that it is extremely challenging for them to address the complex needs of survivors of abuse with disabilities or who are Deaf.
3. **Organizational relationships** – There is a lack of meaningful collaborative working relationships among partner organizations. There is not a clear understanding between abuse and disability organizations regarding services available to survivors/clients/consumers. There is a significant gap for survivors who also have mental health issues.
4. **Training and education** – There is a lack of awareness regarding what services are available for survivors with disabilities and how to access them. There is a fundamental lack of knowledge and understanding at the organizations about disability and abuse which leads to feelings of fear when working with survivors with disabilities.
5. **Environmental issues:**
 - a. **Welcoming** – A welcoming environment is critical to people when accessing services. We found that organizations varied in their ability to provide a welcoming environment.

- b. **Safety** – Safety concerns are paramount to both survivors and staff. We found that not all organizations are aware of the safety considerations important for dealing with issues of domestic violence and abuse.
 - c. **Accessibility** - There are areas for improvement in our organizations in how accessible services are for survivors with disabilities. There are accessibility concerns present in physical, attitudinal, programmatic, and transportation areas.
6. **Service system navigation** - Navigation of the service system is limited by the lack of knowledge on the part of survivors and staff regarding existing services and resources.

Targeted policies, procedures and practices
Key Finding:
 There is a lack of policies, procedures and practices within the partner organizations for responding to the specific needs of survivors with disabilities.

Collaboration partner organizations have many policies in place that guide staff while they perform their jobs. Staff identified the need to have clear and consistent policies and procedures in place to provide services to survivors with disabilities. Additional policies need to be developed/strengthened regarding confidentiality, safety and accessibility. There is a lack of consistent policies and procedures that:

- Guide disability staff on how to appropriately respond to disclosures of abuse, mandatory reporting requirements, confidentiality and safety issues.
- Guide abuse staff on how to appropriately serve survivors with disabilities including accessibility.

Staff from all disability organizations said they did not have policies in place to guide them or they were unaware of any policies specifically addressing abuse or violence. Instead, they rely on the informal support they get from one another. Because they aren't specifically trained on abuse issues, they often talk things over with other staff members as they make decisions on how to deal with individual cases. In addition, most staff groups discussed Utah's mandatory reporting law and how that generally guided their initial steps when reporting abuse or working with a client/consumer who was experiencing abuse.

“At least in my experience, making a report is sort of a last resort. It is, in some ways, the ultimate expression of your failure to bring about therapeutic changes in the family situation.”
 --CPD Key Staff

With regards to the mandatory reporting law, one group stood out from the rest. CPD key staff from different departments said some had policies regarding abuse and some did not. Those that indicated they had policies said the policies were based on the mandatory reporting law. Based on information gleaned from the focus group, most of their decisions on when to report appeared to be made based on professional ethics practices rather than actual policies. This creates an inconsistency in the requirements for disability staff across organizations as well as those being trained by the key staff at CPD. One CPD staff member said, “At least in my experience, making a report is sort of a last resort. It is, in some ways, the ultimate expression of your failure to bring about therapeutic changes in the family situation.”

Another difficulty for staff is if they report to Adult Protective Services or other agencies, sometimes it can take weeks before something happens and the person is still in an abusive situation. They felt that reporting could actually put the person at greater risk. DSPD staff also voiced their frustration at a system that won't help. However, a DSPD administrator was quick to point out that some agencies don't have the authority to do what others think they should.

DSPD administrators said there were no formal policies in place for staff regarding abuse, but did say it fell under the general umbrella of their organization's mission. The main guideline for DSPD staff is the mandatory reporting law. While there are no policies in place for staff, provider agencies that DSPD contracts with for services are required to have policies in place.

A majority of staff and administrators voiced concerns over the lack of follow-through once they have reported abuse to government organizations responsible for protective services. DSPD staff in particular felt “it's not a lack of reporting by providers, it's the [lack of] follow-through that takes place after the reporting has been done.” Another staff member voiced concerns over clients falling through the cracks because they don't always fit the categories created in policies. A similar concern was voiced by OPTIONS administrators regarding vulnerable adults and how to make the determination that they are truly vulnerable. Staff expressed a need for clear and consistent policies and procedures beyond the mandatory reporting.

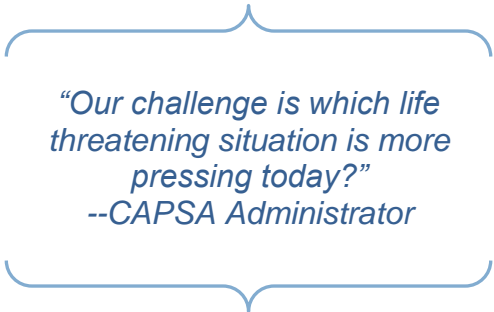
“We always felt hopeless and helpless after we reported it because that's where it usually stopped.”
--DSPD Direct Staff

OPTIONS staff saw policies and procedures as both helpful and possibly harmful. As one staff indicated, every situation is different and you can't predict what might happen, “but in a crisis, I'm not going to go look in a book.” They would like policies to be clear, yet concise, and with some flexibility when staff are dealing with stressful situations. They see a need for policies to help them in

their work, but were wary about making changes and how those changes would impact their job responsibilities.

Staff from all the organizations stated the need for formal policies regarding staff safety as well as client/consumer safety. This was particularly true for those staff that meet with clients/consumers in their homes, though workplace safety was also a concern.

From the administration through each of the four staff groups conducted at CAPSA, a recurring theme was that there were limited and inadequate policies and procedures on serving people with disabilities. As the issue was explored, it was recognized that CAPSA does serve many people with disabilities, with the overriding disability involving survivors with mental health issues.



*“Our challenge is which life threatening situation is more pressing today?”
--CAPSA Administrator*

There was an overwhelming desire to better serve survivors with disabilities. One administrator commented, “I think the desire is there; I think the willingness is there; I think it has been a capacity issue in many ways.” Another administrator echoed that sentiment with, “For so many years we’ve had a hard enough time just trying to provide shelter—let alone look at any unique populations. The most compelling need we have had has been the people already coming so to go out and do outreach to a population that we don’t really feel competent to serve just hasn’t been in the game plan—no capacity to do it.”

Staff members stated that they need quick and easy access to current information, resources, and policies and procedures. They requested policies that would better help them know how to serve survivors with disabilities as well as guidelines for what to ask people based on their disability. Some of the current policies, such as the clear, concise way the confidentiality policy is worded, were viewed as helpful to staff. Staff would love to have all their resources, and policies and procedures in a searchable format that could be updated easily and could be accessible at any time.

Although adequate policies and procedures are not currently in place, an important finding that was consistent among all CAPSA focus groups, including the survivor groups, was the philosophy of treating each survivor as an individual regardless of their circumstance, disability and need. A CAPSA administrator commented that the “staff’s passion [is] to take each individual who walks in the door and meet...their needs...The philosophy is that each person is an individual and we need to give them 100% of what we have.” Another administrator stated that “We want to treat you as a human being—as an individual and not as a member of a group. Just because you have a disability, we still want to treat you

as an individual. We don't want to make assumptions that you are a certain way or have a certain need just because you have a disability." A volunteer advocate confirmed this idea, "It comes down to, 'What are their specific needs?' Each person is an individual. Everyone has different needs, regardless of their disability or their situation." Other staff comments were things such as, "Each person is an individual," and "Talk to the client about what *they* need." A CAPSA survivor summed it up. "They treated me like I was an individual, like I was their first client ever."

*"They treated me like I was an individual, like I was their first client ever."
--survivor (CAPSA)*

The board for CPD and OPTIONS have different functions in regards to policies and procedures. The board for the CPD has an advisory role only and does not have much power in policy change. However, the board for OPTIONS is very involved in policy change and feels that policies should be focused on improving services and can be easily amended to reach that focus.

An opinion noted in more than one group was the idea that any change in policies and procedures will take some time to implement because changing policy means changing a mindset. It was noted that to change a habit or mindset, those impacted by the policy change must see the value or importance of that change.

Implications

It is recognized that all organizations serve survivors with disabilities; however, it is also very evident that clear, concise policies and procedures need to be established. Staff have already been developing informal practices that could be used as a foundation in creating formalized policies and procedures.

*"Change is hardest when it's top down and people at the local levels don't see the value of actually following through with the change."
--DSPD Administrator*

One practice that could be developed more fully before being made into a policy or procedure would be to let people know what each organization doesn't do as well as what they do offer. This could include a reference sheet that lists the qualifications, requirements, and documents needed to be able to access services. Knowing what to expect when going to an organization for help takes away the fear and frustration.

