



First State Equal Access to Safety Needs Assessment Report

October, 2013

by the
Delaware Disabilities Project Core Team



Delaware



DELAWARE COALITION
AGAINST DOMESTIC VIOLENCE



Center for
Disabilities Studies

Executive Summary

The First State Equal Access to Safety Collaboration consists of the Delaware Coalition Against Domestic Violence, the Center for Disabilities Studies at the University of Delaware and the National Alliance on Mental Illness in Delaware, all of which are state-wide organizations. The purpose of the Collaboration is to create a system in Delaware that is responsive to the needs of all persons who are victims of domestic violence – including people with disabilities and/or mental illness – using trauma informed approaches.

To realize this vision, the Collaboration partners will become providers of technical assistance for domestic violence, disabilities, and mental health service providers throughout the state. The Collaboration will act as a catalyst for change with an emphasis on trauma informed approaches to service delivery at the intersection of domestic violence, disabilities, and mental illness.

Collaboration Objectives

- Survivors of intimate partner violence who have disabilities and/or mental illness will be provided accessible and welcoming services that are responsive to their unique needs.
- Survivors with disabilities and/or mental illness and their advocates will better comprehend the dynamics of domestic violence and the range of options and services available to them.
- Providers of services to those with disabilities, mental illness and victims of domestic violence will have the knowledge, skills, capacity, resources and organizational support to feel comfortable and confident serving survivors of all abilities and capacities.

Needs Assessment Goals

The purpose of this needs assessment was to begin gathering information on existing policies, procedures, practices, knowledge, and attitudes at our partner organizations that impact people with disabilities and/or mental illness. By conducting the needs assessment with our own organizations and partners and using existing relationships and networks we will be well positioned to develop appropriate resources and tools to support the work of agencies and individuals who encounter a victim of domestic violence with a disability and/or mental illness.

With the data and knowledge we gained we will develop a strategic plan with manageable and achievable initiatives to expand our knowledge and skills and increase our capacity to be leaders in the development of a service delivery system that addresses the unique needs of survivors with disabilities and/or mental illness.

Methodology

To realize the goals of the needs assessment, we sought to learn from a wide variety of sources – staff, board members, domestic violence service providers, domestic violence survivors, program participants with disabilities and/or mental illness, self-advocates, and Deaf individuals. The needs assessment activities consisted of focus groups, interviews, and electronic surveys. These activities were conducted from February to May, 2013 throughout the state of Delaware. May through July the Core Collaboration Team synthesized the data to determine the key findings.

Key Findings

1. Accessibility/Safety

Organizations must become more accessible and provide safe environments for victims with disabilities and/or mental illness.

2. Welcoming Point of Entry

The “point of entry” and the “front line staff” are where quality of services becomes evident. Services at the “point of entry” must be of high quality for victims with disabilities and/or mental illness to fully engage in services.

3. Staff Knowledge/Responsiveness

In order to respond appropriately to the unique needs of victims at the intersection, the Collaboration partners and service providers must have a deeper knowledge of domestic violence, disabilities, mental illness and trauma informed approaches to service delivery.

4. Policies and Procedures

Collaboration partners and service providers’ existing policies and procedures are varied and limited in addressing victims’ needs at the intersection. There is a need to identify best practices and move toward consistency in policies and procedures at the intersection.

5. Advocacy/Collaborative Relationships

The Collaboration partners are actively involved in an array of state-wide relationships with service providers, advocacy organizations, self-advocacy groups, and task forces relevant to their respective missions. Bringing these collective relationships and building upon our common ground at the intersection will strengthen the Collaboration’s ability to create equal access to safety in Delaware.

6. Organizational Culture/Sustainability

Collaboration partners bring a diversity of perspectives, philosophies and values to the intersection that will strengthen the design and sustainability of service models addressing the needs of victims with disabilities and/or mental illness.

Conclusions

Through the needs assessment process we identified strengths and areas in need of improvement in both the Collaboration partner agencies as well as service providers. The voices of people with disabilities and/or mental illness and domestic violence survivors were a valuable resource for the needs assessment. Including program participants (people with disabilities and/or mental illness, Deaf individuals, and DV survivors) in our capacity building processes, to serve on committees, task forces, etc., is essential to providing services at the intersection.

People with disabilities and/or mental illness, Deaf individuals and survivors of domestic violence, like everyone else, want to be treated with dignity and respect by service providers. Services that are welcoming, accommodating, and responsive to the individual's needs are essential to achieving "equal access to safety" in Delaware.

This project aims to build the capacity of Collaboration partners to provide Technical Assistance (TA) in order to create equal access to safety for people with disabilities and/or mental illness who are victims of intimate partner violence. The needs assessment enhanced our understanding of the issues that will challenge us as we work together to achieve our goals. It also identified many opportunities for expanding and enhancing our capacity to find common ground and work collaboratively to achieve measurable and sustainable outcomes.

All collaboration partners and their governing bodies support continuing the work to achieve the vision of "First State Equal Access to Safety." To sustain the work, each organization will need to review its strategic plan to ensure the Collaboration's initiatives addressing the intersection align with the organization's strategic goals and resource allocations.

As each Collaboration partner becomes better informed of the intersection and trauma informed approaches that effectively address the needs of DV survivors with disabilities and/or mental illness, there is tremendous potential for applying this knowledge in the work they do with local and state-wide agencies, councils and task forces.

The findings of this needs assessment will be used to develop a strategic plan that will move the Collaboration into the implementation phase for achieving equal access to safety in Delaware.

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Introduction

The First State Equal Access to Safety Collaboration consists of the Delaware Coalition Against Domestic Violence (DCADV), the Center for Disabilities Studies (CDS) at the University of Delaware, and the National Alliance on Mental Illness in Delaware (NAMI Delaware). The Collaboration was formed in October 2010 with a grant from the *Office of Violence Against Women* (OVW) to identify and implement state-wide changes necessary to create a system which is welcoming and responsive to the needs of survivors of domestic violence who have disabilities and/or mental illness.

Collaboration Partners

Each of the Collaboration Partners is a state-wide organization that brings its expertise and unique perspective to the work of the Collaboration.

- The **Delaware Coalition Against Domestic Violence** is a federally recognized state-wide, domestic violence coalition with a membership that includes domestic violence agencies and programs providing shelter and direct services to adult victims of domestic violence, allied organizations, and supportive individuals. Since its founding in 1994, DCADV has engaged in a variety of activities, including public education efforts, training and prevention initiatives, and systems advocacy. DCADV works closely with direct service providers, government officials, and business and community partners to facilitate the creation of effective policies and programs for victims of domestic violence and their children, to promote equality in relationships, and to alter the social conditions that cause violence and abuse.
- **The Center for Disabilities Studies** at the University of Delaware is one of 67 University Centers for Excellence in Developmental Disabilities (UCEDDs) in the country. The center supports the well-being, inclusion and empowerment of people with disabilities and their families—through education, prevention, service and research related to disabilities—so they can fully participate in the life of their communities. CDS assumes a lead role or is a collaborative partner on a wide array of projects that influence policy and practice for persons with disabilities, including: promotion of inclusive education and accessible instructional materials for school age children; education and employment initiatives that prepare youth for the transition to adulthood; initiatives that promote health and wellness; assistive technology programs; dissemination of information about living with a disability; advocacy; and more.

- **The National Alliance on Mental Illness in Delaware** is a state-wide organization of families, individuals with mental illness, friends, and professionals dedicated to improving the quality of life for those affected by life-changing brain diseases such as schizophrenia, bipolar disorder, and major depression. NAMI Delaware has a number of programs including:
 - Support: Free weekly recovery and monthly support groups for both individuals and families; the telephone Helpline providing support, information and coping strategies.
 - Education: Increasing the public’s understanding of mental illness and its causes and treatments through programs and presentations. NAMI DELAWARE’s free signature education programs, Peer-to-Peer and Family-to-Family, help individuals and families deal with mental illness.
 - Advocacy: Working in collaboration with others with governing and advisory committees to analyze and recommend mental health policy changes and educate policymakers on mental health issues.
 - Housing: NAMI Delaware is a key developer of safe, affordable housing for adults with mental illness in partnership with the State Division of Substance Abuse and Mental Health (DSAMH), The Delaware State Housing Authority (DSHA) and the U.S. Department of Housing and Urban Development (HUD).

History

As a State-wide Collaboration, a multi-disciplinary team comprised of organizations that operate at a state-wide level, it was expected that the Delaware Collaboration would spend the first 3-6 months of the grant period completing the Collaboration Charter, using that time to examine our shared organizational cultures, values and norms as well as exploring any potential sources of conflict. At the completion of this initial phase of the grant, it was expected that we would then contract with local direct service organizations that would become the sites of change in the state. It quickly became apparent that our three organizations and the overall service delivery system in Delaware were obligated to develop a new model for our state-wide collaboration in order to effectively accomplish our goals.

At our first Collaboration meeting with our Vera Institute of Justice (Vera) technical assistance provider, it was apparent that neither the organizational structures nor the system of service delivery in Delaware were compatible with the model described above. Upon completion of the Collaboration Charter, during a meeting with OVW, we began developing a new path for Delaware.

In Delaware, many services that in other states are typically delivered by a county - or even a municipality - are delivered by the state (for instance, there is a single state-wide public transit system in Delaware). What our organizations share is considerable influence and respect as leaders in our respective fields and significant ties to most state-wide agencies, non-profit organizations, legislators and elected officials. Through conversations with OVW and Vera, and at Collaboration meetings, it was determined that we would not select pilot sites, but instead would act as a Technical Assistance (TA) provider on the intersection of domestic violence, mental health, and disabilities, with an emphasis on trauma informed approaches, for service providers throughout the state. We decided that this would be the best way to achieve our vision.

Vision and Objectives

The Collaboration's vision is to create a system in Delaware in which domestic violence is recognized in the lives of individuals with disabilities, including mental illness, and is responded to by service providers using trauma informed approaches.

As state-wide organizations with considerable influence at many levels throughout the state, we believe that we can help develop such a system. Through consultation with staff at the Vera Institute of Justice and OVW, we determined that this Collaborative would first explore the intersection of domestic violence, disability and mental illness in Delaware through a thoughtfully crafted process, expand our own understanding and expertise with information gained from the needs assessment, and ultimately provide TA to other organizations, individuals and agencies in Delaware who work with people with disabilities and/or mental illness who may experience domestic violence. This TA may take the form of trainings, consultations, development of model policies, procedures or other resources. The Delaware Collaboration is state-wide and will operate as a catalyst for change. It will not create change via local level pilot sites as originally envisioned.

Objectives

- Survivors of intimate partner violence who have disabilities and/or mental illness will be provided accessible and welcoming services that are responsive to their unique needs and circumstances.
- Survivors with disabilities and/or mental illness and their advocates will better comprehend the dynamics of domestic violence and the range of options and services available to them.

- Providers of services to those with disabilities, mental illness and victims of domestic violence will have the knowledge, skills, capacity, resources and organizational support to feel comfortable and confident serving survivors of all abilities and capacities.

Needs Assessment

The purpose of this needs assessment was to gather practical information on existing policies, procedures, practices, knowledge, and attitudes at our organizations that impact people with disabilities and/or mental illness. By conducting the needs assessment with our own organizations and partners, who represent critical stakeholders, and using existing relationships and networks, we can develop appropriate resources and tools to support the work of agencies and individuals who encounter a victim of domestic violence with a disability and/or mental illness.

The Collaboration Charter defines domestic violence as a pattern of assaultive and coercive behaviors that an adult or adolescent uses to gain and maintain power and control over an intimate partner. The behaviors can be physical, sexual, psychological, and/or economic. The terms domestic violence and intimate partner violence are used interchangeably in this report. The Charter defines a survivor as a person who has continued to live, prosper or remain functional after a traumatic event; survivor is considered an empowering term and is preferred by the violence against women movement. Survivor can be used interchangeably with “victim” although the latter is more likely to be used in the criminal justice system. In this report, the terms survivor and victim are used interchangeably.

Information collected from program participants, staff, and members of our governing boards has informed us of our strengths and areas in need of improvement. This document describes the approach, methods and activities comprising the needs assessment. With the data and knowledge we gained, we will develop a strategic plan with manageable and achievable initiatives to expand our knowledge and skills and increase our capacity to be leaders in the development of a service delivery system that addresses the unique needs of survivors with disabilities and/or mental illness.

While the end-product targeted by previous state-wide grantees has been the implementation of actions resulting from the needs assessment, the long-term goal of the Delaware Collaboration, having expanded its understanding of the complexities of service delivery to survivors with disabilities and developed its ability to deliver TA, will be a plan to provide TA to other agencies in the state and to become a trusted source of assistance for organizations, individuals and advocates for people with disabilities and/or mental illness who experience domestic violence.

Consultation with service providers on building collaborations that are inclusive, process oriented and agents of change will be an essential element of the TA provided.

