

**FINAL**

## **Project Peer: The Washington, DC Collaborative<sup>1</sup> Needs Assessment Report**

### **Executive Summary**

#### **1.0 The DC Collaborative**

Late in 2006, the Lt. Joseph P. Kennedy Institute, as the lead agency, and the D.C. Rape Crisis Center began bringing together a group of 7 of the 8 organizations that today comprise Washington, DC's Project Peer -- Lt. Joseph P. Kennedy Institute (JPKI), Anchor Mental Health, D.C. Coalition against Domestic Violence (DC Coalition), D.C. Rape Crisis Center (DCRCC), Project ACTION!, Quality Trust for Individuals with Disabilities, and The Roc – in recognition that the supports we were providing separately overlapped and intersected in the lives of women with cognitive disabilities and/or mental health issues who had experienced violence or abuse. In 2007, we submitted a proposal to the Department of Justice, Office on Violence against Women, for a project to end our artificially fragmented (“silo effect”) approach to supporting survivors with developmental disabilities and/or mental health issues, transform our daily practices, and change the awareness and operating cultures of our organizations to support these women better. We received a cooperative agreement in response to that proposal in October 2007. In spring of 2008, we recruited Ramona's Way, as the 8<sup>th</sup> partner in our Collaborative, to bring into our fold the knowledge and experience of an anti-domestic violence direct service provider organization already working with survivors with disabilities.

Our project's name, originally an acronym that stood for Partners Engaged in Enhancing Resources, we soon realized did not do justice either to our Collaborative's shared vision, mission and values or the broad sweep of change we believe is possible within our “system” of shared expectations, responsibilities and goals. Today, we use peer to mean equal: Everyone involved in this project, including the staff and women who first became familiar with it by participating in our needs assessment process, is equal to one another and equally invested in the outcomes we envision.

#### **2.0 Our Needs Assessment Process**

**2.1 Needs Assessment Goals:** After developing our Collaboration Charter and reaffirming our project's focus, we proposed to the Office on Violence against Women a qualitative data collection design to assess the related strengths and needs of our organizations, individually and collectively. This needs assessment sought to answer the following 5 questions:

- ✓ What is working well within and among our collaborating organizations in support of women

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with cognitive disabilities and mental health issues who are survivors of domestic and/or sexual violence?

- ✓ What are the gaps or barriers that survivors with cognitive disabilities and mental health issues encounter when they use anti-DV/SA supports in and among our member organizations?
- ✓ What policies and practices does each of our collaborating organizations have to address issues of domestic and sexual violence and/or support survivors who have cognitive or mental health disabilities? What policies and practices do we need?
- ✓ What are the elements that can contribute to enhancing effective co-advocacy among the organizations collaborating in our system?
- ✓ What support or assistance will each of our collaborating organizations need to continue our collaboration and sustain the changes we undertake after OVW funding ends?

**2.2 Data Collection:** To collect the data to answer these questions, we developed a variety of qualitative tools for use in surveying staff/managers and members of the Boards of Directors of our organizations and conducting focus groups and interviews for several different audiences within each organization. We implemented the needs assessment design beginning in January 2009. Facilitation teams for focus groups were comprised of volunteers from among the staffs of our 8 working group partner organizations. For interviews, the team was comprised of either the Project Director as facilitator with the Principal Investigator as notetaker or the PI as both facilitator and notetaker. Despite the number of people involved in data gathering, we believe we achieved a high degree of continuity across methods because we

- ✓ used approved scripts for each interview and focus group;
- ✓ held a common training session for all facilitation team members, which included several practice (problem-solving) focus groups;
- ✓ distributed and processed all surveys electronically, using KeySurvey, and
- ✓ used the principal investigator as either notetaker or facilitator for 100% of our interviews and 81% of the focus groups we conducted.

Over the course of our data collection,

- We spoke directly with 139 people using two different methods:
  - 18 women and men through individual interviews for Executive Directors, staff, women with developmental disabilities or survivors and
  - 121 women and men through a total of 21 organization-specific focus groups for staff, volunteer staff, survivors, women with mental health issues, women with developmental disabilities, and for DC Coalition member organizations only mixed-organization focus groups for Executive Directors and staffs.
- We received responses from 136 people through two different surveys:
  - 99 staff and managers (47.4% response rate) in response to a survey sent to 6 out of 8 organizations represented in the working group (our 2 self-advocacy groups have no staff) and

- 37 board members (50.7% response rate) in response to our survey sent to members of Boards of Directors of 7 out of 8 organizations represented in the working group (The Roc has no Board).