From the focus groups and interviews, it was apparent that some staff did not always remember the policies that should dictate the way they do their work, in

particular, policies and procedures regarding eligibility and meeting any unique needs for those who had a variety of needs. For instance, collaboration partners for CAPSA noted that their staff would benefit from better training on requirements for those who may use personal care assistants or other disability related services. Some staff suggested checklists or more reference lists in addition to what they already had, but administrators are reluctant to give them more information when what they have already given is not being remembered. A suggestion was that a separate book be made specific for working with people with disabilities.

Not only does frailty of human memory work against the proper implementation of policies and procedures, but the amount of time needed to finalize the changes and help all involved to implement them becomes a factor. Collaboration partners are aware that not only is repetition needed, but patience is also needed by all involved in order to make sure the implementation is successful.

Resources - including funding, time, reallocation of resources

Key Finding:

Demands on the partner organizations are so high that it is extremely challenging for them to address the complex needs of survivors of abuse with disabilities or who are Deaf.

When giving input, staff expressed concern for their capacity to take on additional duties and responsibilities not identified in their current work. This was true for both the disability and abuse organizations. All staff have a great desire to meet the needs of all individuals they serve. Their desire was nearly eclipsed by the panic they felt at taking on perceived additional responsibilities.

In a time of limited resources, there is a great concern about continuing to provide the current level of services much less add additional services. Boards, administrations, and staff discussed the possibility of sharing personnel and other resources to minimize the duplication of services, yet provide them in the most effective and economical way feasible.

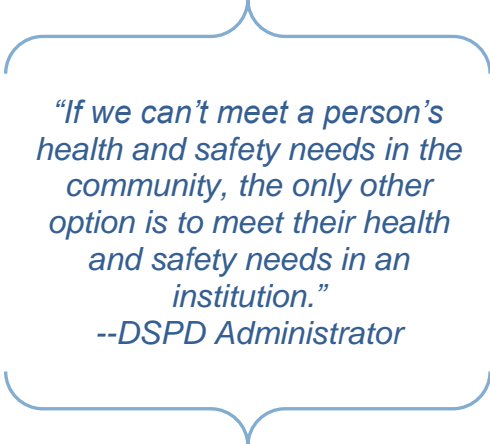
Staff from the disability organizations were very concerned about needing to learn about the legal side of abuse and be responsible for those things they had to learn. There was a general feeling of stress or fear of what was currently unknown to them. Many expressed concern over not understanding the dynamics of abuse or of possibly making the situation worse because they did not know what they were doing and did not have the time to learn. They also were concerned about duplicating services or that other organizations in the community were duplicating services and they did not know which would work best for their consumers.

DSPD staff voiced concerns over the lack of funding and qualified providers who are willing and able to help clients get out of an abusive situation. They were frustrated over the lack of services for their clientele with dual diagnosis of mental retardation and mental health issues. Program managers were also discouraged over the cut in staff in sister agencies that directly affect their ability to help their clients who are experiencing abuse. For example, there is now only one Adult Protective Services worker for four counties.

DSPD administrators felt that the lack of resources to pay employees leads directly to poor quality or unskilled staff and high turnover in provider agencies. “The division’s always amenable to doing good and better things as long as it doesn’t cost a whole lot more money.”

Due to recent changes in DSPD’s structure and legislatively imposed budget cuts, there are concerns over what services they will be able to continue to provide. Along with the changes at DSPD, there is also some unease in regards to CPD’s commitment of resource reallocation. A lack of resources leads to a lack of response. One CPD key staff member said, “It creates a vicious cycle. So when that one system that you rely on to be the fixing factor...isn’t well funded we become passive about the whole situation because it’s defeating.” Based on continued discussion, the conclusion was that funding limitations directly limit the amount of staff time that can be spent on issues such as the protection of survivors with disabilities.

Even CPD’s client group identified the lack of resources as detrimental to receiving services. During discussions, it was stated that budget cuts are impacting services and waiting lists are getting longer. Agencies are understaffed and the staff are stressed. In addition, the CPD board felt that having a board member specifically assigned to look for more funding and resources was important in being able to address the needs of people with disabilities who were experiencing abuse.



“If we can’t meet a person’s health and safety needs in the community, the only other option is to meet their health and safety needs in an institution.”
--DSPD Administrator

Along a similar line of thought, those involved from the abuse organization also expressed fear of the unknown. Their apprehensiveness revolved around the perception of needing to learn about medical and disability issues and in becoming an expert in all types of disabilities. The time needed to learn and be ready to take on those kinds of responsibilities was overwhelming when they considered their current workloads. There was also concern that one resource that was lacking was 24-hour emergency contacts for disability organizations. The need to be able to serve people with disabilities at CAPSA involves 24-hour service whereas the partnering disability organizations are only available during

business hours. Staff felt guilty about not being able to do all they perceived would be needed to serve survivors with disabilities. However, the administration was very confident in the adaptability and flexibility of the staff to serve survivors with disabilities. “I see the staff willing to come together and say, ‘Let’s put our heads together and see what we can come up with—what solutions are out there.’”

*“I see the staff willing to come together and say, ‘Let’s put our heads together and see what we can come up with—what solutions are out there.’”
--CAPSA Administrator*

Some abuse organization staff expressed concern about a lack of funding in regards to accommodating a person with a disability despite the assurances of administrators that they will find the funding needed. Administrators concurred they need a line item specific to accessibility and accommodations. This would not only focus needed funds but assure staff that accessibility is a priority.

There was consensus that when there was a survivor with a disability that needed CAPSA services, the staff and administration worked to find the needed resources to provide appropriate supports for them. One staff member stated, “I feel if I needed anything [in serving a survivor with a disability], CAPSA would provide it.” An administrator supported that belief. She stated that when CAPSA needs to provide something like an ASL interpreter, “I have said do it and we will figure out how to get it done in creative ways. They need to be served so just do it.”

The importance of having the financial resources to provide for the basic physical needs for survivors while in shelter was eloquently expressed by one survivor: “My home was warm, we had plenty of blankets. We had the necessities that that place did not have. If this place is not able to help me bridge the gap between here and where I need to go, I’m just going to go back home.”

*“It’s not enough for one person and I think they need one person extra for each disabled person ...It makes for an exhausting day because you love your job, but it makes a lot of days where it’s like you resent your job because you’re just being pulled in ten different directions and you can’t do it all.”
--CAPSA Shelter Staff*

One survivor had a shelter experience in another community where there were very few financial resources. Because of the lack of these resources, it led to despair among the employees which in turn led to despair in the survivor. “There was no hope, no nothing.” Another survivor added, “It seems that if you have a good working environment for employees when they’re here to help people then they have the emotional resources to do so.”

While not specifically addressing the needs of survivors with disabilities, the Spanish speaking survivor group raised some concerns about gaps in resources available to them. They spoke of the need for more medical resources as they indicated their unique medical needs, especially the higher incidence of diabetes and the expense of having a chronic condition. They also requested increased legal resources that included help with obtaining children's passports, Visas and other legal documents from their abusers. They stated it would be very valuable to have liaisons that could get documents signed by their abusive partners so that they would not have to have contact with them after they have left the relationship.

Implications

Collaboration partners discussed the difficulty of making change in any organization. They were very concerned that any changes made be a lightening of the load rather than a burden for their staff. Administrators wish to provide staff with opportunities that will allow them to buy into the changes and see the value of those changes in their current positions.

While the collaboration partners can't make changes with other agencies outside the collaboration, they do see the need to share personnel and resources. In particular, it would be helpful to develop a list of 24-hour emergency contacts for each organization and have personnel available to go to each other's agency to help with clients/consumers/survivors when needed.

Because of the aforementioned legislatively imposed budget cuts and organizational structure changes at DSPD, their ability to share and manage resources will need to be implemented differently than previously thought. Due to the continuous flux in information coming from the state legislature regarding DSPD services, this portion of the strategic plan will need to be more adaptable in nature.

OPTIONS is somewhat flexible in resource allocation because services are provided based on individual consumer need. While there are some core programs and services required, OPTIONS is not limited by how those services are provided. OPTIONS administrators and board of directors are dedicated to the reallocation of or seeking additional resources to implement changes prescribed by the strategic plan.

While CPD's board suggested having a board member assigned to look for funds specifically addressing abuse that could be pursued by CPD staff, key staff did not voice a commitment to reallocate or find new funds that could be used for those needed changes found during this needs assessment process. CPD's commitment and ability to address identified changes in the strategic planning

process will need to be explored early on. Part of the focus will be on developing relationships with the various CPD department and program staff.

As mentioned previously, CAPSA administrators felt that creating a line item in the budget for accommodations not only would help them in reallocating resources but would also help the staff to know that accommodations are a priority and would help relieve their concerns when requesting funds for an accommodation. Regularly updating staff and asking for feedback on grants currently being written would help allay staff fears and increase their input in use of funds.

CAPSA's board was interested in either bringing in more personnel or sharing personnel across organizations. Based on collaboration discussion after the board focus group, it seemed clear that they understood the heavy workload of the staff. In this light, they saw the sharing of personnel, or training of new personnel to become an expert in disabilities, as a new program, not necessarily something to be integrated into existing programs.