Additional TA related to the intersection of domestic violence, trauma, disabilities, and mental illness could include, but is not limited to, the following:

- Customized Technical Assistance based on the needs of the service provider
- Training on trauma informed approaches for service delivery as well as organizational operations
- Information on current research, best practices, model approaches and programs, and successful collaborations
- A resource library of books, articles, and other materials related to the intersection and trauma informed approaches
- Curricula, practical tools, and training materials
- Training and consultation for advocates, mental health and disability service providers, legal professionals and policymakers
- Analysis of current research, including research on best practices and emerging evidence-based practices
- Sharing best practices on advocacy and the promotion of self-advocacy of victims at the intersection
- Analysis of organizations' policies and procedures and assistance with developing policies and procedures to enhance services at the intersection

Needs Assessment Goals

1. **Assess the capacity of each organization to provide technical assistance at the intersection of domestic violence and disability.**
 - a. Identify current practices of organizations related to technical assistance – including training, consultation, education, and policy and advocacy activities.
 - b. Identify existing policies, practices and resources that affect the ability of the organization to provide technical assistance to other agencies or organizations.

- 2. Assess the knowledge, comfort, confidence, attitudes, and awareness of staff affiliated with collaboration members and their partners that affect our ability to deliver Technical Assistance to organizations that serve survivors with disabilities and mental illness.**
 - a. What is the Collaboration's and allied organizations' understanding of access and safety (disability and violence/abuse) and how is this demonstrated in policy, practice, training, budgets, community connections etc.?
 - b. What do survivors need to feel safe? What can agencies do to make them feel safe?
 - c. What do people with disabilities/mental illness need to feel welcomed and understood by an organization? What can agencies do to make them feel welcome?

- 3. Assess connections between partner agencies and identify alternate paths/connections.**
 - a. Assess the connections and relationships between the Collaboration Partner agencies and identify other relationships and linkages among Delaware agencies that are currently or could be used when serving survivors with disabilities.

- 4. Identify elements policies, practices and procedures that enhance, restrict or inhibit services to survivors.**
 - a. Identify existing policies, practices and resources that affect the ability of the organization to provide appropriate and effective services to survivors with disabilities. These policies, practices and resources may enhance, restrict or inhibit the provision of services to a survivor with a disability.

- 5. Assess capacity/readiness for change.**
 - a. Assess the ability and willingness of the individual Collaboration agencies to change, including funding, resources, and attitudes that may enhance or inhibit change in response to findings in the needs assessment.

The Office of Violence Against Women Grant

The grant has four deliverables in the Planning and Development Phase:

- Collaboration Charter outlining the vision, mission, values, organizational contributions/commitments, and guidelines for doing the work of the Collaboration

- Needs Assessment Plan for collecting information on existing policies, procedures, practices, knowledge and attitudes at our organizations that impact people with disabilities and/or mental illness
- Needs Assessment Report which informs the development of the Strategic Plan
- Strategic Plan for achieving the Collaboration’s goals and objectives.

With the completion of the Strategic Plan, the Delaware Collaboration will enter the Implementation Phase of the grant. In this phase the Collaboration will begin its work on the first year initiatives of the Strategic Plan.

Needs Assessment Timeline - 2013

Activity	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
DV training for core team										
Focus group and interview training										
Workshops on Collaboration partners' organizations and service recipients										
Conduct focus groups, interviews, and surveys										
Review needs assessment data and identify key findings										
Complete Needs assessment Report										
OVW approves Needs assessment Report										
Complete Strategic Plan										

Methodology

The primary goal of the needs assessment was to gather information to guide our capacity building for the creation of a system in Delaware in which domestic violence is recognized in the lives of individuals with disabilities and/or mental illness, and is responded to by service providers using trauma informed approaches.

To realize this goal, we wanted to learn from a wide variety of sources – staff, board members, domestic violence service providers, domestic violence survivors, program participants with disabilities and/or mental illness, self-advocates, and Deaf individuals. The needs assessment activities consisted of focus groups, interviews, and electronic surveys. These activities,

described below, were conducted from February to May, 2013 throughout the state of Delaware.

Focus Groups

Focus groups were conducted with:

- Survivors of domestic violence
- Individuals with disabilities from agencies associated with CDS
- Individuals with mental illness associated with NAMI Delaware
- Staff at each partner agency
- Direct service staff at DCADV member agencies.

The focus group questions were developed by project staff and were written to elicit information about current services, ideal services and connections among agencies that affect individuals with disabilities and/or mental illness in Delaware who may experience abuse or violence.

We tried to make the groups as representative and inclusive as possible by asking every unit and program to contribute in some manner to the process (through interviews, focus groups, or surveys). We were committed to ensuring accessibility for all focus groups. Our commitment to confidentiality was stressed at the start of each group and in the consent form.

Focus Group Implementation

Roles

The Core Collaboration Team (composed of Project Coordinators from DCADV, NAMI Delaware, CDS, and the Domestic Violence, Trauma & Mental Health Associate at DCADV) assumed the roles of facilitator/moderator, recorder, and floater. The Core Collaboration Team was trained on the responsibilities of each role to ensure consistency and clear understanding of the roles.

A facilitator/moderator led the discussion, made the opening remarks and welcomed and monitored the group to insure that everyone was given the opportunity to contribute.

The assigned recorder took notes on group dynamics, body language, general impressions, etc. All participants were informed verbally and via the consent form that while quotes may be used in the report, no participant would be identified in any way.

The floater's primary role was to respond to individuals' crisis or distress. The floater had a secondary role in assisting with large group facilitation if no one presented an individual need. A counselor or other support person was identified for focus groups including survivors and other program participants from CDS and NAMI Delaware. There were no incidents in which participants experienced distress that resulted in their needing additional support.

For staff focus groups, a member of the collaboration who did not work for that agency was the facilitator in order to minimize any bias or inhibiting effect by the presence of a friend and/or co-worker as part of the focus group team.

With program participants, the facilitator was the Core Collaboration Team member from the Collaboration partner agency with which the participants were familiar. We thought that someone familiar with the language, routines and norms of the group would be best able to create a safe and comfortable environment leading to a more productive conversation.

We chose to rotate the facilitator/moderator role between all members of the Core Collaboration Team; members were given specialized training in focus group facilitation before beginning the needs assessment. In the focus groups involving particularly vulnerable or sensitive participants (survivors and individuals with disabilities), the safety and security of the participants was the primary factor in assigning the facilitator role.

All Core Collaboration Team members understood their roles as Mandatory Reporters as required Delaware's Duty to Report Codes:

31 Del. Code §3910 (a) states that "any person having reasonable cause to believe that an adult person is infirm or incapacitated as defined in §3902 of this title and is in need of protective services as defined in §3904 of this title shall report such information to the Department of Health and Social Services."

31 Del. Code §3902: ...incapacitated person: a person for whom a guardian of person or property, or both, shall be appointed, and infirm adult: any person 18 years of age or over who, because of physical or mental disability, is substantially impaired in the ability to provide adequately for the person's own care and custody.

All Core Collaboration Team members understood that neither Delaware law nor HIPAA mandates reporting of a crime, occurrence, act or incident solely because that crime, occurrence or incident constitutes an act of domestic violence.

Additional Logistics

- Focus groups included people in similar positions, by agency or populations served.
- Materials were available in alternative formats if requested and language was simplified as needed; CDS reviewed questions to insure that they were clear, concise and understandable for individuals with intellectual disabilities. After the first focus group with individuals with intellectual disabilities, further modifications were made to the questions for better clarity.
- With unanimous consent of participants, all focus groups were recorded on a digital recorder and transcribed by a professional transcription service. The transcripts, along with other needs assessment data, are stored at DCADV in a locked cabinet until approval of the Strategic Plan, at which time they will be taken, along with all other needs assessment documents, to the University of Delaware and stored as per IRB policies.
- Focus groups were held in spaces familiar and accessible for those who would be attending. All attempts were made to have the focus groups at a time and place familiar to the participants. For instance, focus groups of clients from Independent Resources, Inc. (IRI) were held at the IRI office. This minimized disruptions or changes to transportation and child care schedules.
- Focus groups included light refreshments for groups of program participants and survivors. RSVP forms for these groups included questions about dietary needs.
- Survivors and individuals with disabilities who participated in either a focus group or an individual interview received a \$20.00 Wal-Mart gift card in appreciation of their involvement.
- Each group had at the minimum a facilitator/moderator and a recorder. For the program participant focus groups, we also had a floater to serve as a support person for individuals if needed.
- Focus groups of program participants and survivors were limited to 8 participants to ensure that everyone would have an opportunity to contribute, and that individual needs could be addressed. Focus groups of staff did not exceed seven participants. At the conclusion of each focus group the team met to capture important moments, comments or thoughts using a debriefing form.
- Individual interviews were conducted with Deaf individuals rather than a focus group.

Program Participant Focus Groups

Program participants were survivors of domestic violence who received services from DCADV member organizations and persons with disabilities/mental illness served by CDS and associated programs and/or NAMI Delaware.

We believed that individuals with disabilities, survivors and those living with mental illness are the experts on the delivery of services in Delaware. Without their input and experience we would not be able to generate lasting change in the state. We gathered information from these experts to share their stories of current practices as well as their ideas regarding ideal practices. The information gathered will be used to make changes as necessary within our own organizations and to support and guide others in the state.

Recruitment was done by the Collaboration staff person most directly involved with the organizations being asked to participate. The staff person met with the organization's staff to get their support and help in recruiting individuals. Recruitment strategies and protocols were developed at meetings. In some instances the agency staff recruited focus group/interview participants while in other instances the Collaboration staff recruited individuals by addressing the advocacy/educational/support groups in which they participated. Anyone who did not wish to be in a focus group but nonetheless wanted to participate in the needs assessment was given the option of an interview.

Staff Focus Groups

Input and information from the staff at each agency and from DCADV Member agencies were vital to this needs assessment. They were able to tell us what works well, what needs to be improved as well as what they need to be able to work more effectively at the intersection. They also provided information about existing collaborations, formal and informal, among organizations in the state.

Interviews

We conducted 17 interviews with a broad range of individuals, e.g., the Director/Executive Director of each organization in the Collaboration, self-advocates with disabilities, individuals with intellectual disabilities, non-English speaking survivors, Deaf individuals and domestic violence shelter directors. These individuals had unique perspectives and experiences relative to the issues we were addressing. It was thought that we would get more open discussions and thoughtful responses by using interviews. Each individual provided information crucial to the

delivery of services responsive to the needs of victims with disabilities and/or mental illness. Executive directors of the Collaboration partners were interviewed by a project coordinator from a different partner.

Surveys

Surveys were used to collect information from Boards of Directors and other governing bodies as well as the legal staff at the Community Legal Aid Society, Inc.

Boards of Directors are an important element in any system or organizational change initiative. They provide oversight, support, community connections, and in many cases, approve policies and procedures. To capture their input we used a survey to inform and promote buy-in from the Boards as well as to give us a more complete picture of each organization. The electronic surveys provided a way of collecting data as a representation of a whole group and were an easy way to generate a lot of information in a convenient and timely manner. Surveys were cost effective and required the least amount of resources.

The Center for Disabilities Studies does not have a Board of Directors as such; the Center is guided by a Community Advisory Council (CAC) as required by the Administration on Intellectual and Developmental Disabilities, which provides core funding for the Center. The CAC has an elected chair and is comprised of individuals with disabilities and family members as well as representatives from the Delaware Developmental Disabilities Council, the Disability Law Center, and other agencies and organizations.

Appendix A: List of the various audiences for focus groups, interviews, and surveys along with the number of people participating in the various data collection processes.

Appendix B: Sample of questions used in focus groups.

Appendix C: FAQs used in recruiting focus group participants.

Consent

The Needs Assessment Plan was subject to the approval of the Institutional Review Board (IRB) of the University of Delaware. The needs assessment process followed the *Human Subjects Protocol Review and Approval Procedures* and was approved by the IRB. The Core Collaboration Team members who conducted the interviews and facilitated the focus groups completed the required training on Human Subjects in Research at the University of Delaware. Compliance with the IRB protocols resulted in an amendment of the Needs Assessment Plan to include written consent rather than passive consent. Consent forms fulfilling the IRB requirements

were developed for focus group participants, individual interviews, and survey participants. Each consent form informed participants of the following:

- Purpose of the study
- Criteria for participation
- What participants would be asked to do
- Possible risks and discomforts
- Potential benefits
- How confidentiality will be maintained
- Cost for participating in the study
- Compensation for participation
- What happens if participants are injured because of the study
- Participation in the study is voluntary
- Who to call if participants have questions or concerns
- Consent for audio recording of interviews and focus groups
- Secure storage of needs assessment documents

Appendix D: Sample consent form for focus groups.

Confidentiality

Throughout the needs assessment process the Delaware Collaboration was mindful of the confidentiality concerns for individuals and organizations. The Delaware Collaboration demonstrated a strong commitment to the confidentiality of the information regarding staff, programs, the workings of each agency, and comments of program participants and survivors of domestic violence.