### **3.0 Our Needs Assessment Findings**

Throughout our needs assessment process, the PI drew up, and we circulated, lists of themes that arose in interviews (grouped for like respondents, e.g., “EDs of disability-related organizations”, in an effort to preserve confidentiality), focus groups (separately for each focus group, released to the working group only after comments from/approval by facilitation team members) and surveys (by organization). We discussed these themes and their implications during regularly scheduled meetings of our working group.

Although statistical sampling was not part of our qualitative methodology, our ongoing review of the data and our companion discussions have enabled us to identify commonalities across collection methods, audiences and organizations to arrive at the key findings that follow. Findings that might appear to be contradictory (e.g., comments about high levels of staff preparation in Sec. 3.1 and item 3.5.1 compared to clarifying statements in items 3.5.3 and 3.5.5 and the extensive training requests appearing in 3.5.9), are usually complementary. They arose as the result of facilitators’ probing, using scripted prompts, which gradually guided respondents either to have a fuller understanding of some of the terms we were using or begin to grapple with what they thought they knew but didn’t really know – at least not in the way that a topic or issue is understood across all of our intersecting fields.

#### **Project Peer: Summary of Key Findings**

- **Shared Values, Common Strengths**

**#1:** Across the organizations involved in our working group, our needs assessment confirmed that a core strength of our collaborative is our shared values. Most Board members, Executive Directors and staff affirm the importance of the core values we set out in our project’s Collaboration Charter. Across our organizations we also have a person-centered, responsive approach to supports in common. These qualities are the common ground on which we built our partnership and will develop and implement the short- and long-term goals in our strategic plan. They will also be the foundation for sustaining this collaborative at the end of the grant period.

- **Welcoming/supportive environments (access)**

**#2:** Women say that a welcoming and supportive environment results from their trusting individual staff members. The staff members whom they trust listen thoughtfully, are non-judgmental, take them seriously, connect with them as individuals and treat them with dignity and respect. Feeling that staff is protecting their privacy and confidentiality is crucial to building this trust; women want to have control over their stories. Women are comfortable when they see

people like themselves among the staff who support them and are accepted for who they are. Reflecting on these criteria, we found that our organizations had a varying degree of welcoming environments.

**#3:** Welcoming environments can also include issues of access. The DC Coalition against Domestic Violence should model and serve as an example that encourages its members to think beyond physical access to the broad range of accommodations they should be making.

- **Policies and procedures**

**#4:** None of the organizations in our collaborative has formal policies or procedures to guide identification, responses or accommodations/supports for survivors with mental health issues or cognitive/developmental disabilities. Similarly, the DC Coalition does not have internal policies or procedures to prioritize its own accessibility and accommodations practices, and it does not have policies that prioritize public policy/advocacy positions involving issues related to survivors with disabilities, defined broadly, or specific to our focus populations. The policies, procedures and related training for incident reporting and management in our disability-related agencies are not equivalent to guidance on effective ways to identify, respond to and support survivors. The use of comprehensive intake forms and procedures meant to help identify survivors' disability-related needs does not mean that our partner organizations *are* identifying survivors and/or their disability-related needs, addressing accessibility issues or making effective accommodations for them. None of our disability-related organizations has policies to guide them in how to assist survivors, when appropriate, to take advantage of the legal rights and protections associated with domestic violence. *None* of this means that staff is *not* responding, supporting, making accommodations, etc.,. Instead, it indicates that supports for survivors with disabilities are more informal than formal across our organizations; they are wholly dependent on the good intentions, initiative, sensitivity and skill of individual staff members. This procedural informality also opened the door for us to find that there are male staff members in our organizations, who have women in their "caseloads", who indicate indirectly that they are less than open to encountering, let alone proactively identifying, the possibility that any of the women whom they support might experience either sexual abuse or domestic violence.

**#5:** None of our disability-related organizations does safety planning, as understood in the anti-domestic violence/sexual abuse fields, with the women they support even though they all have either annual support or treatment plans.

**#6:** Across all of our collaborators, we found no clear, shared understanding of the concept of confidentiality or familiarity with related provisions in DC laws, funding-source regulations, or internal policies and procedures, especially as they relate to reporting requirements for survivors with developmental disabilities or mental health issues.

- **Knowledge: Women's access to information/support/accommodations**

**#7:** Women with developmental disabilities and mental health issues are not well informed about sexual abuse or domestic violence. As survivors, they might not recognize that how they have

been or are being treated is abuse or that it should not be happening to them. They do not have practical information about how to stop abuse or violence or how to get help or support to heal, if they are survivors. Some feel that staff does not listen to them. It is unclear how many of them know how to speak up in their own behalf.