Organizational Relationships

Key Finding:


There is a lack of meaningful collaborative working relationships among partner organizations. There is not a clear understanding between abuse and disability organizations regarding services available to survivors/clients/consumers. There is a significant gap for survivors who also have mental health issues.

Nearly all staff groups, administrators, and boards indicated a need to get to know their counterparts at other organizations. The need is to develop a certain amount of comfort and trust with one another in order to feel comfortable when making referrals. A lack of trust generally came from past experiences that had been negative. Staff were afraid of making the clients/consumers/survivors situations more precarious than they already were. Currently, there is a lack of understanding among the four organizations about the services they can and cannot provide. Because there is a strong desire to refer survivors with disabilities to appropriate and responsive service providers, knowing about services and being familiar with staff at other organizations is key to helping staff feel confident in their referrals and collaborative work. CAPSA shelter staff said, "We want to feel comfortable with people and not just hand off our clients to someone we don't know or trust. We don't want to recommend clients to the wrong place." A staff member from DSPD said it this way, "What makes working with agencies easier: when they [staff] are caring, accessible and not uncomfortable."

Administrators saw the benefit of getting to know each other's organizational strengths and challenges. They believed it would provide an opportunity to learn

how other administrators worked and to see what best practices were being utilized at other organizations. They also felt it was important to stay up to date on the practices and activities of other organizations, as well as foster ongoing relationships by bringing their staffs together regularly. Also, knowing what limitations organizations have and understanding the guidelines they operate under creates positive collaboration.

One of the concerns disability staff mentioned had to do with knowing what services were and were not available. They felt that knowing what choices and options there were allowed their consumers to make more informed decisions. At the very least, they hoped to have some sort of resource guide that listed services available and not available at different organizations in order to help them help their consumers.



“Improving collaboration and being able to speak the language of other organizations would help with understanding the bigger picture.”
--CPD key staff

CAPSA support staff also noted a feeling of futility when making a referral only to find out the services were not available at that organization. They felt it important to know exactly what was and was not available in order to effectively and efficiently help those they were referring. CAPSA support staff said, “We try to give them referrals but you kind of give them the run around, try this number, try that number.”

CAPSA administration addressed the idea of a close collaborative relationship between disability and abuse organizations when providing services to survivors with disabilities. It should not be the sole responsibility of either discipline. “I envision a working relationship where a survivor with a disability would have the services of the shelter and CAPSA caseworkers to handle the abuse issues while the disability agencies handle the disability issues like getting accessible housing, transportation, caregivers, etc.”

Other identified issues were surrounding mental health services that are greatly influenced by the way Medicaid is set up in the state. Utah has a capitated system for mental health services that requires all Medicaid recipients to utilize one mental health organization. And unfortunately, according to various staff members, the local mental health agency providing Medicaid services has expressed a limited capacity to serve people with cognitive disabilities. This greatly influences the staff in how they refer consumers with mental health issues.

CAPSA staff pointed out a lack of mental health residential and 24-hour services for survivors with mental health issues for whom domestic violence shelter would be inappropriate. Due to some mental health issues, communal living creates additional stress making it confusing and frightening for some individuals. There

are also sometimes safety concerns for other residents and their children necessitating separate shelter facilities where the individual's mental health issues can be addressed by mental health professionals.

Implications

During the process of creating and conducting this needs assessment, collaboration partners learned the importance of working together on every aspect of this grant project. As collaboration partners develop the strategic plan, a primary focus will be the necessity of all organizations to work together in understanding the needed changes and during implementation to ensure on-going, sustainable relationships.

The importance of building relationships and continually working closer together was also emphasized in the focus groups. Staff from all organizations voiced the need to know what services each organization could and could not provide, as well as the need to get to know staff they would potentially be contacting on behalf of their clients/consumers/survivors. To facilitate this, collaboration partners have discussed organizing cross-agency meetings and retreats. Other suggestions have included sending newsletters to each agency to help them know what practices and activities each is engaged in and in giving updates at interagency meetings.

The CAPSA board in particular felt it would be beneficial to visit the boards of the partner organizations. Ideas for doing this would be to have panels from each group meet together or arrange a joint board meeting. The collaboration partners felt this would be a good opportunity for the boards to see the enthusiasm the team has for the project and their commitment to work together.

A recurring theme that generated a lot of emotion among staff was being able to link with appropriate mental health services when it was critical to the individual's situation. While there is a definite need for collaborative work with mental health, it is not possible to address this finding within the scope of this grant.

Training and Education

Key Finding:

There is a lack of awareness regarding what services are available for survivors with disabilities and how to access them. There is a fundamental lack of knowledge and understanding at the organizations about disability and abuse which leads to feelings of fear when working with survivors with disabilities.

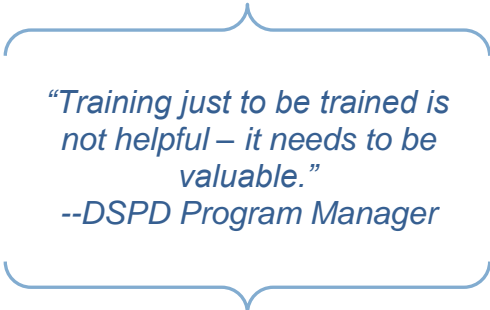
All staff overwhelmingly expressed that they did not have the skills or training to comprehensively serve survivors with disabilities. Abuse program staff specifically stated concerns in the area of disabilities and accommodations, while disability staff stated concerns about having the expertise to serve survivors of

abuse. All partner organizations stressed that the combination of abuse and a disability created an unfamiliar and uncomfortable situation when providing services. However, a CAPSA caseworker stated “Do we deny people with disabilities just because we aren’t ready? I don’t think we can do it.”

OPTIONS and DSPD clients/consumers mentioned how frustrating it was to be talked to in a condescending way just because they have a disability. CPD clients also stressed the importance that staff be properly trained on new developments on an on-going basis. Without up-to-date education for service providers regarding the needs of the person with the disability, appropriate services cannot be made available. The CPD board agreed that training was needed but voiced concerns over how it would be paid for and who would do the training.

OPTIONS staff mentioned feeling inadequate and out of their area of expertise in certain situations. Training on how to defuse a situation or how to properly identify abusive situations would help them feel more confident in working with their consumers. Administrators were also concerned about not having adequate training in order to provide appropriate services without re-traumatizing the individual.

Most groups mentioned the need for the community in general and other professionals to be educated on the needs of people with disabilities and how to work with them. They also felt a need to be trained specifically on how to properly provide services to those who are victims of abuse. Information sheets to help remember the training they received would also be beneficial. A DSPD Administrator said that for him, “Meaningful training is face-to-face and hands on,” while another said, “Training just to be trained is not helpful – it needs to be valuable.”



“Training just to be trained is not helpful – it needs to be valuable.”
--DSPD Program Manager

DSPD staff felt a need to receive the same training as their service providers so they could understand what the providers have been trained to do. CPD staff felt that by receiving some training on what other organizations do and provide would help them be able to ‘speak their language’ and work together better.

Nearly all the groups in the abuse organization mirrored the responses from the disability organizations, with their focus instead being training on how to work with people with disabilities. The board was interested in receiving training on disability issues if only to raise their consciousness level so they could incorporate it into their role as board members.

Various staff groups suggested using scenarios to learn about how to interact and work with survivors who had disabilities. They also expressed an interest in having other organizations come to train them on disability issues as well as having information sheets to help them remember their training and to have references readily available to them. Staff was particularly interested in learning social cues and how to appropriately communicate with individuals with disabilities. On-going training was also suggested as a way to stay up to date and to remember what they had already learned.

Along with general training on disabilities, shelter staff in particular desired training on dealing with individuals with mental illness: how to help them and understand them; what to do and who to call with mental health questions; scenarios and training regarding when and how to use the panic buttons. Mental illness and fears about people with very different backgrounds can make working with certain clients difficult, which in turn aggravates the client's fears and induces more problems. The English-speaking survivor group mentioned the need for staff to have diversity training that could include cultural diversity, socioeconomic status, education, and poverty issues.

CAPSA volunteer advocates noted that there was nothing specific to serving survivors with disabilities in the 40-hour volunteer training provided. They indicated they would love to have some specific training in that area even if it meant increasing the length of the training. They specifically suggested the possibility of survivor panels, scenarios for working with a survivor with a disability and additional guidelines to provide those services. Written information could be included in the training manual. This could be especially valuable for staff who work alone in the shelter outside of regular business hours. The idea of a page for a specific disability with suggestions on one side for helping them and resources on the back side was suggested to be included in the resource manual.