In the consent form and at the beginning of each interview/focus group participants were informed of the following:

“Your name will not be put on any papers written about this project. Your name will not be put on the audio recordings and they will be erased after the study is done. Information gathered will be kept in a locked cabinet at the collecting agency until after approval of the Strategic Plan.

The project staff will adhere to the following exceptions to our policy of confidentiality: disclosure of child abuse, homicidal/suicidal intent, and reports of abuse of an adult individual who has a disability which triggers our Mandatory Reporting requirements under Delaware law.

Information from the study report will be shared with participating organizations and the Office of Violence Against Women. All identifying information will be removed in the study report.

Data collected from this project may be viewed by the University of Delaware Institutional Review Board, but the confidentiality of your records will be protected to the extent permitted by law.”

All participants consented to audio recording with no one choosing the option of an individual interview without audio recording.

Mandatory Reporting

Delaware’s General Assembly recognizes that many adult citizens of Delaware are in need of protection from abuse because of physical or mental infirmity, disease or other causes which render them incapable of providing for their basic daily living needs.

In the course of our work, Core Collaboration Team members had contact with individuals who are “incapacitated” or “infirm.” As defined by Delaware law, all team members were mandated reporters and thus, were mindful of what information we collected during the needs assessment phase adhered to Delaware law regarding mandatory abuse reporting and confidentiality for individuals with a disability.

Delaware’s Duty to Report, 31 Del. Code §3910 (a) states that “any person having reasonable cause to believe that an adult person is infirm or incapacitated as defined in §3902 of this title and is in need of protective services as defined in §3904 of this title shall report such information to the Department of Health and Social Services.”

31 Del. Code §3902: ...incapacitated person: a person for whom a guardian of person or property, or both, shall be appointed, and infirm adult: any person 18 years of age or over who, because of physical or mental disability, is substantially impaired in the ability to provide adequately for the person’s own care and custody.

Neither Delaware law nor HIPAA mandates reporting of a crime, occurrence, act or incident solely because that crime, occurrence or incident constitutes an act of domestic violence. Therefore domestic violence is not subject to mandatory reporting requirements in Delaware.

Because the repercussions from disclosure of abuse can be so serious, and because failure to report suspected abuse can contribute to on-going harm, the following guidelines were followed by all members of the Core Collaboration Team:

- If, during the course of work on this project, a disclosure is made that a member of the collaboration believes requires a report, that member will reflect carefully on the various definitions and facts to determine if a report is required.
- If possible, she or he will discuss the situation with at least one other member of the Collaboration, adhering to our confidentiality standards, to ensure that there is a common understanding that the individual involved meets the definition of “infirm or incapacitated adult”, and that there is cause to believe that abuse, neglect, or exploitation has occurred.
- In keeping with our belief in self-determination, the individual will be informed about the provisions of the law, our belief that a report should be made, and will encourage him or her to participate in this process.
- If the affected individual does not give approval, and the team member is still convinced that a report must be made, she/he will proceed, but give notice to the affected individual if possible.
- She will advise the full Collaboration of the report, and share the general facts underlying the report (without violating confidentiality) to aid the group in understanding the impact and import of this work.

At the beginning of each interview and focus group, participants were informed of our duty to report any allegations of abuse and/or neglect. This disclosure was made in a format accessible and understandable to all participants. During the interviews and focus groups there were no disclosures that required mandatory reporting.

Accessibility and Safety Considerations

Accessibility

The needs assessment was fully accessible to all individuals participating in focus groups and interviews. The Core Collaboration Team addressed accessibility in the following ways:

- All program participant and survivor focus groups were conducted either at the agency where participants obtained services or at a partner agency familiar to them. Agency staff focus groups were held in their respective agencies. Self-advocate interviews were held at locations familiar to the individuals.

- All locations were accessible.
- Participants had their questions about the needs assessment answered by the use of “Frequently Asked Questions” (FAQ’s) which were discussed in meetings held for recruitment.
- Program participant focus groups there always had a support person/floater available to provide assistance as needed.
- The RSVP process participants informed us of any participant food allergies. Only one focus group participant required special food arrangements for gluten free snacks.
- Focus groups were scheduled mindful of participants’ transportation needs and use of Para Transit services.
- For the four interviews with Deaf individuals, a certified ASL interpreter, approved by the participants was used.
- The FAQs and Consent Form were provided in Spanish for use by the survivors from the Abriendo Puertas shelter.
- A certified Spanish interpreter was utilized for the individual interviews with the non-English speaking survivors from the Abriendo Puertas shelter.

Safety

Most recruitment activities, interviews, and focus groups took place in locations familiar to the participants during normal working hours. The recruitment meetings and focus groups for the TEEM (young adults with disabilities) and WEAVER (survivors) participants occurred in the evening at their regular meeting places. When the WEAVER focus group met the front door remained locked with an agency staff person stationed at the front door, their usual safety precaution.

A Personal Care Assistant (PCA) was offered to those who may have needed assistance. No one requested this service.

A domestic violence counselor or advocate was available at all interviews and focus groups for survivors in the event the discussion triggered the need to talk with someone immediately. No one experienced the need for this service.

We explained how we would maintain confidentiality and do everything possible to keep their information private. We asked that they also keep the discussion private and not talk about

what others said during the focus group when away from the focus group. “What is said in the room stays in the room” was one of the six discussion guidelines displayed on the wall and reviewed before each focus group.

Participant “Thank You” Gift

As a token of our appreciation survivors and individuals with disabilities who participated in a focus group or an individual interview received a \$20 Wal-Mart gift card. The gift cards were distributed after introductions prior to the start of the group discussion. Participants understood that if they chose to leave at any time in the course of the discussion, they could keep the gift card.

Key Findings

From the focus groups, interviews, and surveys six key findings stood out. While staff and governing bodies at each collaboration partner agency and direct service staff at DCADV member agencies provided vital information, we found the data from survivors of domestic violence, people with disabilities and/or mental illness, self-advocates, and Deaf individuals to be very powerful and critical to building our capacity to provide TA to service providers. *The need for service providers to be welcoming and accessible at the “point of entry” interfaces with all the key findings.* The key findings are summarized below:

1. Accessibility/Safety

Organizations must become more accessible and provide safe environments for victims with disabilities and/or mental illness.

2. Welcoming Point of Entry

The “point of entry” and the “front line staff” are where quality of services becomes evident. Services at the “point of entry” must be of high quality for victims with disabilities and/or mental illness to fully engage in services.

3. Staff Knowledge/Responsiveness

In order to respond appropriately to the unique needs of victims at the intersection, the Collaboration partners and service providers must have a deeper knowledge of domestic violence, disabilities, mental illness and trauma informed approaches to service delivery.

4. Policies and Procedures

Collaboration partners and service providers' existing policies and procedures are varied and limited in addressing victims' needs at the intersection. There is a need to identify best practices and move toward consistency in policies and procedures at the intersection.

5. Advocacy/Collaborative Relationships

The Collaboration partners are actively involved in an array of state-wide relationships with service providers, advocacy organizations, self-advocacy groups, and task forces relevant to their respective missions. Bringing these collective relationships to the intersection will strengthen the Collaboration's ability to create equal access to safety in Delaware.

6. Organizational Culture/Sustainability

Collaboration partners bring a diversity of perspectives, philosophies and values to the intersection that will strengthen the design and sustainability of service models addressing the needs of victims with disabilities and/or mental illness.

Appendix E: Illustrates the alignment of the key findings with the needs assessment goals.

Key Finding 1: Accessibility and Safety – *Organizations must become more accessible and provide safe environments for victims with disabilities and/or mental illness.*

Accessibility

All program participants had experienced barriers to accessing services. The major barrier for people with mental illness and/or disabilities was staff's lack of understanding of mental illness and disabilities, especially intellectual disabilities. In addition, not being listened to and not being taken seriously by agency staff were common themes with people with mental illness and people with disabilities. Victims' barriers to accessing services were related to their lack of awareness of the domestic violence services available and the service providers they encountered not inquiring about violence or safety issues at home.

People with mental illness spoke about the stigma associated with and the general lack of knowledge about mental illness as factors that limit them from seeking a wide range of services. This lack of knowledge and misconceptions about mental illness creates misunderstandings and stereotypes often resulting in service providers' fear-based behaviors,

e.g., not believing the person, assuming they are not able to make decisions for themselves, and ignoring or avoiding them.

Often times when making that first call for help, people with mental illness perceive being put on hold, being transferred multiple times, or having to leave a call back message as a personal rejection. For some people rejection often becomes an expected response. These repeated experiences discourage people with mental illness from trying to get the services they need. A person with mental illness responded to a question regarding accessing services, “If people are suffering from depression and bipolar and all that, it’s already hard enough to make the phone call, but then you want me to get on the computer too at the same time and do it . . . a lot of times I don’t even feel like facing the day and when calling, you have to go through all these hoops just to get someone to talk to.”

The high caseloads of case managers providing services for people with mental illness was also cited as a deterrent to accessing services when needed. The high caseloads also contribute to a case manager’s ability to respond to calls in a timely manner. People with intellectual disabilities and individuals with certain types of mental illness require more time from agency staff to explain their services and staff are often in a hurry and do not take the time necessary to explain procedures and/or paperwork to access services.

People with physical or intellectual disabilities and Deaf individuals reported that agencies too often fail to make reasonable accommodations thus limiting their access to the services they need. A person with an intellectual disability explained that it would be helpful, “if people took the time to explain things to me such as a letter I received; help me understand what it means.” Another program participant noted, “I’m tired of educating office staff about ADA; they should be aware of ADA and follow the rules.” A Deaf individual offered, “I’d like for the receptionist to tap me on the shoulder when it is time to leave the waiting room and go in to an appointment. I cannot hear my named called out.” In addition, a shortage of local, qualified ASL interpreters limits access to services for Deaf individuals.

Survivors reported they had experienced many missed opportunities to disclose because service providers did not ask if they felt unsafe at home. It was through the police that all the survivors were first informed of domestic violence services available to them.

Most people interviewed reported negative experiences with public transportation. Limited hours of transportation services and poor schedules make it very hard for people to schedule appointments and/or keep appointments. Inadequate public transportation in southern Delaware was cited by program participants and service providers as a major barrier to accessing services. A DV service provider in southern Delaware shared that it is common for it to take two hours one way for counseling clients to get to their appointments, and the journey

can begin as early as 5:00 a.m. Program participants emphasized the importance of office staff recognizing that transportation difficulties are adding to the already large amount of stress they deal with regularly. Missing appointments due to transportation problems causes anxiety and stress for the client, who is possibly juggling appointments for themselves and their children, at all hours of the day and night. Agency flexibility regarding missed appointments due to transportation issues is critical to people with disabilities and/or mental illness accessing services.

Both the SAFE shelter at Peoples Place and the YWCA Home Life Management Center's transitional housing program are accessible to women and children who use wheelchairs. The Abriendo Puertas shelter is not accessible to people using a wheelchair or who cannot use stairs. State-wide, there are five domestic violence shelters and four of the five are fully accessible to people with limited mobility.

CDS staff reported that disability service providers and people with intellectual disabilities and their families often do not have the appropriate language and tools to discuss intimate partner violence and sexual assault. Without the appropriate tools people with disabilities can have difficulty describing what is happening to them, resulting in missed opportunities for intervention.

While the Collaboration partners demonstrated knowledge of the ADA regulations and are fully accessible to people with disabilities, they also recognized the need to review their policies, procedures and facilities to identify ways to improve accessibility and safety.

Safety

All program participants indicated that feeling safe is based on developing a lasting, trusting relationship with agency staff. They emphasized that the availability of agency staff knowledgeable of the types of situations, characteristics and/or unique needs of its prospective clients (survivors of domestic violence, people with disabilities and/or mental health problems, Deaf individuals) goes a long way in establishing trust. They further emphasized that being listened to and treated with respect are good places to start in developing trusting relationships and safe environments. One survivor said, "Treat me with respect and get to know me as an individual so I can trust you and feel safe with you." People with mental illness also noted that large caseloads cause stress for agency staff thus compromising empathy and the development of trusting relationships.

Issues of safety were most prevalent among survivors who reported that many social service agencies do not provide the safety and privacy necessary for them to feel comfortable disclosing that they are victims of domestic violence. Something as simple as the arrangement

of the office furniture can help a victim feel safe, e.g., chair positioned so the victim does not have her/his back to the door. In addition, talking with staff in privacy is essential to feeling it is safe to discuss what is happening in their lives. Survivors also reported that they did not feel safe in the parking lots of some service providers due to poor lighting and distance from the building.

Some survivors reported that they did not feel safe going to alternative lodging while waiting for space at a domestic violence shelter. Victims are sometimes placed in homeless shelters or hotels when there is not space available at a domestic violence shelter. Placements not designed for victims can be re-traumatizing to the victim and can result in her returning to the perpetrator. One survivor suggested that if there is no space at the domestic violence shelter, have an advocate accompany the survivor to the alternative emergency housing and visit them (and their children) often until they can go to the appropriate shelter.