- **Knowledge: Staff roles/preparation**

**#8:** Staff members identify the unique relationships they develop with women as a “safe place” for survivors to disclose abuse or violence in their lives and/or mention disability-related accommodation needs. Our disability-related organizations expect that their staffs will identify and support survivors, but they offer limited access to training that would prepare them to meet these expectations. Although our anti-sexual abuse or domestic violence organizations expect that they are fully accessible and their staffs will meet the accommodations needs of survivors with cognitive/developmental disabilities or mental health issues, they offer limited access to training that would prepare them to meet these expectations.

**#9:** In our cognitive/developmental disability organizations, staff has limited understanding of domestic violence and its potential relevance to the people they support. This means they are also unaware of the range of protections and resources available to them. Although health and safety are critical concerns at both DMH and DDS/DDA, none of our disability-related organizations prepares its staff to do sexual abuse/domestic violence risk assessment/safety planning for all the women it supports.

**#10:** Beyond offering 24-hour hotline access, staffs in our anti-sexual abuse and domestic violence organizations are not clear about the range of accommodations they could be making to support survivors with disabilities, especially developmental disabilities.

**#11:** The DC Coalition’s internal staff has limited training about access and accommodations either for survivors with disabilities in general or survivors with mental health issues or developmental disabilities in particular. EDs of the Coalition’s member organizations see a need among their staffs for more preparation (advanced) in access and accommodations. Their staffs express a keen interest in the Coalition taking a strong lead in assuring that its members are all “on the same page” re access and accommodations for survivors with disabilities. They describe an absence of and need for connections to appropriate resources and best practice guidelines and companion training.

- **Use/availability of outside resources**

**#12:** None of our direct service provider organizations currently has formal partnerships for referrals to or consultations with outside resources (either our partners or more broadly in the community) to enhance their support for survivors in our focus population. In all but two of our partners, it is unclear whether staff uses the outside resources they mention. Most staffs indicate access to resource manuals, either internally or externally prepared, to guide their use of outside resources, although the quality of the available information and how up to date it is varies. The members of our self-advocacy groups indicate little knowledge of available resources for

supporting survivors among their members. With the exception of their general familiarity with the DC Rape Crisis Center, across the board the staffs of the partners in our collaborative and the members of our two collaborating self-advocacy groups have limited familiarity with the other organizations within the collaborative, what they do and how each might benefit from collaborating with the others.

**#13:** Developing outside resources (to offer technical assistance, advanced training, etc.) for the use of its member organizations is one of the DC Coalition's core functions. The Coalition's members have high praise for its web-based resource manual and suggest its potential as a resource for our Collaborative. Member organizations develop their own relationships with outside resources. With the exception being their awareness of the DC Rape Crisis Center, staff of the member organizations is unfamiliar with the members of our collaborative and with developmental disability service providers in general.

The leadership of our Collaborative partners has voiced a keen interest in the positive changes that can accrue to their organizations and our Collaborative as a system through this project. Most of the Executive Directors (or equivalents) of our partners have considerable control over proposing and leading change within their organizations, including policy development. Most of their staffs and the women who use their services perceive that these organizations are flexible and open to change. Building on our shared values and common organizational cultures, the findings we highlight above will guide our strategic planning. And, as we plan, the many opportunities we have identified throughout this report will suggest activities for our Collaborative to implement during the remainder of the grant term and beyond so that we develop and sustain among ourselves a seamless system of supports for survivors with either developmental disabilities or mental health issues living in the District of Columbia.

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Project Peer takes this opportunity to share our appreciation with everyone who participated in our needs assessment. This includes:

- The many women with disabilities and survivors who volunteered to share their stories and offered us guidance through focus groups and interviews – you inspired and educated us. We are committed to making our service system more sensitive, accessible and accommodating for you and women like you than it is today.
- The Executive Directors and staffs of our working group partner organizations who volunteered to meet with us – the level of honesty and commitment that you demonstrated in discussing your agencies' strengths and needs in interviews and focus groups fill us with confidence that this project will make a real difference in the lives of survivors and achieve lasting changes for our system.
- The members of our working group, who helped draft our assessment tools and then completed countless hours of ground work to recruit volunteer participants for our focus groups and interviews from among your fellow staff members and your organizations' service recipients – the data we gathered is as rich as it is solely because of the questions you

wanted to ask, the thoughtfulness of your recruiting efforts and the level of access you made possible.

- The several members of our working group and your colleagues whom you recruited to serve on facilitation teams, usually more than once – we are so grateful that you found a way to give us this extra time from your already busy schedules and shared so sensitively in gathering the data that are crucial to our making the improvements it will take to make our system more accessible and accommodating.
- The members of the Boards of Directors and staffs of our working group partners who took the time to complete our surveys – your comments on your organizations' values and priorities and the level of preparation staffs feel they have received to respond to survivors with disabilities have reaffirmed that we share a foundation of common values and organizational cultures open to change on which we can build – working together – to improve our system.

Thank you all!