Support staff from CAPSA also expressed similar needs for specific training and information. Even with the resources currently available, they do not feel comfortable using some of the equipment such as the TTY or other assistive technology items included in the "Deaf Hotel Suitcase." (A "Deaf Hotel Suitcase" generally contains items such as a fire alarm, alarm clock, TTY, doorknocker and baby monitor.) They are aware it is available but do not know how to set up and use the equipment when it might be needed. There was also confusion about using the relay services for survivors who are Deaf.

Implications

Collaboration partners are well aware that training must be valuable to those being trained in order for it to be effective. While training "in-house" is a normal occurrence at all of the partner organizations and can be adapted to include suggestions from these focus groups, cross-training needs to be incorporated

into each organization's culture. Suggestions for training include: ways to identify abuse; how to defuse a potentially violent situation; understanding social cues; adaptive communication skills when working with survivors with disabilities; how to assist someone with mental health issues; and, cultural, educational, and socioeconomic diversity including poverty.

Some topics have been covered in previous trainings, but were not always effective because of staff turnover and lack of incorporation at the organizational level. Rather than rely on traditional training methods, some ideas that will facilitate collaboration while at the same time providing needed information include using scenarios, panels, interagency peer-to-peer workgroups and trainings, and reference sheets for between trainings. These trainings will foster a collective ownership for providing appropriate, meaningful services for survivors with disabilities.



“People with disabilities just want access to services that everyone else has. They want the opportunity to get there and get help.”
--OPTIONS Administrator

For staff to feel confident they can face challenges, they need to reach an understanding that it is okay that they will never be completely prepared for every possible circumstance. Through cross-training between organizations they can reach this understanding as they see how staff from other organizations work. Suggestions brought forth in discussions include work groups comprised of staff from all organizations or a joint focus group that also allows for brainstorming. Giving staff the opportunity to be part of the solution empowers them to solve problems without having to wait for direction from someone else. Because staff have already participated in focus groups as part of this needs assessment, they are anticipating that something will come of it to help them with the concerns they voiced. The skills built will provide them with the ability to problem solve and collaborate with partner organizations to meet the needs of each individual.

Environmental Issues: Welcoming, Safety and Accessibility

Key Finding:

A welcoming, safe and accessible environment is imperative to providing needed services for survivors with disabilities.

This finding addresses three specific areas relative to providing an appropriate environment for serving survivors with disabilities:

- **Welcoming** - A welcoming environment is critical to people when accessing services. We found that organizations varied in their ability to provide a welcoming environment.

- **Safety** – Safety concerns are paramount to both survivors and staff. We found that not all organizations are aware of the safety considerations important for dealing with issues of domestic violence and abuse.
- **Accessibility** - There are areas for improvement in our organizations in how accessible services are for survivors with disabilities. There are accessibility concerns present in physical, attitudinal, programmatic, and transportation areas.

Welcoming

Clients and consumers with disabilities identified a welcoming environment as one where the staff are kind, polite, respectful, and where they “understand [your] problems” and “take care of you.” They appreciated being greeted at the door and when staff kept eye contact with them to let them know they were being listened to.

One consumer said, “[It comes] down to where they use the right words and they don’t use the wrong words and they respect you.” Consumers also indicated that communication was two-way, between them and the staff at the organization. In particular, they liked having control over their situation and in making decisions about how they received services and who they received them from. In order to feel comfortable and empowered they want to be informed about options available to them, included in all the decisions regarding their care, given opportunities for input, and informed as to what to expect in the future. Above all, having trust in those that were helping them made them feel welcome and respected. It was brought up that people want to be treated like an individual, not like a diagnosis. The challenge may be new and overwhelming to the individual but the way the staff use their expertise in helping the person can help alleviate their nervousness. A CPD client stated that “The confidence of the staff” was what helped their sessions well.

“I think we’ve been like this for so long that we’ve forgotten what it’s like to be treated like a queen and we don’t even value it ourselves.”
 --Survivor (CAPSA)

Items indicating a non-welcoming environment included things such as not knowing when staff would be available to help or not getting help in a timely manner; communication issues such as asking people to speak up only to have them quickly return to their normal speaking volume or people talking with their hand over their mouth; or being made to feel conspicuous or like their disability is a big thing.

“They said all the right things but they didn’t do anything.”
 --OPTIONS TBI consumer

Survivors indicated similar ideas to the client and consumer groups, but included things such as staff showing a genuine interest in each person as an individual, having empathy, warmth, and treating them as a survivor not a victim. They appreciated being treated with a sense of dignity and respect and having someone see a vision for them, they could not see for themselves yet. In particular, they were grateful for the non-judgmental attitude they perceived staff to have and the effort staff went to in helping them feel comfortable. A Spanish-speaking survivor said, “CAPSA made an effort to get me the food I wanted (enchiladas). CAPSA wanted us to feel comfortable.” Another said, “You don’t have to be quiet when you have something to say. You can say it at CAPSA.”

Staff from all groups talked about being able to help individuals in a timely manner. A staff member at OPTIONS talked about how one consumer just “went away” when she couldn’t get the help she needed quickly enough. CAPSA support staff also emphasized the importance of timeliness when they stated, ‘The first contact with CAPSA is critical to clients. If they don’t feel comfortable and get what they need right away, they may not have the courage to call back.’


We found that organizations varied in their ability to provide a welcoming environment. For instance CPD clients discussed the difficulty that the lack of parking created as well as the confusing nature of the building. “A hard part about CPD is that it’s a maze. You go try to find the bathroom!” At DSPD, due to budget cuts there is no longer a receptionist at the front desk and people are greeted instead by a phone and a staff list. On the flip side, an OPTIONS consumer mentioned that staff greet them at the door and make them feel like staff are there to help. CAPSA felt like home to many survivors. One mentioned, “The environment that they create is warm and welcome and it’s pretty...you don’t want to go to an environment where it’s sterile.”

Safety

Most staff from each of the disability provider organizations spend time in the client/consumer’s homes. This gives them a different perspective on safety issues that can help them recognize when clients/consumers may be in danger, though sometimes it is merely a “gut feeling,” a suspicion without proof. Staff voiced their concerns over the fact that “sometimes they [clients/consumers] might not realize what a precarious situation they are in and might not seek help.” Others were more concerned about helping the client/consumer who understood the abuse but were not in a position to do anything about it. “If the abuser is a caregiver, they are afraid that if they report it or talk about it they would lose their caregiver, and then what would become of them.” Staff were also concerned that “a lot of clients are so physically challenged that if someone were violent with them, there would be no way they could get away physically.” One OPTIONS administrator, when asked why a consumer might not want to seek out help from CAPSA, said, “Sometimes living with a disability is already hard enough to deal with and violence is just part of it so they live with it. It’s too much for them to do

anything about it. They already have to think more about how someone can help them, how do they get there and get home, etc. [They are] already more concerned about their stability in life.”

Not only were disability provider staff concerned about the safety of those they were providing services for, but for themselves as well. Because DSPD as an organization works mainly with those with cognitive disabilities, staff generally felt safe unless the clients had behavioral issues that could create a violent situation.



“People that we serve need to know that if something happens they can report it.”
--DSPD Direct Service Staff

Because of the recent changes in their organization, staff now feel more vulnerable: “Now we’re even more vulnerable [as we become private providers] because at least we had the State to back us up if something bad were to happen. Now we’re out there on our own.” They said they were unaware of any procedures in place to help them maintain their safety, and that there were no procedures specifically for safety in the field. Along with that, providers they had previously contracted with had more training in self-defense through SOAR (Support, Options, Actions for Reset) training than they did as state employees. When asked what they did to help keep themselves safe, they replied that they used good common sense, but that was about all they had.

OPTIONS staff also said they were unaware of specific policies regarding safety. However, they had created practices amongst themselves that helped them when they went to a consumer’s home: “Staff don’t go alone to a new consumer.” Based on a previous training some of the staff had participated in, they discussed their unease with not only their safety in the field but in their building as well. The layout of their offices made them feel stuck if someone came in with the intent to cause them harm. Nor was it easy for them to even know when someone came in the building or if another staff was feeling threatened. One OPTIONS administrator voiced her concern in the following way: “We don’t even know if we should be scared. [We have] No locked entrances; how [do we] keep staff safe? What if we are putting staff in danger? How do we provide services and not put staff in jeopardy?”

CPD key staff mentioned they had been trained on workplace violence, but training specifically on safety was something that needed to be addressed. They were concerned that receptionists and secretaries were particularly at risk for violence because they were openly accessible and in a position of perceived weakness, but they did not know how to address that concern at this time.

CAPSA staff did not talk much about safety for themselves, but a shelter caseworker voiced her concern about her own safety this way: “I use safety plans with clients—because sometimes I can tell they might want to hurt me, so I

keep that in my mind at all times. 'I am willing to talk to you when you calm down.' That is all I can do to serve myself. The click in my mind is a survival thing for me. We have to keep eye contact with them so they don't see how fearful we are."