A Spanish speaking survivor shared that she felt very safe at Abriendo Puertas, the domestic violence shelter for non-English speaking victims. However, she received services in a homeless shelter while waiting for an opening at Abriendo Puertas which was not a good experience for her. No one spoke Spanish and staff did not understand her situation and her safety needs. She suggested that if space is not available, have a Spanish-speaking advocate help the victim get settled in a hotel or other shelter to help her and her children feel safe until there is space at Abriendo Puertas.

Program Participants (Survivors, People with Disabilities, People with Mental Illness, Deaf Individuals, and Self- Advocates) provided the following recommendations to make organizations accessible and safe:

- Use language on the agency website that is clear and understandable to all reading levels; make the website easy to navigate; have the website available in Spanish
- Have agency brochures and information packets available in Spanish
- Have printed materials available in large font
- Show flexibility in rescheduling appointments for individuals who are made late by Para Transit or bus schedules/delays
- Have access to language assistance outside the typical 9-5 work hours
- Provide wheelchair ramps
- Have access to an elevator
- Be sure door handles are reachable for individuals using wheelchairs

- Provide automatic doors
- Be sure office has plenty of space for wheelchairs to navigate and there are no objects in aisles and hallways
- Have tables available at the right height for people using wheelchairs
- Provide physical space with good lighting (especially important to Deaf individuals)
- Have offices clearly marked, signs on doors, etc.
- Provide spaces for people who prefer privacy and quiet to feel safe
- Find creative ways for agency staff to bring up domestic violence
- Provide well lit parking close to the building
- Pay attention to the wording of brochures/cards about domestic violence services for safety reasons; victim may be reluctant to take the brochure fearing the perpetrator will read it.

Accessibility and Safety: Strategies for Change

- Develop training programs and toolkits that reflect expertise in domestic violence, disabilities, mental illness, and trauma informed approaches to enable service providers to:
 - Understand the challenges confronting people with serious and persistent mental illness and how these can impact their disclosing domestic violence and seeking services, e.g., MI symptoms, medications, distrust of service providers, tendency to isolate, can interfere with the ability to seek and access services.
 - Better accommodate the needs of people with disabilities, both physical and intellectual, who are victims of intimate partner violence.
 - Use the appropriate language and tools that can assist people with intellectual disabilities to understand intimate partner violence and sexual assault and how to describe what is happening to them so they can access the appropriate services.
 - Develop safety plans customized for victims with varying types of disabilities and mental health problems as well as for Deaf individuals and non-English speaking people.
- Be sure all staff know how to use trauma informed approaches to open a dialogue and respond to the individual who discloses she/he is a victim of domestic violence.

- Increase advocacy activities to ensure all domestic violence shelters are accessible to victims with disabilities.
- Include input from people with disabilities and/or mental health problems, Deaf individuals, and survivors in the development of training programs and toolkits to create agency environments that are accessible and safe.

Key Finding 2: Welcoming Point of Entry – *The “point of entry” and the “front line staff” are where quality of services becomes evident. Services at the “point of entry” must be of high quality for victims with disabilities and/or mental illness to fully engage in services.*

How individuals are welcomed when they contact and/or enter an organization sets the tone for the entire visit and the duration of services. All program participants were given the opportunity to discuss the barriers they have experienced in accessing and receiving services. The barriers mentioned most frequently related to the poor quality of services at the “point of entry.” All program participants shared experiences in which agency staff behaved in a way that suggested they felt uncomfortable being with a person with a disability, mental illness and/or Deaf individual, at the point of entry.

Program participants gave a number of examples of how staff indicated their discomfort at the point of entry. For example, program participants stated that staff would not make eye contact or ignored them, suggesting they were not comfortable serving them. Other behaviors that sent this message to program participants were – not giving them adequate time to explain their needs, assuming they could not speak for themselves, or quickly passing them off to another person.

A person with an intellectual disability experienced staff thinking he was intoxicated due to his speech impediment. An individual with mental illness experienced staff’s impatience due to it taking her awhile to process her thoughts and respond to questions. Another individual with mental illness shared that due to her illness she sometimes feels afraid or suspicious when asking for help and that, “talking to a caring person at the office ahead of time helps put me at ease about going there.” Deaf individuals noted that front line staff needs to understand that, “everything takes longer when you’re deaf and staff needs to factor in extra time at entry, during intake and throughout the appointment.” Another Deaf individual repeatedly encountered the lack of an ASL interpreter at her appointments when it was clear from the intake process that an interpreter would be needed. An individual with mental illness reported that when he has to call 9-1-1 or the police for help, he doesn’t want to be made to feel like a criminal. He asks that people “not treat mental illness as a crime.” Several survivors

experienced a lack of privacy at social service agencies. This was a deterrent to their disclosing their situations when trying to explain why they could not go home to get the documents required to obtain assistance. These types of experiences had a negative impact on their engaging with service providers. Some participants reported that they had given up and stopped pursuing services. Others said they looked for another service provider. Several people said they often received services that did not match their needs because people assumed they knew what they needed.

Program Participants had a number of recommendations for service providers for ensuring that the point of entry was as welcoming as possible. Some of these recommendations are already a part of how domestic violence and disability programs aspire to treat program participants while others are specific to serving people with mental illness or intellectual disabilities. Those that are already a part of how domestic violence and disability organizations aspire to serve their clients include “being welcoming without being insulting” and “greeting (program participants) with a smile even if you are having a bad day.” Recommendations for being more welcoming to people with mental illness included “be patient with me when I have difficulty speaking or processing my thoughts” and “be willing to sit down and truly listen to me to understand the challenges I’m facing” and “take me seriously and help me feel validated and heard.” People with intellectual disabilities provided recommendations such as “treat me the same as any other person who comes into the office” and “take the time to explain things to me” and “talk to me, not my parent or friend who came with me.” All program participants recommended “make a personal connection with me to find our commonalities.”

The staff at Peoples Place: SAFE, Abriendo Puertas, and Turning Point recognize the amount of disorganization and chaos that victims have been/are experiencing and try to keep that in mind while providing services. They use a trauma informed approach, the Sanctuary model, in operating DV shelters. They ask “What has happened and how can we help?” and “What do you need?” They also believe that people should not be set apart or treated differently because of a disability and/or mental illness. In addition, the DV shelter directors at Peoples Place are keenly aware of the deportation fears of victims who are undocumented immigrants. Shelter staff does its best to communicate that, “We are here for you and are not trying to put you away or deport you; we are trying to help you get the services you need.” DV service providers trained in trauma informed approaches are comfortable with first asking, “How can we help you?”

Survivors confirmed that their experiences at the SAFE and Abriendo Puertas shelters were welcoming and very positive. They felt safe and welcomed immediately upon their arrival at the shelters. They reported that their individual needs, as well as those of their children, were attended to in a caring and supportive environment. They especially appreciated not having to

answer a lot of questions and do a lot of paperwork upon their arrival. The staff allowing a few days for them to get comfortable before sharing their experiences and expressing their needs made them more confident in the staff's abilities to help them.

Another essential component of a welcoming point of entry is an organization's attention to the accommodation needs of clients. Program participants with disabilities and/or mental illness and Deaf individuals expanded our understanding of what it means for an organization to be truly accommodating. As a result of our conversations, four factors surfaced that are critical to successful accommodations, especially at the point of entry:

- Organizations' recognition that accommodations impact the ability of people with disabilities and/or mental illness and Deaf individuals to obtain the services they need
- Knowledge of available resources to accommodate the unique needs of people with disabilities and/or mental illness and Deaf individuals
- Ability of staff to identify the accommodations needed
- Willingness of staff to make the accommodations.

High quality point of entry services are critical to victims not only accessing services but fully engaging in services to maximize their follow through with service providers' recommendations and referrals. Providing a friendly welcome and demonstrating empathy at the entry point help individuals feel emotionally safe by establishing a mutual understanding between the staff/service providers and the person receiving services. People with disabilities and/or mental illness, Deaf individuals and survivors want to be listened to, respected, and treated like everyone else. They want agency staff to pay attention to their individual needs from their very first contact with the agency.

Welcoming Point of Entry: Strategies for Change

- Identify the qualities of effective "point of entry" services for victims with disabilities and/or mental illness and methods for effectively incorporating them into their organizational cultures
- Develop training programs and toolkits that reflect expertise in domestic violence, disabilities, mental illness, and the use of a trauma informed approach to enable service providers to:
 - Increase their knowledge and comfort level for interacting with people with disabilities and/or mental illness, Deaf individuals, and victims.

- Establish a “point of entry” to services that is welcoming, respectful, and able to take the time to address individual needs, e.g., listen, be patient, explain services, make necessary accommodations, in order to maximize individuals’ accessing services and following through with recommendations and referrals.
- Provide opportunities for conversations between service providers and people with disabilities and/or mental health problems, Deaf individuals, and survivors to promote service providers understanding of the lives, the challenges, and unique needs of victims at the intersection.
- Obtain input from people with disabilities and/or mental health problems, Deaf individuals, and survivors when developing training programs and toolkits for creating and maintaining environments that are welcoming.

Key Finding 3: Staff Knowledge/Responsiveness – *In order to respond appropriately to the unique needs of victims at the intersection, the Collaboration partners and service providers must have a deeper knowledge of domestic violence, disabilities, mental illness and trauma informed approaches to service delivery.*

From the needs assessment process we learned that staff of Collaboration Partners and service providers need to better understand the unique needs of victims with disabilities and/or mental illness; have an attitude of openness and respect as well as the desire to understand victims’ experiences and individual needs; approach services as a partnership with the client; and incorporate an understanding of domestic violence, disabilities, and mental illness into trauma informed work practices.

Domestic violence service providers need to better understand the needs of women with disabilities who are victims of intimate partner violence and the assistive technology available to people with sensory, intellectual, and/or physical disabilities. Mental health and disability service providers need training on how to approach the topic of intimate partner violence and respond to it appropriately. Domestic violence, disabilities, and mental health service providers can maximize victims’ response to services by being knowledgeable of trauma informed approaches to service delivery. Deaf individuals face additional barriers due to service providers’ lack of understanding of the needs of Deaf individuals, assistive technology and ADA regulations.

To create a system in Delaware where victims with disabilities and/or mental illness have equal access to domestic violence services using trauma informed approaches, staff must have not only the knowledge and skills necessary to provide quality services, but also an attitude of openness, respect and the desire to understand victims’ experiences and individual needs. Self-

advocates and program participants expanded our understanding of the range of knowledge, skills and attitudes required for staff to be truly responsive to the needs of victims at the intersection.

Self-advocates stressed the importance of agencies approaching service delivery as a partnership; a partnership that fosters person-centered decision making based on the person's needs. "A respectful agency asks me what I need, treats me like an adult. They need to know my perspective. Asking me is a good thing." Self-advocates acknowledged that it takes time for service providers to get to know the person and the person's specific needs – time to listen, explain things, assist, refer, and ask what they need. Large caseloads can lead to sporadic follow-up/follow through, to services not being explained well, and to decisions being made unilaterally from a medical necessity perspective leading to more restrictive care/services rather than taking a community perspective. "A lot of agency personnel have very large case loads. If you call, you don't get a call back for three or four days. They don't explain the services well. You find out later that you don't qualify for a particular service." Approaching services as a partnership deepens agency responsiveness to individual needs at the intersection.

Program participants provided a breadth and depth of information that can strengthen agencies' capacities to provide culturally competent quality services to people at the intersection. Paramount to the daily lives of individuals at the intersection is the need to approach the delivery of services in ways that promote advocacy/self-advocacy, demonstrate sensitivity to the inherent issues that people face, and incorporate an understanding of domestic violence, disabilities, and mental illness into trauma informed work practices. Being aware of and understanding the issues that impact people at the intersection will help agencies improve their practices when responding to the unique individual needs of those they serve.

Program participants and self-advocates provided the following suggestions for creating service environments that are responsive to their needs:

- Help people with disabilities and/or mental illness become strong self-advocates so they can communicate effectively while educating others about their disability. A person with an intellectual disability shared, "The police thought I was intoxicated because of my speech impediment." (*This individual had no alternative means of communicating information about his disability and was given a sobriety test.*)
- Recognize that the stress of trauma is pervasive in the lives of survivors and impacts how they relate to service providers.