Accessibility

Each of the collaborating partner organizations have a need to improve their accessibility for survivors with disabilities. Areas for improvement include physical, attitudinal, programmatic, and transportation accessibility. Regardless of which area the organizations focus on at any one time, each needs to be researched before implementation.

Some examples of physical accessibility concerns from around the community were given during many of the focus groups with people with disabilities. For example, a ramp that leads to stairs; a sign telling you to call if you need assistance, but you need a quarter to use the phone; width of aisles and arrangement of clothing racks that can turn an area into a maze; revolving doors at the hospital that are difficult to navigate, especially with crutches; accessible parking being on the opposite side of the building from the accessible doorways; restrooms and other areas of a building might be ADA compliant, but still not accessible.

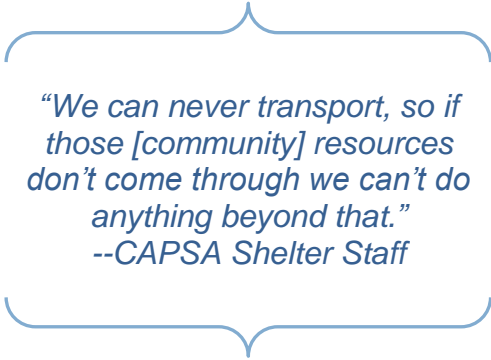
Along with these examples, DSPD clients were concerned about being locked out of the DSPD building or not being able to get a hold of someone to open the door for them. DSPD staff indicated that having the phones going to a rolling answering system was not very welcoming nor was it particularly accessible. DSPD program managers were also concerned that their assistive technology, especially in the area of communication, was not up to date. OPTIONS consumers talked about the button for automatic doors being positioned that it takes you so long to get to the door it is already closing by the time you get there. CAPSA staff articulated the need for an automatic door opener on the building's outside door and an elevator in the shelter section of the building. They were also concerned about accessible transportation for survivors.

OPTIONS staff voiced their concern that forms need to be written at an appropriate level for understanding so the consumers don't get so confused. The forms required by the state are currently written on a grade-level that is higher than is understandable by consumers. In particular, acronyms on applications seem to frustrate consumers because they don't know what they mean. Clients/consumers expressed concerns over redundant forms needing to be filled out with the same information at many different organizations. A survivor concurred by stating while they appreciate the help from many organizations, "it adds more stress and increases the burden I was already carrying...because of all the forms you have to fill out and things you have to prove and actions you have to take." She expressed appreciation that at CAPSA "they're just there to

support you as a woman...the fact that I could come here and it was just like, 'Okay, how can we help? What do you need?' That was huge."

Attitudinal issues were also brought up during the focus groups and interviews. CPD clients talked about the possible stigma of needing to enter the building but others making judgment based on what services were provided at the building. Some suggested that the CPD should be off campus in order for that stigma to be erased. Also, others indicated that self-advocacy can make other people see the self-advocate as difficult because of the amount of time they have to spend troubling others to get their needs taken care of. CPD key staff mentioned that "Social norms have to be changed in order to actually make a difference." One CAPSA shelter staff member noted her own difficulty in that regard that was later echoed by members of the collaboration: "If they have a disability, I have to get past my own view of what that disability creates for me."

In order for individuals to maintain their independence, transportation needs to be accessible for everyone. An OPTIONS administrator said that, "People with disabilities just want access to services that everyone else has. They want the opportunity to get there and get help." Transportation issues included being able to get transportation whenever it was needed, even in the middle of the night. One wish voiced by more than one consumer was to have a bus route connecting the communities of Brigham City and Cache Valley. Other concerns had to do with cars being parked on the sidewalk, gutters without cutouts, large cracks in the sidewalks, and being able to cross the street safely in various areas of each community.



*"We can never transport, so if those [community] resources don't come through we can't do anything beyond that."
--CAPSA Shelter Staff*

Implications

CPD and DSPD were the two collaboration partners that had more difficulty in providing a welcoming environment to their clients. Discussions on how to help CPD improve their clients' ability to navigate their building included changing or updating current signage or creating an easy to read map. With the continuing changes happening at DSPD's building, former state case managers are now privatized, decreasing the traffic and the need to make their building more welcoming.

For safety issues, suggestions during the focus groups for creating a safer work environment included having code words to know if someone in the building needed help or having a bell on the door so staff would know when someone came in the building. Practices that staff have already put in place could also be written into policies and procedures and addressed during trainings. These would include making sure there are at least two staff members when visiting

consumers in their homes and checking the sex offender registry list before going to a consumer's home.

Cache Valley is a small community with even smaller communities within it, such as the Deaf or Latino communities. These populations are even less likely to seek help for reasons tied to their communities. For instance, there is a difficulty in finding interpreters in such a small area that are not known by the survivor in order to maintain survivor confidentiality. Similarly, a gay or lesbian survivor might be hesitant to seek services for fear their gender orientation will not be kept confidential or could lead to harassment. In addition, in a highly religious community, survivors may be reluctant to pursue services because of risk of judgment.

Because accessibility problems were identified at each organization, collaboration partners feel an accessibility review would be useful in determining specific improvements that could be implemented. Based on the results, a feasible plan could be developed to address the needed changes incrementally as time and funding allow.

When accessibility is too big of an issue for a client/consumer they just give up and do not go there anymore. This includes restaurants, stores, and other places throughout the community. While some of these accessibility issues cannot be addressed by the collaboration partners, some can be. For instance, where a bus stop is located can make a big difference in the accessibility for survivors with disabilities. Collaboration partners cannot dictate where bus stops are located but they can discuss the issue with the local transit district.

Service System Navigation

Key Finding:

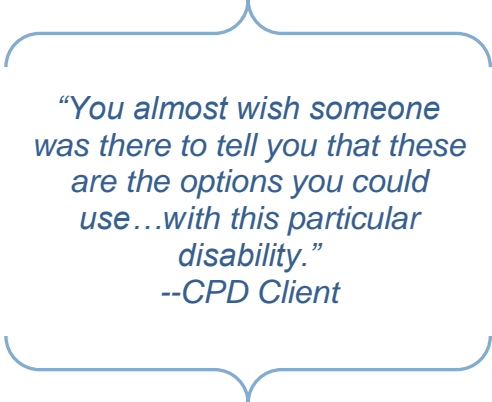
Navigation of the service system is limited by the lack of knowledge on the part of survivors and staff regarding existing services and resources.

Service providers expressed challenges in informing clients about services to people with various disabilities while clients/consumers/survivors expressed a similar challenge confirming that they did not know where to go for the appropriate services. Individuals talked about how knowing where to go for help was key in helping them move forward and avoid delays in obtaining the necessary services.

Due to a lack of mechanisms in place at each of the organizations, it is difficult for clients/consumers/survivors to receive the appropriate information and support in accessing community services. Without this, the burden is placed on the clients/consumers/survivors and then complicates and delays their ability to obtain needed services. Knowing what programs are available in the community can help when someone is trying to leave a situation. One member of the

OPTIONS board spoke of this importance when they said, “Yeah, you have to know that you can actually step out and actually be supported until you can get your feet on the ground...Going to CAPSA is hard enough – you wouldn’t just go into OPTIONS and say ‘I need help because I’m being abused.’ There’s a mental block [because it’s not the appropriate organization.]”

Consumers in OPTIONS focus groups discussed the importance of gathering information about programs and services in one place and having some kind of seminar or training for the community to participate in. Most of the information they had came from word of mouth. They did not always know what questions to ask in order to get the services they needed, partly because they didn’t know the services existed. One said, “I think a lot of my problem is I’ve never known what services were available over the years and so I never knew who to ask.” Also, they enjoyed learning new things and learning about what options were available to them.



“You almost wish someone was there to tell you that these are the options you could use...with this particular disability.”
--CPD Client

Individuals with cognitive disabilities also face the difficulty of being able to understand the resources available to them and having the capability to access them on their own. Due to a lack of resources, DSPD has been identified by other organizations as “a place of waiting.”

During all of the groups involving clients/consumers/survivors, a certain amount of educating each other occurred. While some of the services had most likely been discussed with the individuals previously, learning from each other seemed to have a bigger impact on them.

Implications

It was identified that service providers need a mechanism in place to facilitate clients/consumers/survivors’ ability to more effectively navigate the service system. While the best mechanism to use is still being discussed, suggestions for helping clients/consumers/survivors in assimilating the information they need include making sure they get the information repeatedly and in various formats, and to encourage peer-to-peer experiences in order for them to educate each other in a way that is meaningful for them.

One suggestion made by CAPSA shelter staff being considered is the inclusion of information in brochures so survivors with disabilities know they are welcome and will receive the services they need. After discussing the Spanish-speaking survivor focus group data, collaboration partners felt that services may be

perceived as not being available because clients do not know the right questions to ask to begin the discussion.

Conclusions and Next Steps

Findings show that there is a lack of adequate policies, procedures and practices with the partner organizations for responding to the specific needs of survivors with disabilities. Further, demands on the partner organizations are so high that it is extremely challenging for them to address the complex needs of survivors of abuse with disabilities or who are Deaf. Partner organizations currently lack meaningful collaborative working relationships and do not clearly understand services available to clients/consumers/survivors or how to access the services. A fundamental lack of knowledge and understanding at each organization about disability and abuse leads to feelings of fear when staff work with survivors with disabilities. Along with this, environmental issues such as being able to provide a welcoming environment, safety for individuals and staff, and accessibility in the areas of physical, attitudinal, programmatic, and transportation, were paramount. In addition, navigation of the service system is limited by the lack of knowledge regarding existing services and resources.

Collaboration partners have discussed each of these findings in depth and will use the implications as a springboard in creating a strategic plan to address as many facets of the findings as possible under this grant with the resources currently available. Significant findings were discovered in this process that will be critical to address in the future, specifically working with mental health and law enforcement.

Appendices

Appendix A contains the questions used in the focus groups and interviews for the disability service agencies in the collaboration. Appendix B contains the questions used in the focus groups and interviews for the domestic violence/sexual assault agency.

Out of concern for safety, disability client/consumer consent forms and tools did not mention violence, CAPSA, or OVW. The focus was strictly on gathering information on what makes for good disabilities services. This approach was taken to avoid the possibility that perpetrators might learn that clients/consumers are participating in discussions regarding violence and do them harm.

Utah law makes all citizens mandatory reporters with regard to abuse of children, vulnerable adults and elder adults. This is another reason that violence, mandatory reporting, CAPSA and OVW were not mentioned to clients/consumers with disabilities and that the focus was kept on what makes for excellent services. The intent was to avoid client/consumer disclosures necessitating mandatory reporting. Disclosure did not occur during the needs assessment process.

Appendix A – Disability Tools

Disability: Client/Consumer Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously. In order to help maintain participants' comfort level, question #5 should not be asked of participants with intellectual disabilities.

1. Think about a time you felt welcome at a community service agency. What about the agency made you feel welcome?
 - a. What was comfortable about the environment?
 - i. Was it accessible?
 1. Was it easy to get into the building? Were there places to park? If you rode the bus was the bus stop close?
 - b. Did the way the staff treated you make a difference?
 - i. How so? What did they do to make you feel comfortable? What did they say that made you feel welcome?
 - ii. Did they use language that was easy to understand? Did they answer your questions? Did they talk to you directly using "people first" language?
 - iii. How could you tell they were listening to your concerns and responding to you as a person?
 - c. How did the staff work with you to think through problems? Did they help you come up with any new ideas?
2. Think about times when you felt like the services were not so welcoming. What about the agency made you feel unwelcome?
 - a. Were there problems with getting into the building? Were there places to park? If you rode the bus was the bus stop close?
 - b. Did the way the staff treated you make a difference?
 - i. How so? What did they do to make you feel unwelcome? What did they say that made you feel unwelcome? Did you have to wait long for an appointment?
 - ii. Were they hard to understand? Were your questions answered? Did they look directly at you when they were speaking to you? If you were with someone did they speak to that person instead of you? Were they disrespectful?
 - iii. If they were not listening to you, how could you tell?

3. Think about times when you needed services from more than one agency. For example, you might need services from this agency and other agencies, (e.g. Cache Valley Transit District, housing, etc.). How well did the agencies work together to help you?
 - a. Did you get the help you needed?
 - b. Did the person you were working with at one agency get in touch with the other agency to help you with the services you needed?
 - c. What made the process hard? What got in the way?
 - d. Did you feel like your personal information was kept private?
 - e. How did you find out about the agencies where you needed services?
4. Think about when you felt an agency was helpful to you. What made you feel that they were helpful?
 - a. Were they flexible with their rules?
 - b. Did they take the time to explain the rules?
 - c. Did they have what you really needed?
 - d. If not, did they tell you where to get it?
5. There are times when things occur that are out of our control. These may include natural disasters, personal disasters like a fire or flood or a major life change like losing your job. Imagine that you had to access emergency housing or shelter for any reason. What would need to happen on the service provider's end to meet your needs?
 - a. What accommodations would you need to access it successfully?
 - b. What could they do specifically around your disability to make it successful?
 - c. What accommodations would you need for transportation?
 - d. What accommodations would you need for personal care or medical care?
 - e. What accommodations would you need for effective communication?
6. What else do we need to know to make services better and more accessible for people with disabilities?

Disability: Direct Staff Focus Group Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously.

1. How do you as staff know if a client/consumer is a victim of abuse, neglect, or exploitation?
 - a. How did you first find out about the abuse, neglect, or exploitation?
 - b. Were there screening processes in place?
 - c. What was your response when you learned that they were a victim of abuse, neglect, or exploitation?

2. Think about a time when a client/consumer first approached you regarding abuse, neglect and/or exploitation. What things were in place to help you?
 - a. What policies and procedures were in place to guide you?
 - b. What informal supports were in place to help you?
 - c. Where did you go to get the information you needed?
 - d. What helped you feel comfortable working with the client/consumer?
 - e. How did the mandated reporting laws impact the way you provided services?

3. Think about a time when things went well when you were providing on-going services to a consumer/client who was experiencing abuse, neglect or exploitation. Were there things in place to help you support them?
 - a. What type of formal resources, training or policies and practices helped you?
 - b. Were there informal procedures, practices or attitudes that helped?
 - c. What made you feel comfortable working with the client/consumer?

4. Think about a time when things did not go well when you were providing on-going services to a consumer/client who disclosed abuse, neglect or exploitation. Were there things that should have been in place to help you support them?
 - a. What type of formal resources, training or policies and practices would have helped you?
 - b. Are there things you can suggest that might have been done to improve the situation?
 - c. How did the mandated reporting laws impact the way you provided services?
 - d. Did you feel uncomfortable? If yes, what made you feel that way?

5. When working with a client/consumer who has experienced abuse, have you coordinated services with OPTIONS, CPD, CAPSA, or DSPD? If yes, what happened?
 - a. What made working with the agencies easier?
 - b. What made it harder?
 - c. What could have been done to make it easier?

6. What concerns do you have for your safety when working with clients/consumers who are or have experienced abuse, neglect, and/or exploitation?
 - a. Have you ever felt unsafe when working with a client/consumer? Why?
 - b. How does the location (your office, client/consumer home, community) impact your safety?
 - c. What specific policies and procedures do you have regarding safety? What policies and procedures are needed?
 - d. What practices are used when there is no written policy to guide you?

7. What concerns do you have for the safety of clients/consumers who have experienced abuse, neglect, and/or exploitation?
 - a. How does the location (your office, client/consumer home, community) impact their safety?
 - b. What specific policies and procedures do you have regarding client/consumer safety? What policies and procedures are needed?
 - c. What practices are used when there is no written policy to guide you?

8. What about your organization needs to change or improve to be better equipped to provide services to clients/consumers that experience abuse, neglect and/or exploitation?
 - a. What will enhance your ability to provide services to clients/consumers that report violence or abuse?
 - b. What makes the intake process easier or harder for clients/consumers?
 - c. What information related to abuse, neglect and/or exploitation do you need?
 - d. Do you have the needed resources?
 - e. What other policies and procedures need to be written?

9. What else should we know about improving services for clients/consumers who have experienced abuse, neglect and/or exploitation?
 - a. Specifically, what would be important for CAPSA to know?
 - b. What would be important for us to know?

Disability: Support Staff Focus Group Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously.

1. Think about a time when a client/consumer first approached you regarding abuse, neglect and/or exploitation. What things were in place to help you?
 - a. What policies and procedures were in place to guide you?
 - b. What informal supports were in place to help you?
 - c. Where did you go to get the information you needed?
 - d. What helped you feel comfortable working with the client/consumer?
 - e. How did the mandated reporting laws impact your response?

2. Think about a time when things did not go well when a consumer/client disclosed abuse, neglect or exploitation. Were there things that should have been in place to help you support them?
 - a. What type of formal resources, training or policies and practices would have helped you?
 - b. Are there things you can suggest that might have been done to improve the situation?
 - c. How did the mandated reporting laws impact your response?
 - d. Did you feel uncomfortable? If yes, what made you feel that way?

3. Do you receive support for creating a welcoming environment for clients/consumers?
 - a. What is helpful about the support you receive?
 - b. What support would be more helpful for you?

4. What concerns do you have for your safety when working with clients/consumers who are or have experienced abuse, neglect, and/or exploitation?
 - a. Have you ever felt unsafe when working with a client/consumer? Why?
 - b. How does the office setting impact your safety?
 - c. What specific policies and procedures do you have regarding safety? What policies and procedures are needed?
 - d. What practices are used when there is no written policy to guide you?