- Connect people with mental illness with peer support. An individual with a serious mental illness said, “Peer support plays a vital role in my life. I can turn to my therapist but I reach out to my support group for encouragement.”
- Provide an advocate for victims in crisis. “I’m an advocate. That’s what I do and I understand where you’re coming from because I’ve been there myself. So hey, I know that they’re emotional, they’re afraid, they’re fearful.”
- Show empathy and respect. An individual with mental illness said, “I mean when he (the police officer) took me to the hospital he didn’t handcuff me. He let me sit up front, but he let me know that was the procedure. Who wants to be handcuffed like you committed a crime?”
- Recognize that victim re-traumatization is often triggered through involvement with the legal system, including court appearances. Survivors suggested separate waiting areas for victims and perpetrators noting “it is very distressing to be in the same room with the perpetrator and all his family.”
- Understand that re-traumatization can occur by having to “repeat your story over and over when referred to multiple agencies.”
- Understand that there is a pervasive fear of deportation by DV survivors who are undocumented. “We are afraid that we are going to be sent back to Mexico”. You never know, something can happen at any moment with immigration.”
- Know how to utilize the technology used by Deaf people; not knowing results in misunderstandings and may cause negative feelings between providers and Deaf people.
- Take the time necessary to explain policies and procedures in simple language and in a context that is more understandable. Interpreting policies and procedures are difficult for people with mental health problems and intellectual disabilities. A person with an intellectual disability said, “[I need] someone who is physically with me, someone who reads the paperwork material with me, someone who explains each step.”

DV service providers recognized their need to know more about the intersection. This would improve their capacity to address the unique needs of their clients using person-centered interventions. All service providers expressed great sensitivity to the needs of victims. However, in order to increase staff comfort levels at the intersection; they need training and education on how to more effectively work with people with all types of disabilities. They want to develop trusting relationships with victims with disabilities and/or mental illness so victims

will be comfortable engaging in services and returning for services as needed. Service providers rely heavily on prior work experience and training to address the needs of victims with disabilities and/or mental illness. The resource most frequently used was consulting with a superior or co-workers.

DV service providers shared what they need in order to be comfortable and confident serving victims with disabilities and/or mental illness.

- Education on how to work with someone with a disability. “When people think disability they think mainly physical disability, using a wheelchair, etc. I realize that disabilities come in many forms, such as mental illness, learning disabilities, intellectual disabilities, some of which are not visible. I need to know about all these.”
- Cultural competency regarding the Deaf, African-American, Latino and LGBTQ cultures at the intersection.
- How to address the challenges of finding a source of income, securing safe housing, accessing transportation, addressing children’s’ issues, etc. when a survivor has a disability and/or mental illness. “A victim going into a domestic violence shelter is a major life changing decision. Once in shelter, planning for safe reintegration into the community is critical. These challenges are compounded when the survivor has a disability and/or mental illness.”
- Having someone on staff who knows ASL.
- Guidance and expertise on developing individual safety plans for people at the intersection.

In addition to acquiring more knowledge of disabilities and mental illness, DV service providers stated they would feel more confident serving survivors at the intersection if they had a better grasp of the resources available. They want to know who to call for assistive technology, ASL interpretation services, housing, support groups, case management services, and advocacy on behalf of clients. They also expressed a need for support in navigating the various service systems to obtain services and benefits for people with disabilities and/or mental illness.

Collaboration partners acknowledged that their expertise is predominately related to the populations they serve. Staff at each partner organization is eager to learn more about the parts of the intersection not related to its expertise. Regarding the Collaboration’s ability to improve services for victims with disabilities and/or mental illness, we learned that knowledge of trauma informed approaches to service delivery varies among Collaboration partners; staff want to learn how to provide people with disabilities and/or mental illness the language they

need to describe what is happening to them; each Collaboration partner has a long history of providing technical assistance to community programs/services and other stakeholders relevant to its mission; and, as each partner organization becomes better informed of the intersection and ways to better address the needs of victims with disabilities and/or mental illness there is tremendous potential for applying this knowledge in all the work that each organization does.

Staff Knowledge/Responsiveness: Strategies for Change

- Increase Collaboration partners and service providers' knowledge of the different types of disabilities and how to relate to people with disabilities in order to be fully responsive to their needs when they are victims of domestic violence.
- Develop mechanisms for Collaboration partners' staff to hear the personal stories of people with disabilities, mental illness, and survivors to strengthen our capacity to provide TA at the intersection.
- Provide a series of inter-partner workshops at which each partner shares its unique expertise as related to the intersection, including trauma informed approaches to service delivery to build each partner's capacity to provide quality TA.
- Provide TA among the Collaboration partners to share expertise. For example, DCADV could help CDS' Family SHADE staff with domestic violence information for their hotline; could work together to customize it for families who have a child with a disability, e.g. have on the menu a section about not feeling safe at home or something that does not use DV language but can provide information about such things as the Power and Control Wheel, how to get help, and how to get to safety. Menu would also include a "Quick Escape" feature.
- Develop teams of trainers knowledgeable of trauma informed approaches that include people from each of the Collaboration partners to work with mental health, disability and domestic violence service providers so that trauma informed approaches are used at the intersection.
- Develop toolkits that reflect the expertise in domestic violence, disabilities, and mental illness, and trauma informed approaches, e.g., language for persons with intellectual disabilities and mental illness describe what is happening to them, how to develop safety plans that are customized for people with varying types of disabilities and mental illnesses, how to be a welcoming and accessible service provider so that staff are more confident in providing services at the intersection.

- Inform service providers of the resources available to victims with disabilities and/or mental illness so staff is able to respond appropriately to their individual needs.
- Develop trauma informed systems to prevent re-traumatizing victims at the intersection when they are referred to several agencies to meet their multiple needs.
- Educate judges and courts about the intersection so the criminal justice system can build its capacity to better address victims' needs.

Key Finding 4: Policies and Procedures – *Collaboration partners and service providers' existing policies and procedures are varied and limited in addressing victims' needs at the intersection. There is a need to identify best practices and move toward consistency in policies and procedures at the intersection.*

The Collaboration partners have minimal formal policies and procedures that address the specific needs of victims with disabilities and/or mental illness. The formal policies and procedures are primarily focused on compliance with ADA guidelines and other traditional nondiscrimination policies related to hiring practices and service delivery.

Each organization's leadership recognizes the importance of continuing to develop their formal policies and procedures at the intersection and incorporating them into their respective cultures. By doing this, the awareness and the understanding of the intersection are put into practice and become intrinsic in daily operations. In turn, this increases the awareness and understanding of the intersection for partner constituents, e.g., CDS involvement with University of Delaware students and people with disabilities and their families; NAMI Delaware housing residents and peer support groups; and DCADV recipients of community education and prevention programs.

By developing formal policies and procedures at the intersection, the Collaboration will naturally build its capacity to provide TA and support to state-wide programs as they change and/or create policies and procedures. Each partner has expertise in their field and is confident of its abilities to provide TA to state-wide stakeholders.

The collaboration partners' informal policies and procedures that address the specific needs of people with disabilities and/or mental illness vary, as do their policies related to victims of domestic violence and workplace violence. This variation is logically linked to the focus of each organization, its purpose for being and its expertise. The variation is also linked to the frequency with which each organization has contact with people at the intersection. At the time of the needs assessment, none of the partners were tracking their work at the

intersection. The references to the frequency of work at the intersection, noted in the following paragraphs, are anecdotal.

CDS supports the well-being, inclusion and empowerment of people with disabilities and their families—through education, prevention, service and research related to disabilities—allowing for full participation in the life of their communities.

The Center staff reported that it has more contact with people at the intersection of disabilities and mental illness and little contact with domestic violence victims. The Center, being affiliated with the University of Delaware, adheres to the University's comprehensive policies regarding how to respond to situations in which a person has a mental illness and/or is in danger. The Center also has policies and procedures that are specific to its operations. The Center's policies on domestic violence support encouraging the victim to report the violence rather than remaining silent. Currently the Center staff are not aware of any policies specific to people with mental illness. Center staff emphasized the need to have the intersection of domestic violence, disabilities, and mental illness clearly defined in order to guide the development of policies and procedures to address the needs of victims at the intersection.

DCADV's expertise and focus is on bringing a feminist perspective (*the belief that advocating for women's equality, justice, and well-being in society will ultimately alter social values and institutional conditions that promote violence against women*) to its policy, advocacy, education, and violence prevention work.

The Coalition staff indicated it has had more contact with people at the intersection of domestic violence and mental illness than with domestic violence victims with disabilities. It does not have written policies and procedures specifically addressing the intersection. It has incorporated many unwritten policies into its practices for planning events and making accommodations as needed for event attendees with disabilities. Ensuring safety for survivors at all its events has been part of the Coalition's operations for years. Being a part of this Collaboration has increased the Coalition's awareness of accommodating the needs of people with disabilities and/or mental illness and as Deaf individuals who attend training and other community events it sponsors. The Coalition staff expressed the importance of getting feedback from its constituencies on the impact of the policies and procedures once they are in place. The Coalition staff believes just having policies and procedures without checking to see that they are not doing more harm than good does not serve anyone well. The staff's expertise in domestic violence supports its ability to formalize the Coalition's policies and procedures and provide its member agencies the TA needed to improve their policies and procedures addressing the intersection. The TA will include tools for monitoring policies and procedures for their effectiveness.

NAMI Delaware's expertise and focus is on improving the quality of life for those affected by life-changing brain diseases such as schizophrenia, bipolar disorder, and major depression through support groups, education, advocacy, and housing services.

NAMI Delaware staff reported they have had more contact with the intersection of mental illness and disabilities, especially in its housing program, than with mental illness and domestic violence. The primary focus of NAMI Delaware's policies and procedures is related to HUD regulations and ADA guidelines. The NAMI Delaware staff was not aware of any written policies and procedures related to the intersection.

People's Place has written policies regarding the intersection of disabilities, mental illness, and domestic violence. Several years ago People's Place stopped asking their domestic violence Hotline callers if they had issues with mental illness, health, substance abuse, disability, etc. viewing such questions as inappropriate for a trauma informed organization. Since their top priority is victim safety for all, their policies focus on what staff should ask victims in order to provide services and accommodations while at People's Place.

The YWCA, Delaware Center for Justice, and Community Legal Aid Society, Inc. staffs were not aware of their organizations having policies and procedures addressing the intersection. All DV service providers that participated in the needs assessment are open to assistance with ensuring their policies on accessibility, confidentiality, accommodations, mandatory reporting, and workplace violence (to name a few) are appropriate to address the intersection.

Collaboration partners and service providers think it is very important for their organizations to have a deeper understanding of the intersection and how they can make adjustments to their operational policies and procedures to better serve victims of intimate partner violence with disabilities and/or mental illness.

Program participants with disabilities and/or mental illness and survivors emphasized the need for service organizations to be more welcoming and accommodating as well as better informed about the unique needs of people with disabilities, people with mental illness and survivors of domestic violence. Improving the "point of entry" to services was a common theme with all program participants. This improvement should start with policies and procedures that outline how access to services can truly be accessible and welcoming. Personnel and training policies need to address mechanisms for increasing staff's knowledge, skills, and comfort level at the intersection to address the needs of victims with disabilities and/or mental illness when they first make contact with the agency.

Survivors emphasized the importance of ensuring that policies have accompanying procedures. For example, several survivors reported that many doctors, dentists, and health care providers have questions on their admission forms to determine if the patient is a victim of domestic violence. Survivors have disclosed to their health care provider that they are victims and the staff did not know what to do with the information. Consequently, they were not given resource information or referred to a Domestic Violence Hotline.

Self-advocates with disabilities reported the need for service providers to use a person-centered approach that promotes making decisions in partnership with them. The Deaf individuals interviewed stressed the need for organizations to be aware of the ADA requirements for making accommodations for people who are deaf as well as people with disabilities. Service providers need to incorporate the ADA accommodations requirements into their operational policies and procedures.

Understanding service providers' policies and procedures can be difficult for people with mental illness and intellectual disabilities. The policies and procedures shared with service recipients need to be presented in a context that is easily understood.

Policies and Procedures: Strategies for Change

- Share Collaboration partners' respective expertise relevant to the intersection to inform the development of policies and procedures for partner agencies and disability, mental health, and domestic violence service providers that are appropriate to address needs at the intersection.
- Incorporate trauma informed approaches to service delivery in policies and procedures addressing the "point of entry."
- Develop the appropriate tools and best practices for Collaboration partners and service providers to review their policies and procedures, and make adjustments as needed, to ensure they address the needs of victims at the intersection.
- Draw upon Collaboration partners' various affiliations with national organizations relevant to the intersection to provide a wealth of resources when working on policies and procedures at the intersection. Examples of these resources are CDS' affiliation with the Association of University Centers on Disabilities, the Coalition's affiliation with the National Network to End Domestic Violence, and NAMI Delaware's association with the National Alliance on Mental Illness.

- Utilize the experiences of service providers currently using a trauma informed approach when designing tools for assessing and/or developing organizational policies and procedures in alignment with the intersection.
- Include input from people with disabilities and/or mental illness, as well as Deaf individuals, in the development of policies and procedures at the Collaboration partners' organizations to ensure they are appropriate, comprehensive and user-friendly. And, encourage disability, mental health, and domestic violence service providers to do the same.

Key Finding 5: Advocacy/Collaborative Relationships – *The Collaboration partners are actively involved in an array of state-wide relationships with service providers, advocacy organizations, self-advocacy groups, and task forces relevant to their respective missions. Bringing these collective relationships to the intersection will strengthen the Collaboration's ability to create equal access to safety in Delaware.*

This project aims to build the capacity of Collaboration partners to provide TA to create equal access to safety for people with disabilities and/or mental illness who are victims of intimate partner violence. The needs assessment enhanced our understanding of the issues that will challenge us as we work together to achieve our goals. It also identified many opportunities for expanding and enhancing our capacity to find common ground and work collaboratively to achieve measurable and sustainable outcomes.

Current Relationships

Each Collaboration partner works with multiple service providers, advocacy organizations, self-advocacy groups, councils and task forces to achieve common goals for their respective constituencies. For example, NAMI Delaware is represented on the Governor's Advisory Council on Mental Illness, CDS is represented on the Governor's Advisory Council on Exceptional Citizens and DCADV is represented on the Domestic Violence Task Force of the Domestic Violence Coordinating Council of Delaware. Both CDS and DCADV are actively involved with the Victims' Rights Task Force.

Collaboration partners identified the following elements that are essential to building collaborations at the intersection that are person-centered, inclusive and impactful:

- Look at the "Big Picture," take a community perspective
- Articulate the mission and stay focused on it
- Use personal connections to find common ground

- Identify resources and key stakeholders
- Focus on strengths
- Use active listening to better understand
- Stay flexible
- Put aside personal agendas
- Adopt a cooperative spirit
- Share the power
- Let go of narrow issues
- Validate the priorities of others
- Emphasize access and availability of services

Each partner brings its own unique strengths regarding collaboration to this project. CDS as part of the University of Delaware draws upon the resources, community contacts, and expertise available at a large educational institution. NAMI Delaware has access to the multiple resources of NAMI programs and resources, especially regarding educational programming, e.g., Family to Family and Peer to Peer. DCADV enters into many formal and informal collaborative relationships in order to expand and enhance its work to end domestic violence, and believes that all of its collaborations are relevant to the work of this grant.

Advocacy

Each of the Collaboration partners has a long history of engaging in advocacy for its primary constituencies. Each partner uses education and community programs as advocacy tools. DCADV's collaborative work is primarily as an advocacy agency and views its programs, e.g., training, public events, prevention, as directly advocating for equal access to justice, healthy relationships and the prevention of domestic violence. CDS' advocacy work includes education, prevention, service and research related to the inclusion and empowerment of people with disabilities. NAMI Delaware advocates on behalf of people with serious mental health problems and their families to improve their quality of life. Each partner provides programming for their constituencies to help them develop self-advocacy skills. All partners use approaches that are person-centered and promote self-determination. Each Collaboration partner also engages in advocacy as a way to reduce the stigma experienced by the people they serve.

Domestic/Intimate Partner Violence

Each Collaboration partner has a different perspective on key issues such as confidentiality, mandatory reporting, and criminal justice intervention. These perspectives continue to strengthen the dialogue as we work to find a common voice around our basic agreement that all people, including people with disabilities and/or mental illness who are victims of domestic violence should have equal access to safety.

Each Collaboration partner has a history of understanding domestic/intimate partner abuse and violence in a unique way. These understandings will build our capacity as it broadens our perspectives on the kinds of safety issues faced by people with different needs. For example, the Collaboration partners expressed different perspectives on mandatory reporting (what Delaware law requires about reporting of abuse for “vulnerable” populations, which has historically included people with disabilities as well as children and “the elderly;” the difference between caregivers/caretakers and intimate partners; who exactly is a person with a disability, etc.) yet all strongly believe that prevention of all violence is absolutely essential.

Program participants have unique needs, based on their history, disability, and cultural experience that can inform the Collaboration’s advocacy and state-wide collaborative activities. While some program participants’ needs are unique to their individual experience, others are common to all. Program participants included non-English speaking survivors with barriers to getting help based on ethnic stigmatization and isolation due to language. Other survivors of domestic violence focused on their overall personal safety and the safety of their families, fear of losing their children and advocating for the prevention of domestic violence. Deaf individuals’ expressed the priorities of reducing the effects of isolation through better communication with the hearing community. People with intellectual and/or physical disabilities are most focused on overcoming stigma that is pervasive and negatively impacting their access to services. People who have a diagnosis of a serious, chronic mental illness voiced advocacy priorities that also include overcoming stigma as well as being heard and believed by service providers and respected as individuals.

The Collaboration partners are prepared to bring all their advocacy and collaboration experience and expertise to the work of this grant to achieve equal access to safety to all victims of domestic violence in Delaware.

Advocacy/Collaborative Relationships: Strategies for Change

- Apply knowledge of the intersection in the work each Collaboration partner does with local and state-wide agencies, councils and task forces.
- Learn and practice the consensus approach to decision making to find common ground in advocating for service improvements at the intersection.
- Identify policies, practices, and/or programs which impact each partner and around which the Collaboration can work together to achieve equal access to safety for people with disabilities and/or mental illness.
- Identify best practice models of collaboration that use shared leadership approaches.
- Invite leaders from agencies and organizations who are currently in relationships with Collaboration partners to participate in the next phase of the capacity building process.
- Include program participants (people with disabilities and/or mental illness, Deaf individuals, and DV survivors) in our capacity building processes, to serve on committees, task forces, etc., and provide input on the improvement of services at the intersection.
- Develop toolkits and training programs for service providers to build their capacity to form collaborations that are inclusive, process oriented, and agents for change.
- Strengthen communication links among the staff of the Collaboration partners keeping everyone informed of their advocacy work.

Key Finding 6: Organizational Culture/Sustainability – *Collaboration partners bring a diversity of perspectives, philosophies and values to the intersection that will strengthen the design and sustainability of service models addressing the needs of victims with disabilities and/or mental illness.*

The needs assessment process included surveying the governing bodies of each Collaboration partner and conducting focus groups with the staffs of each partner to determine how the respective partners' organizational culture and governance can support and sustain the work of this grant.

Governance

The surveys indicated strong support from the governing bodies for working at the intersection and the development of new initiatives to better meet victims' needs at the intersection. All

bodies viewed the project as consistent with their respective missions and in alignment with their organization's strategic goals. At the same time, the governing bodies expressed an understanding of the realistic challenges to achieving equal access to safety. The challenges identified were:

- Overcoming stigma at the intersection, especially as it may act as a deterrent to people at the intersection disclosing that they are victims of domestic violence
- Funding and staffing resources
- Educating public and state agencies on the intersection and how to best respond
- Determining how to identify allies at the intersection in order to reach out and involve them in solutions

While there were differences among the governing bodies regarding significant vs. moderate challenges, all had members who identified ways they would be willing to individually support the work at the intersection, such as:

- Serving on a committee or task force
- Helping educate the public about the intersection
- Sharing personal stories of having been a victim of domestic violence
- Working on policy initiatives with the state legislature
- Helping educate disability service providers about the intersection and encourage their involvement.

The CDS Advisory Council expressed strong emphasis on advocacy at the intersection among its members. The DCADV board provided domestic violence perspectives and a deep understanding of issues at the intersection. While there was concern expressed for the financial implications for NAMI Delaware in addressing the intersection, the board members who responded to the survey supported it philosophically. Some CDS members saw the challenges as opportunities rather than obstacles. The DCADV board noted that due to the passion and drive of DCADV it does not anticipate there being any challenges that couldn't be overcome.

Staff

Each partner has a unique philosophy/perspective that influences its work at the intersection. The staff consistently affirmed the philosophies and values of their respective organizations such as:

- CDS values a person centered and inclusiveness approach to providing services to individuals with disabilities. This approach promotes self-determination and self-advocacy.
- DCADV sees domestic violence as an equal access to justice issue as well as a public health issue promotes violence prevention using a systemic approach and understands the importance of intersectionality and its relationship to preventing violence of all types. DCADV supports the use of trauma informed approaches in the workplace and employee relations as well as service delivery.
- NAMI Delaware works to ensure that people with severe and persistent mental illnesses are valued for the unique individuals they are and that they and their families receive the support and education they need to better understand and cope with the problems and realities of living with mental illness.

All partners support advocacy and public awareness and believe it is essential to making change happen. Our three agencies advocate for systemic changes in unique ways. CDS has a desire “to work on community (systems) for broader impact to tip a culture change regarding persons with disabilities.” DCADV asks, “What type of community do we want to live in; what system changes have to occur for our communities to experience less violence, reduced poverty, educated children, and healthy relationships?” NAMI Delaware works hard to reduce the stigma of mental illness.

Each partner embraces inclusion of their constituents in doing the work of the organization, e.g. advocacy, internal operations, and governance.

Each organization’s culture is one in which staff routinely turn to co-workers for resource information and support.

Each director expressed a desire for the intersection to become imbedded in their organization’s culture. All are open to expanding the scope of the intersection based on community needs. All three partners describe themselves as being both reactive and proactive in their approaches to change. Each organization has a desire to be inclusive, welcoming, and able to address people’s needs. A staff member put it this way, “Empathy is key to our operations.” Staff also identified challenges working at the intersection:

An emphasis on advocacy vs. direct services impacts culture of an agency. Agencies focused more on direct services may be more cautious in its advocacy work.

Differences in philosophical and/or belief systems contribute to the complexities of working at the intersection. For example, some disability service providers and

advocates support mandatory reporting of intimate partner violence experienced by people with disabilities. However, most domestic violence service providers support victim self-determination regarding reporting.

The differences and similarities between intimate partner violence and caregiver abuse/neglect need to be explored further in order to appropriately address the needs of victims at the intersection. While caregiver abuse/neglect is acknowledged as a pressing issue, it does not fall under the purview of this grant. This does not prohibit the collaboration from being an ally with the disability community in advocating for improved services for victims of caregiver abuse/neglect.

All partners are impacted by legislative and policy changes that can influence its capacity to develop and sustain its work at the intersection. The Collaboration will need to incorporate sustainability into its strategic plan.

Organizational Culture/Sustainability: Strategies for Change

- Provide the CDS Advisory Council and the NAMI Delaware and DCADV boards more education on the intersection, trauma informed approaches and capacity building initiatives once the strategic plan is completed.
- Review the strategic plans of each Collaboration partner to align the Collaboration's strategic plan initiatives with each organization's strategic goals and resource allocations to ensure sustainability of the project.
- Determine how to engage the individual board/council members in the project.
- Form a Leadership Task Force with representatives from each Collaboration governing body to address the challenges they identified.
- Develop tools such as an "Intersection Handbook for Boards" for service providers to use to inform and engage their boards in the work at the intersection.
- Develop training modules (using a mixture of webinars and face-to-face training) about the intersection and the use of trauma informed approaches in the workplace, employee relations, and service delivery.
- Engage Collaboration partners, service providers and advocates at the intersection in a dialogue about the differences and similarities between intimate partner violence and caregiver abuse/neglect. This will help determine how the Collaboration and the disability and mental health communities can be allies in addressing the unique needs of

victims of intimate partner violence with disabilities and/or mental illness and victims of caregiver abuse/neglect.

Unforeseen Benefits and Learning Opportunities

In the implementation of the needs assessment there were many unforeseen benefits to the process and multiple opportunities for the Core Collaboration Team to learn more about the intersection of domestic violence, disabilities, and mental illness. A few of these benefits and learning opportunities are noted below:

- Hearing the personal stories of people at the intersection was very powerful. This connection with people with disabilities and/or mental illness, survivors and Deaf individuals affirmed the importance of continually being aware of their unique experiences and needs when developing and providing services. Including their voices in the entire process of improving services for victims at the intersection will be critical to the achievement of the Collaboration's vision.
- Implementing the needs assessment made us aware of how much we did not know about the intersection and stimulated our desire to learn more. With each focus group and interview, Core Collaboration Team members gained knowledge, insight and new perspectives on domestic violence, disabilities, and mental illness. We became more aware of the uniqueness of each survivor and each person with a disability and/or mental health problem. This deeper understanding of the intersection, as well as our desire to know more, will benefit the development of the strategic plan for improving services in Delaware.
- Being associated with a project of this nature has opened doors for our participation on community task forces and committees, creating opportunities for educating a wider audience about the intersection of domestic violence, disabilities, and mental illness. These opportunities have also built the capacity of the Core Collaboration Team to understand the challenges in service delivery that are common to many constituencies. For example, services for people with disabilities and/or mental illness remain fragmented and compartmentalized. This project has started a rich conversation about creating integrated, trauma informed, and fully accessible services at the intersection.
- The Core Collaboration Team successfully provided an atmosphere of trust, safety, and comfort that resulted in people sharing their poignant, and at times, painful stories. This atmosphere was made possible by using a person-centered approach, honoring strict confidentiality, and making the necessary accommodations. We realize it will take

time and relationship building to earn the trust of service providers in order to provide TA at the intersection of domestic violence, disabilities, and mental illness. These experiences reinforce the value of having people with disabilities and/or mental illness and DV survivors at the table for our continual capacity building and the provision of TA to service providers at the intersection.