5. What concerns do you have for the safety of clients/consumers who have experienced abuse, neglect, and/or exploitation?
 - a. How does the office setting impact their safety?
 - b. What specific policies and procedures do you have regarding client/consumer safety? What policies and procedures are needed?
 - c. What practices are used when there is no written policy to guide you?

6. What else should we know about serving clients/consumers who have experienced abuse, neglect and/or exploitation?
 - a. What would be important for CAPSA to know?
 - b. What would be important for us to know?

Disability: Administrator Interview Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously.

1. What are your agency's strengths and weaknesses in serving people with disabilities who have experienced violence?
 - a. Where does providing services to people who have experienced violence fit into your organization's priorities?
2. How does change happen at (agency name) _____?
 - a. What is the decision making process?
 - b. How are policies and procedures created or changed?
 - c. How is resource allocation made?
 - d. How do services surrounding domestic violence/sexual assault fit in with the mission of the organization?
3. What is your role as an administrator in supporting your staff to serve people with disabilities who have experienced violence?
 - a. Are you made aware of people served in your agency who experience violence? If not, why not?
 - b. How do you as an administrator follow-up in such cases?
4. What are (agency name) _____ written policies and procedures that guide staff who are working with consumers who have experienced abuse?
 - a. What are the daily practices in comparison to written policy?
 - b. What are the strengths of the policies and practices?
 - c. What are the barriers or challenges to the policies and practices?
 - d. How do you create sustainable policies and procedures?
5. In a time of limited resources, how does (agency name) _____ make the needs of consumers with disabilities who experience abuse a priority?
 - a. Is there funding?
 - b. Are there other resources?
6. What relationships do you have with _____ (CAPSA, OPTIONS, CPD, DSPD)?
 - a. What possibilities can you see for improving those relationships to better serve victims with disabilities?
 - b. What resources would be helpful?
 - c. How do you share resources with other organizations?

7. What challenges, if any, are there when attempting to make changes in your organization?
 - a. Are there particular areas in your organization that are easier/harder to change than others? If so, what are they and why?
8. What else is important to know in order to make changes?

Disability: Board Member Focus Group/Interview Questions

1. What is your role as a board member in determining priorities for (agency name) _____?
 - a. What information do you need to make systems change for people with disabilities and people who are Deaf who experience violence a priority?
 - b. What resources are available to make this a priority?
 - i. Is it a matter of shifting resources?
 - ii. Do new resources need to be developed to build capacity?
2. Think about how policies and procedures are created or changed at (agency name) _____. What is your role in this change process?
 - a. Are there workplace violence policies in place? Are they adequate to protect the safety of the staff?
 - b. Are other policies in place regarding the issue of violence against people with disabilities and people who are Deaf?
3. In a time of limited resources, what will enhance your ability to provide services to consumers and people who are Deaf that report violence, and to support staff that provide those services? (The Independent Living Board should consider how the four core services relate to this question.)
 - a. Resources – funding?
 - b. Training?
4. What else needs to be considered if changes are going to be made?

Appendix B – Survivor Tools

Survivor: Focus Group Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously.

1. Think about a time when you felt safe and supported at a community services organization. What made it feel safe and supportive?
 - a. What was important about the environment to help you feel safe and supported?
 - b. What was important about the interactions with the staff?
 - i. What did they say that was helpful?
 - ii. What did they do that was helpful?
 - c. What else makes you feel safe and supported when meeting with any organization?

2. Now think about a time you were disappointed with the services you received. What made you feel that way?
 - a. Were there things that were disappointing about the interactions with the staff?
 - b. Were there attitudinal, cultural or other barriers that made it difficult to access services?
 - c. What are some specific things that would have prevented you from feeling disappointed?

3. Think about times when you felt an organization was really helpful. What made you feel that they were helpful?
 - a. Do you feel they responded to you as an individual?
 - i. Were they flexible with their rules and policies?
 - ii. Was the staff culturally sensitive?
 - b. Are there other things that good services would be dependent upon?

4. Think about times when you needed more than one agency to work together in your behalf. What happened?
 - a. How did you find out about the agencies where you needed services?
 - b. What did the agencies do to help coordinate your service needs?
 - c. Did you have any confidentiality concerns?
 - d. Were there things in place that helped you get what you needed to work smoothly from agency to agency?
 - e. Did your advocate help you to work your way through this system?
 - f. What made the process hard? What got in the way?

5. When you think about your experiences with CAPSA, what made you feel safe and supported?
 - a. Was there anything about the environment that helped you feel safe and supported?
 - b. Did you feel comfortable that your confidentiality needs were met?
 - c. Were there any particular practices that were especially helpful to you in receiving assistance?
 - d. Were there any particular practices that hindered your ability to receive assistance?
 - e. Was there anything you needed that would have helped you to function better within the agency?

6. What else do we need to know to provide the very best services for women who have experienced abuse or violence?
 - a. What would you want CAPSA and other organizations to know?

Survivor: Caseworker Focus Group Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously. As you ask the questions below, be sure to prompt the focus group members to consider cognitive, physical, and sensory disabilities. Please share the following definitions at the beginning of the focus group.

Definitions:

1. **Cognitive Disability – mental retardation, learning disability, traumatic brain injury, etc.**
 2. **Physical Disability – spinal cord injury, cerebral palsy, etc.**
 3. **Sensory Disability – visual impairment/blind, deaf/hard of hearing, etc.**
-
1. Think about a time when things went well when you were helping a survivor that had a disability or who was Deaf. Consider cognitive, physical and sensory disabilities. What things were in place with CAPSA to help you?
 - a. What types of formal resources, training or policies and practices helped you?
 - b. Were there informal procedures, practices or attitudes that helped?
 - c. How were you able to identify that the survivor had a disability or was Deaf?
 - d. What made you feel comfortable working with the survivor?

 2. Can you tell me about a time when things did not go as well for you in providing services to a survivor that had a disability or who was Deaf?
 - a. What type of formal resources, training or policies and practices would have helped you?
 - b. Are there things you can suggest that may have been done to improve the situation?
 - c. How did the type of disability impact your ability to deliver services?
 - d. How did it impact your service delivery if a survivor's caregiver was the perpetrator?
 - e. Is there anything that made you feel uncomfortable working with a survivor with a disability or who was Deaf?

3. Think about times you have worked with a survivor with a disability or who was Deaf that needed help from disability organizations. What relationships exist with disability agencies in the community that can provide assistance in working with survivors with disabilities or who are Deaf?
 - a. Have you coordinated services with OPTIONS for Independence (OPTIONS)? With Division of Services for People with Disabilities (DSPD)? With Center for Persons with Disabilities (CPD)?
 - b. What was positive about your interaction with OPTIONS? With DSPD? With CPD?
 - c. What would have been helpful in improving your interaction with OPTIONS? With DSPD? With CPD?

4. What are some ideas about how we can create an opportunity for a person with a disability or who is Deaf to get the accommodations they may need in order to receive services from CAPSA?
 - a. What policies and procedures do you have that guide you in meeting the needs of a survivor with a disability or who is Deaf?
 - b. How did you come to know this person had a disability or was Deaf? Is your screening process adequate?
 - c. What processes does CAPSA have to create an opportunities for a persons with disabilities or who are Deaf to request accommodations?
 - d. What are some of the factors that may make it more difficult for a person with a disability or who is Deaf to request an accommodation at CAPSA?

5. What will enhance your ability to provide services to survivors with disabilities or who are Deaf?
 - a. Do you have the needed resources?
 - b. What information regarding disabilities would be helpful?
 - c. Do existing policies and procedures provide you the latitude to exercise professional discretion?
 - d. What other policies and procedures need to be written?

6. What else should we know about improving service for survivors of violence and abuse who have disabilities or who are Deaf?
 - a. What would be important for disability organizations to know?
 - b. What would be important for CAPSA to know?

Survivor: Support Staff Focus Group Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously. As you ask the questions below, be sure to prompt the focus group members to consider cognitive, physical, and sensory disabilities.

1. Think about a time when things went well when a survivor that had a disability or who was Deaf first came or called in to the CAPSA office. Consider cognitive, physical and sensory disabilities. What things were in place with CAPSA to help you?
 - a. How were you able to identify that the survivor had a disability?
 - b. Did you have the ability to assist the survivor with his/her accommodation needs?
 - c. How were the accommodations met?
 - d. What helped you feel comfortable working with the survivor?
2. Do you receive support for creating a safe, accessible, and supportive environment for survivors with disabilities and survivors who are Deaf?
 - a. What kind of support do you receive?
 - b. What is helpful about the support you receive?
 - c. What support would be more helpful for you?
3. Can you tell me about a time when things did not go as well for you in providing services to a survivor that had a disability or that was Deaf when he or she first came to the CAPSA office?
 - a. Were there challenges in providing a needed accommodation?
 - b. Were there any physical barriers that made it difficult for the survivor to enter the building, get to an office, or utilize the CAPSA facility in any way?
 - c. Was there anything that made you feel uncomfortable in serving these survivors?
4. How do you respond when someone with a disability or someone who is Deaf calls with a question regarding violence?
 - a. Are there policies, procedures, or practices that guide you in responding to questions?
 - b. Do you know where to refer people?