- Learning about the Deaf culture was an amazing unforeseen benefit. As a result of the needs assessment, we learned that there is a social, communal, and creative force of, by, and for Deaf people through using American Sign Language (ASL). It encompasses communication, social protocol, art, entertainment, social media, recreation, e.g., sports, travel, and Deaf clubs. In order to be competent to provide culturally sensitive services to Deaf victims, we need to learn more about the Deaf culture.
- There were ample opportunities for the Core Collaboration Team to earn the trust of disability service providers. The recruitment of program participants from the organization's serving Deaf individuals and people with intellectual disabilities was challenging due to a degree of distrust of the project and staff wanting to protect their clients. This resulted in some difficulty in scheduling the orientation meetings to discuss the project and seek assistance with recruiting focus group participants. Once these organizations had assurance of our being person-centered in our approach, following confidentiality guidelines, and making appropriate accommodations they were supportive. These challenges highlighted the importance of trust and relationship building with service providers when working at the intersection.
- A lack of awareness and under-reporting of the prevalence of intimate partner violence in the lives of people with disabilities, including mental illness continues to be an obstacle confronting people with disabilities and mental health problems. Progress is being made and the implementation of the focus groups helped increase awareness as staff of Collaboration partners and beyond became engaged in the conversation about the intersection of domestic violence, mental illness, and disabilities. We learned that disability and mental health service providers are open to learning more about the extent and impact of domestic violence on people with disabilities and/or mental health problems.
- There are dramatically different perspectives among collaboration partners regarding intimate partner violence, caregiver abuse/neglect, definition of "intimate" and mandatory reporting. These issues are big and warrant more conversation by the Collaboration and service providers at the intersection. All work at the intersection must acknowledge that there are traditions and beliefs that are in direct conflict that

will require identification of commonalities if we want to impact victims with disabilities and/or mental illness.

- The lack of emergency housing/care for people with disabilities who experience non-intimate partner violence or abuse is a major concern for disability advocates and service providers. In Delaware there is a lack of accessible, emergency housing for people with disabilities who are abused or neglected by a caregiver resulting in nursing home placement being the only option in many cases. This concern makes it difficult for advocates and service providers to understand why domestic violence shelters are not an appropriate resource for people with disabilities who are victims of caregiver abuse/neglect or why laws on intimate partner violence do not require mandatory reporting. More conversations are needed between service providers at the intersection to clarify differences and to find common ground on pressing issues, e.g., advocating for improved services, including emergency housing, for victims of caregiver abuse/neglect.
- People with more severe intellectual disabilities had difficulty explaining how they access services and what would make for a welcoming environment. The methodology of the needs assessment did not lend itself to acquiring thorough responses from this population. As we go forward we need to learn how to better engage people with intellectual disabilities in conversations about the intersection.
- The implementation of the needs assessment has strengthened the Collaboration and reinforced the need to realize our vision of equal access to safety for victims with disabilities, including mental illness.

Conclusions

People with disabilities and/or mental illness, Deaf individuals and survivors of domestic violence, like everyone else, want to be treated with dignity and respect by service providers. Services that are welcoming, accommodating, and responsive to the individual's needs are essential to achieving "equal access to safety" in Delaware.

Through the needs assessment process we identified strengths and areas in need of improvement in both the Collaboration partner agencies as well as service providers. The voices of people with disabilities and/or mental illness, Deaf individuals and domestic violence survivors were a valuable resource to the needs assessment process. To successfully create a system in Delaware where there is equal access to safety and trauma informed services, the

voices of service recipients must always be at the table to share their experiences and priorities for change. They are critical to the Collaboration achieving its mission and goals.

This project aims to build the capacity of Collaboration partners to provide TA to create equal access to safety for people with disabilities and/or mental illness who are victims of intimate partner violence. The needs assessment enhanced our understanding of the issues that will challenge us as we work together to achieve our goals. It also identified many opportunities for expanding and enhancing our capacity to find common ground and work collaboratively to achieve measurable and sustainable outcomes.

All collaboration partners and their governing bodies are supportive of continuing the work to achieve the vision of “First State Equal Access to Safety.” To sustain the work each organization will need to review its strategic plan to ensure the Collaboration’s initiatives addressing the intersection are in alignment with the organization’s strategic goals and resource allocations.

As each Collaboration partner becomes better informed of the intersection and trauma informed approaches that effectively address the needs of survivors with disabilities and/or mental illness, there is tremendous potential for applying this knowledge in the work they do with local and state-wide agencies, councils and task forces.

The findings of this needs assessment will be used to develop a strategic plan that will move the Collaboration into the implementation phase for achieving equal access to safety in Delaware.

APPENDICES A - E

APPENDIX A

Various Audiences for Focus group, Interviews, and Surveys

	FOCUS GROUPS			
Partner Agency	Participants	# of Potential Participants	# Participants Recruited	Actual Attendance
	<i>Program Participants with Disabilities</i>			
CDS	TEEM (Transition Education and Employment Model) uses a person-centered approach to offer young adults ages 18-27 with disabilities a comprehensive set of services, supports, and opportunities that will enable them to develop the skills needed to increase their independence, lead productive lives, and participate in the community as adults. Support and training is provided by staff at CDS.	8	6	4
CDS	Independent Resources, Inc. (IRI) is a resource center focused on assisting persons with disabilities achieve and maintain individual lifestyles through personal empowerment, independence, and community education.	8	7	4
	<i>Program Participants with Mental Illness</i>			
NAMI-DE	Residents of NAMI-DE Housing Program. These individuals live with mental illness and interact with a wide variety of services in Delaware.	8	6	4
NAMI-DE	Peer-to-Peer Leaders. Peer-to-Peer is for any individual with serious mental illness who is interested in establishing and maintaining wellness. Peer-to-Peer combines lecture, interactive exercises and structured group processes. The leaders are living in recovery successfully, have benefited from available resources and now 'give back' by helping other individuals with mental illness.	6	5	2
	<i>Survivors of Domestic Violence</i>			
DCADV	Women from SAFE Shelter. Survivors who currently or previously received shelter services at People's Place, a DCADV member organization in Southern Delaware.	6	6	4
DCADV	WEAVER (Women Empowered Against Violence in Every Relationship) Task Force. WEAVER is a domestic violence survivors' DCADV task force. Members meet monthly to develop strategies to educate the general public, criminal justice officials, government officials, service providers, advocates, and other professionals about domestic violence from the survivors' perspective.	6	6	3

	FOCUS GROUPS			
Partner Agency	Participants	# of Potential Participants	# Participants Recruited	Actual Attendance
	<i>Collaboration Partners' Staff</i>			
CDS	Management Team. This group included the directors of the 5 units at CDS. This group provided a unique perspective on providing services to individuals, and on the capacity of CDS to provide Technical Assistance.	5	5	4
CDS	Unit Staff. This group provided not only the perspective of staff who directly provide services to people with disabilities, but core staff who interact with individuals with disabilities as receptionists or simply interacting in public areas. This group also provided information about training and other staff development needs. The Project Coordinator for CDS was not included in these staff focus groups.	10	6	5
NAMIDE	Housing Staff. The group consisted of the Director of Property Management, the Senior Property Manager and two Property Managers – they interact regularly with housing residents, including doing initial applications, interviewing and see residents literally where they live.	4	4	3
NAMIDE	Non-Housing Staff. This group included Help Line staff as well as receptionists and other support positions. This staff plays a vital role in insuring that anyone calling or visiting NAMI-DE are met in a welcoming manner and directed to the appropriate resource or staff person. The Project Coordinator for NAMI-DE was not included in these staff focus groups.	8	5	4
DCADV	DCADV Staff. The staff consists of a total of 9 people. All staff invited share their knowledge, skills, ability and history of including individuals with disabilities and mental illness into their activities and trainings. Their questions also addressed their current roles as Technical Assistance providers and what strengths and limitations they experience in providing TA. The two staff persons who work on this grant were not included in the DCADV staff focus group.	7	7	6

FOCUS GROUPS				
Partner Agency	Participants	# of Potential Participants	# Participants Recruited	Actual Attendance
	<i>DV Service Providers (DCADV Member Organizations)</i>			
DCADV	YWCA/Home Life Management Center Staff. The YWCA provides services to victims of domestic violence including emergency and transitional housing. This group provided an opportunity to talk to staff providing services in the city of Wilmington.	6	7	6
DCADV	Peoples Place/Turning Point DV Staff. Turning Point offers a broad range of services for adults and children affected by domestic violence, including both victims and offenders. For this Needs Assessment we engaged the staff of the Victim Services unit as well as the Offender's Counseling Program. Turning Point is a DCADV member organization located in southern Delaware.	6	6	6
<i>Focus Group Totals</i>		<i>84</i>	<i>76</i>	<i>55</i>

ELECTRONIC SURVEYS			
Partner Agency	Participants	# of Potential Respondents	# of Respondents
CDS	Advisory Council – The Center is governed by a Community Advisory Council comprised of individuals with disabilities and family members as well as representatives from the Delaware Developmental Disabilities Council, the Disability Law Center, and other agencies and organizations.	38	23 (61%)
NAMIDE	Board of Directors – The board is comprised of mental health professionals, individuals with mental illness who are in recovery, family members of people with mental illness, and community leaders.	14	5 (36%)
DCADV	Board of Directors – The board is comprised of survivors, community leaders, and representatives from each of the four member organizations that provide DV services (People's Place Turning Point, YWCA Home Life Management Center, and Community Legal Aid Society, Inc.)	14	13 (93%)
CLASI	Attorneys – Community Legal Aid Society, Inc. provide legal services to people with disabilities and victims of domestic violence.	5	4 (80%)

INTERVIEWS				
Partner Agency	Participants	# of Potential Interviewees	#of Interviewees Recruited	# Interviews Conducted
	<i>Collaboration Partners' Staff</i>			
CDS	Director	1	1	1
NAMIDE	Executive Director	1	1	1
DCADV	Executive Director	1	1	1
NAMIDE	Director of Communications and Public Relations	1	1	1
	<i>DV Service Providers (DCADV Member Organizations)</i>			
DCADV	SAFE Shelter Director. Provided her perspective on the overall challenges of managing an emergency shelter and accommodating individuals with disabilities and/or mental illness.	1	1	1
DCADV	Abriendo Puertas Shelter Director. In addition to the information about the challenges of managing an emergency shelter, the Abriendo Puertas director shed light on the special challenges for Spanish-speaking survivors, many of whom are undocumented immigrants.	1	1	1
DCADV	Coordinator of Elderly Victim Services at DE Center for Justice. As the only staff person who deals directly with domestic violence victims, she provided	1	1	1
	<i>Survivors of Domestic Violence</i>			
DCADV	Women from Abriendo Puertas Shelter (Past residents)	2	2	2
	<i>Program Participants with Disabilities</i>			
CDS	ARC People First. Delaware's forum for adult self-advocates with intellectual disabilities; this program is housed at the Arc of Delaware.	2	2	2
CDS	Self-Advocates. Well known and highly respected individuals with disabilities in Delaware who are known for their advocacy, policy work and commitment to inclusion and rights for persons with disabilities.	2	2	2
CDS	Deaf Individuals. People interviewed included a professional working in the field of employment services for deaf individuals, an advocate for the Deaf Community, and a DV survivor.	3	4	4
	<i>Interview Totals</i>	<i>16</i>	<i>17</i>	<i>17</i>

APPENDIX B

Sample Questions used in Focus groups and Interviews

CDS Staff Focus Group Questions

- 1) What is your job at CDS?
 - a) What services or supports do you provide to individuals with disabilities at CDS?
 - b) How often do you directly work with, or interact with, people with disabilities?
[constantly, daily, weekly, occasionally]

- 2) Have you ever had a guest/visitor/caller who seemed to be upset, in distress or whose behavior concerned you?
 - a) What were the circumstances? What made you think that?
 - b) What was your response? Who did you ask for help?
 - c) Did you consider that they may have experienced violence, domestic violence or other abuse?
 - d) Did you consider that they may be experiencing mental illness?
 - e) Had you had any training to handle these situations? Who provided it? Did it prepare you adequately?
 - f) Were there policies and procedures in place to guide you?
 - g) Were they helpful? If you answered no, would they help if you were to encounter this situation?

- 3) In your work at CDS have you encountered someone who had been experiencing violence or abuse, or someone you thought might be being abused?
 - a) What were the circumstances?
 - b) What was your response? Who did you ask for help, or who would you turn to? Why that person or agency?
 - c) Were there policies and procedures to guide you?
 - d) Were they helpful? If no policies, do you think they would help?

- 4) How about someone you thought might have a mental illness?
 - a) What were the circumstances?
 - b) What was your response? Who did you ask for help, or who would you go to? Why that person, agency?
 - c) Were there policies and procedures to guide you?
 - d) Were they helpful? If no policies, do you think they would help guide you?