5. What will enhance your ability to provide services to survivors with disabilities or who are Deaf?
 - a. Do you have the needed resources?
 - b. Do you receive the needed information about policies and procedures, relationships with other organizations, etc.?
 - c. What are the opportunities you have for training or other knowledge building? Are they sufficient?
 - d. Anything else?

6. What else should we know about improving services for survivors of violence and abuse who have disabilities or who are Deaf in order for them to feel safe and supported when they first call or come to the CAPSA office?
 - a. What would be important for disability organizations to know?
 - b. What would be important for CAPSA to know?

Survivor: Shelter Staff Focus Group Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously. As you ask the questions below, be sure to prompt the focus group members to consider cognitive, physical, and sensory disabilities.

1. Think about a time when things went well when a survivor that had a disability or who was deaf first came to the shelter. Consider cognitive, physical and sensory disabilities. What things were in place with CAPSA to help you?
 - a. How were you able to identify that the survivor had a disability or was Deaf?
 - b. Did you have the ability to assist the survivor with his/her accommodation needs?
 - c. How were the accommodations met?
 - d. What made you feel comfortable working with the survivor?
2. Do you receive support from CAPSA policies and procedures for creating a safe and supportive environment for survivors with disabilities or who are Deaf?
 - a. What is helpful about the support you receive?
 - b. What support would be more helpful for you?
3. Can you tell me about a time when things did not go as well for you in providing services to a survivor that had a disability or who was Deaf who was staying in the CAPSA shelter?
 - a. Were there challenges in providing a needed accommodation?
 - b. Were there any physical barriers that made it difficult for the survivor to enter the building, get to his/her room, or utilize the CAPSA shelter in any way?
 - c. Was there anything that made you feel uncomfortable in serving these persons?
4. What practices are in place to guide you when someone with a disability or who is Deaf comes into shelter?
 - a. Do current practices work so that you are able to find appropriate accommodations on a 24- hour basis?
 - b. Do you know where to call to get help with needed accommodations? For example, would you know who to call if a survivor with a disability needed accessible transportation to the shelter outside of business hours?
 - c. What could CAPSA do to make it easier for you to provide needed accommodations?

5. What will enhance your ability to provide services to survivors with disabilities or who are Deaf while they reside in the shelter
 - a. Do you have the needed resources?
 - b. Do you receive the needed information about policies and procedures, relationships with other organizations, etc.?
 - c. What are the opportunities you have for training or other knowledge building? Are they sufficient?
 - d. Anything else?

6. What else should we know about improving services for survivors of violence and abuse who have disabilities or who are Deaf in order for them to feel safe and supported when they are staying at the CAPSA shelter?

Survivor: Volunteer Advocate Focus Group Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously. As you ask the questions below, be sure to prompt the focus group members to consider cognitive, physical, and sensory disabilities.

1. Think about a time when things went well when you were helping a survivor that had a disability or who was Deaf on an advocate call. Consider cognitive, physical and sensory disabilities. What things were in place with CAPSA to help you?
 - a. How were you able to identify that the survivor had a disability or was Deaf?
 - b. Did you have the ability to assist the survivor with his/her accommodation or transportation needs?
 - c. How were the accommodations or transportation needs met?
 - d. What made you feel comfortable working with the survivor?

2. Can you tell me about a time when things did not go as well for you in providing services to a survivor that had a disability or was Deaf while on an advocate call?
 - a. Were there challenges in providing a needed accommodation or transportation?
 - b. Was there anything that made you feel uncomfortable in serving this person?

3. What practices are in place to guide you when assisting someone with a disability or who is Deaf when on an advocate call?
 - a. Do current practices work so that you are able to find appropriate accommodations on a 24-hour basis?
 - b. Do you know where to call to get help with needed accommodations? For example, would you know who to call if a survivor with a disability needed accessible transportation to the shelter outside of business hours?
 - c. What could CAPSA do to make it easier for you to provide needed accommodations?

4. What will enhance your ability to provide services to survivors with disabilities or who are Deaf?
 - a. Do you have the needed resources?
 - b. Do you receive the needed information about policies and procedures, relationships with other organizations, etc.?
 - c. What are the opportunities you have for training or other knowledge building? Are they sufficient?
 - d. Anything else?

5. What else should we know about improving services for survivors of violence and abuse who have disabilities or who are Deaf in order for them to feel safe and supported when they are meeting with an advocate?

Survivor: Administrator Interview Questions

Note: Present the general questions designated with a number first and let people respond. Probe with the questions designated with a letter if people did not address the issue spontaneously. As you ask the questions below, be sure to prompt the interview members to consider cognitive, physical, and sensory disabilities.

1. What are your agency's strengths and weaknesses in serving people with disabilities and people who are Deaf?
 - a. Where does providing services to people with disabilities or who are deaf who have experienced violence fit into your organizations priorities?
2. How do CAPSA's written policies and procedures guide staff who are working with survivors with disabilities and or who are Deaf?
 - a. What are the daily practices in comparison to written policies and procedures?
 - b. What are the strengths of the policies, procedures and practices?
 - c. What are the barriers or challenges to the policies, procedures and practices?
 - d. How do you create sustainable policies, procedures and practices?
 - e. How do policies and procedures lead to good practices?
 - f. How do policies and procedures support the staff?
3. How does change happen at CAPSA?
 - a. What is the decision making process?
 - b. How are policies and procedures created or changed?
 - c. How is resource allocation made?
 - d. How does meeting the needs of people with disabilities and those who are deaf fit in with the mission of the organization?
4. What is your role as an administrator in supporting your staff to serve people with disabilities and who are Deaf?
5. In a time of limited resources, how does CAPSA make the needs of survivors with disabilities and who are Deaf who experience violence a priority?
 - a. Is there funding?
 - b. Is there a line item for accommodations?
 - c. Are there other resources?

6. What working relationships do you have with OPTIONS, CPD, DSPD?
 - a. What possibilities do you see for improving those relationships to better serve victims with disabilities?
 - b. What resources would be helpful?
 - c. How do we share resources with other organizations?

7. What challenges, if any, are there when attempting to make changes in your organization?
 - a. Are there particular areas in your organizations that are easier/harder to change than others? If so, what are they and why?

8. What else does CAPSA need to know if it is going to make changes to its policies, procedures and practices regarding how it serves survivors with disabilities?

Survivor: Board Member Focus Group Questions

1. What is your role as a board member in setting priorities?
 - a. Funding?
 - b. Policy?
2. Think of a recent time when CAPSA made a policy change. How does change happen at CAPSA?
 - 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?
3. In a time of limited resources, how do we make serving survivors with disabilities and who are Deaf a priority?
 - a. What information would be useful in making these decisions?
 - b. Resources/Funding?
 - c. Training?
4. What else needs to be considered if changes are going to be made in the way CAPSA provides services?

Appendix C – Other Tools

Record your impressions and reactions to the group discussion.

What were the major themes that identified strengths or weaknesses in services?

What suggestions were brought up for helping change our weaknesses to strengths?

What things were brought up that you found to be particularly insightful or that might help us fill a gap we were previously unaware of?

Identify what went well; what did not go well; what can be changed to make future groups more successful:

Facilitator/Note taker Confidentiality Agreement

You have been asked to facilitate or take notes during a focus group or interview with _____ (agency name). The information brought forth during the focus group or interview is considered confidential. To ensure the protection of those participating, we require you to keep confidential all personally identifying information.

I have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Name (Print or Type): _____

Signature: _____ Date: _____

Focus Group/Interview Preparation Checklist

- Facility scheduled (note taker needs an outlet and a table/desk for equipment)
- Safe room available (if needed for this group)
- Registration area available
- Facilitator/interviewer scheduled
- Facilitator properly instructed and given packet
- Advocate scheduled (if needed for this group)
- Note taker/Recorder scheduled
- Other personnel scheduled (if needed to meet accommodations requests)
- Person helping with registration scheduled and properly instructed
- Refreshments arranged for
- Consent forms copied
- Gift cards purchased and available (if needed for this group)
- Participants selected as per our needs assessment plan
- Those extending invitations properly instructed and given packet
- Invitations given
- Accommodations arranged for (if needed)
- Child care (and snacks) scheduled (for CAPSA only)
- Mandatory reporting requirements reviewed and procedures in place (if needed)
- Please ask that those participating or facilitating not wear perfumes to their groups.
- Schedule facilitator and note taker for a meeting to review all of your groups.