- 5) Does CDS provide opportunities for you to maintain, or increase, your skills and knowledge? For instance through trainings, conferences or other types of education?
 - a) How often are these opportunities presented?

- b) Do you feel they are adequate?
 - c) What makes it easy – or difficult – to take advantage of these opportunities (for instance time off, support of supervisors, staffing, other costs or barriers.)
 - d) Would training on mental illness and/or Domestic violence be useful to you?
- 6) What agencies, organizations or networks do you work with on a regular basis? (Consider state-wide, national, and local – including within the University)?
- 7) Is there anything else you would like to tell us?

CDS - Disabilities Program Participants Focus Group Questions

- 1) When you need help with something, how do you find out about the types of help that are out in the community?
- 2) What makes it easy for you to find the help you need? What works great as you look for help?
- 3) Where are some places in the community or your neighborhood that you think it would be good to have information about the help that is available for with people with disabilities? Church Bulletin? Library? Stores? Internet?
- 4) What makes it hard to find out about the help that is out there?
 - a) When you find out about the help that is available, what makes it hard to get what you need?
 - b) What makes it easy to get what you need?
- 5) When you go somewhere for help do you ever ask the people to change something or explain something better so you can get the help you need? Can you give an example of something someone did to make it easier for you to get the help you needed?
- 6) When you have gone somewhere for the first time to get help what did the people do to make you feel comfortable (or good)? How did you know they would be able to help you? (Language they use, accessible, really good at explaining what they could do to help, etc.)
- 7) How do the places you go to for help (such as libraries, dentist, doctor, vocational rehabilitation, ARC, etc.) make you feel welcome?
 - a) What did staff do that made you feel welcome? (think about language and behavior)
 - b) What other things made the place welcoming? (think about the physical space)
- 8) Have any of you ever been referred somewhere for services or help? What was that like?
 - a) What was good about it?
 - b) What was not so good about it?
 - c) What would have made it better?
- 9) Do you have anything else you'd like to say or suggest for ways to make it easier for people with disabilities to get assistance/help?

NAMI Delaware Non-Housing Staff Focus Group Questions

- 1) What do you do at NAMI Delaware? (Each participant describes their title and job duties.)
 - a) What supports or services do you provide to people with mental illness?
 - b) How much contact do you have with persons with mental illness?

- 2) What types of disabilities have you encountered in your capacity with NAMI?
 - a) What were the circumstances?
 - b) What was your response; who did you ask for help?
 - c) Were you able to make needed accommodations or adjustments?
 - d) Were there policies and procedures in place to guide you?
 - e) Were they helpful? If not, would they have helped?

- 3) Have you ever had a guest/visitor/caller who seemed to be upset, in distress or whose behavior concerned you?
 - a) What were the circumstances? What made you think that?
 - b) What was your response? Who did you ask for help?
 - c) Did you consider that they may have experienced violence, domestic violence or other abuse?
 - d) Had you had any training to handle these situations? Who provided it? Did it prepare you adequately?
 - e) Were there policies and procedures in place to guide you?
 - f) Were they helpful? If you answered no, would they help if you were to encounter this situation?

- 4) Who would you turn to for training or information on disabilities?
 - a) Why that resource, individual or agency (i.e. policy or procedure, personal connection, professional association...?)
 - b) Would you be interested in training, webinars, one on one, conferences on disabilities and/or Domestic Violence?

- 5) Who would you turn to for training or information on domestic violence?
 - a) Why that resource, individual or agency (i.e. policy or procedure, personal connection, professional association...?)
 - b) Would you be interested in training, webinars, one on one, conferences on Domestic Violence or Abuse?

- 6) Does NAMI Delaware provide opportunities for you to maintain, or increase, your skills and knowledge? For instance trainings, conferences, other educational opportunities?
 - a) How often are these opportunities presented?
 - b) Do you feel that these opportunities are adequate?
 - c) What makes it easy, or difficult, to take advantage of these opportunities? (time off, support of supervisors, staffing, cost...)

- 7) What agencies, organizations or networks do you work with on a regular basis that you think would be helpful for our work with victims with disabilities?
 - a) Is this a formal or informal arrangement (is there a contract, MOU or interagency agreement)?
 - b) What about task forces, commissions or other state-wide collaborations?
 - c) Which other agencies would NAMI Delaware need to work with to influence services for victims with disabilities?

- 8) What else do you think we should know?

Survivors Focus Group Questions

- 1) How did you learn about the services available for survivors of domestic violence and abuse?
 - a) Where are good places to distribute or provide information about the services available?
 - b) Are there specific places that you think agencies that provide services for survivors of violence and abuse should be sharing this information? Church bulletins? Library? Stores? Internet? Doctor's offices? What ways would reach more people?
- 2) What can agencies do to encourage people to talk about domestic violence and abuse?
 - a) What things do agencies do to help survivors feel more comfortable disclosing or talking about violence and abuse?
 - b) What things do they do to help survivors trust and have confidence in them?
 - c) What do they do to create a welcoming atmosphere?
- 3) What do agencies do that may keep people from disclosing or talking about violence or abuse?
 - a) What things do agencies do that may make it uncomfortable for a survivor to disclose or talk about violence or abuse?
 - b) What could agencies do that would prevent a survivor from feeling safe?
 - c) What might they do to prevent a survivor from trusting them or having confidence in them?
 - d) What things could agencies do that would create an unwelcoming atmosphere?
- 4) What are some things other agencies need to know about working with and helping people who are survivors of violence and abuse?
 - a) Confidentiality?
 - b) Safety?
 - c) Attitude?
 - d) Other things?
- 5) What else do we need to know about creating safe places for individuals to disclose experiences of violence or abuse?

DCADV Staff Focus Group Questions

- 1) Tell me about the work that DCADV does. What role does the Coalition play in Delaware?
 - a) Who do you serve?
 - b) What is your (DCADV's) expertise?

- 2) What support does DCADV offer to organizations or individuals in the state? (For instance training, advocacy, consultation)
 - a) Do you respond to requests? Pre-packaged trainings or materials?
 - b) How is the information delivered? (In person, through printed materials, on website...)

- 3) What requests have you received from member agencies around disabilities or mental illness?

- 4) Think about the work you do for the Coalition – training, advocacy, policy work etc. How often do you see people with disabilities? Are you able to accommodate their needs?
 - a) What were the circumstances?
 - b) What adjustments did you make?
 - c) What made you comfortable making those adjustments or accommodations?
 - d) Had you had any training? Who provided it? Did it prepare you adequately?
 - e) What would have made it easier? Would a policy or procedure have helped (or hindered)?
 - f) Did you turn to someone for help? Why that person or agency?

- 4) What would you need to feel confident including people with disabilities in the work of the Coalition - including members, staff, volunteers, trainees and board or task force members? (Consider training, policies, equipment, budgetary changes, knowledge...)
 - a) What types of training would be helpful? (Examples – understanding disabilities, understanding mental illness; understanding the ADA; writing policies and procedures...)

- 6) What would you need to feel confident supporting member agencies in their work with people with disabilities?

- 7) Does the Coalition provide opportunities for you to maintain, or increase, your skills and knowledge around people with disabilities/mental health issues? For instance trainings, conferences, education?
 - a) How often are these opportunities presented?
 - b) Do you feel that these opportunities are adequate?

- c) What makes it easy, or hinders, for you to take advantage of these opportunities? (Time off, support of supervisors, cost or other barriers...)
- 8) What agencies or organizations or networks do you collaborate with on a regular basis that you feel are helpful to the work of this grant?
- a) Is this a formal or informal arrangement (is there a contract, MOU or interagency agreement)? How often do you meet?
 - b) What about task forces, commissions or other state-wide collaborations?
 - c) Which agencies would the Coalition need to include to influence services for victims with disabilities?
- 9) What limits, barriers, constraints or challenges do you face when collaborating with other organizations? (Think about funding, policies, transportation, facilities or infrastructure...)
- a) What would be needed to address these barriers (for instance; funding, staff, training, changes in policy...?)
 - b) What facilitates collaboration in Delaware?
- 10) Is there anything else you would like to tell us?

APPENDIX C
FAQs for Focus Group Recruitment

First State Equal Access to Safety

Frequently Asked Questions for Program Participants

Thank you for agreeing to help the Delaware Coalition Against Domestic Violence, NAMI Delaware and the Center for Disabilities Studies at the Univ. of Delaware learn how we can provide better services to you and others in the community. We thought you might want to know more about why we are doing this and answer a few questions that others like you have asked.

What is the Delaware Equal Access to Safety Initiative?

DCADV, CDS and NAMI Delaware received a grant from the federal government to work together to improve services for people with disabilities, including mental illness, who have experienced domestic violence. All of the agencies want people who come to their agencies to feel safe, to be able to access the services that already exist, and to feel welcome. This cooperation between the three agencies is called the First State Equal Access to Safety Initiative.

Why are you talking to me?

We want to talk to you because you are one of the people that can best tell us about what services and supports you want or need from the agencies. You are the expert on your own services and what you need. We are talking to people at all three of the agencies about what they want and need from agencies and organizations that provide services.

Do I have to talk if I don't want to?

No, you don't have to say anything during the group/interview if you don't want to. Participating in this process will not have any impact on any services that you receive and you can leave if you are uncomfortable staying. But we hope you will try to talk about how we can be sure you feel safe, that you can access the services that already exist, and that you feel welcome at the agency when you come.

If I talk, will you use my name?

We will not use your name in anything that we write about the meeting. We may use something you tell us in our report, but it will not say who said it.

Why do I need to fill out a RSVP Form?

The information will be used to provide any accommodations you need to be able to attend. It also facilitates planning and scheduling. The RSVP form will be shredded after approval of the strategic plan to protect confidentiality.

Is there any risk for me attending?

In certain cases we may need to file a report with authorities – those exceptions are a serious threat of homicide/suicide, a report of child abuse or a report of abuse of a vulnerable adult. Those exceptions are explained more completely in our Confidentiality Plan.

Will you be giving me something for being here?

As a thank you for coming you will receive a \$20.00 gift certificate for Wal-Mart.

What happens if I lose the gift certificate?

Once we give you the gift certificate it will up to you to keep it safe. We cannot give you a new one if it is lost or stolen. If you feel unsafe taking the certificate home we will mail it to a safe address in an unmarked envelope.

What are you going to do with the information?

We will put all of the information together into a report. The report will help us develop a plan to make changes at our agencies to provide better services. Talking with us will not have any effect on the services that you already receive.

Who are you going to share the information with?

The report will be shared with people who work at CDS, DCADV and NAMI Delaware so they will know what needs to be done to make a safe, welcoming and accessible environment for people like you who come to the agencies. We will also share this information with the funders – the Office on Violence Against Women. Then we will develop a plan so that we can begin to make the changes needed to meet those needs.

How long will it take?

The Focus group will be about 2 hours.

How many people will be there?

There will be 6-8 people in the group with three people from the Equal Access to Safety group.

What should I tell people about this group if they ask?

You can tell them that you are helping the Coalition, CDS and NAMI Delaware by providing information on what you need and how we can provide better services for everyone. But, we ask you not to tell other people what anyone talked about in the (interview/focus group). You wouldn't want anyone to tell what you said and others feel the same way.

If I have a personal care attendant can they come with me?

Your personal care attendant is welcome to bring you; however, we will have a separate room for them to wait in. They cannot be in the room when we are talking with you. If you need someone with you we can provide a different personal care attendant for you while you are in the (focus group/ interview). You will need to request this on the R.S.V.P. form that we give you.

What if I can't come? Who do I tell?

If you say yes and find out that you can't come, please contact me _____ at _____ or the Project Manager, Janet Tillman at jtillman@dcadv.org .

APPENDIX D
Focus Group Consent Form

First State Equal Access to Safety

Focus Group Consent Form

This project is a collaboration of the Delaware Coalition Against Domestic Violence, the National Alliance on Mental Illness Delaware, and the Center for Disabilities Studies at the University of Delaware. It is funded by the Office of Violence Against Women, U.S. Department of Justice. The vision is to create a system in Delaware in which domestic violence is recognized in the lives of individuals with disabilities, including mental illness, and is responded to appropriately, in a trauma-informed manner.

You are being asked to share your opinions and experiences in a study as part of this project. This form tells you about the project, what you will do if you decide to participate, and any risks and benefits of being in the study. Please read the information below.

You can help with this project if you would like to. You do not have to help if you do not want to. Please ask the coordinator questions about anything you do not understand before you decide whether or not to participate. If you decide to help with this project but then change your mind you can stop at any time.

If you decide to participate, you will be asked to sign this form and a copy will be given to you to keep.

WHAT IS THE PURPOSE OF THIS STUDY?

In the project we will ask questions about the services that are provided by our organizations. We will ask your opinion about things we do well and things which we can do better. The purpose of this study is to gather information on existing policies, procedures, practices, knowledge, and attitudes at our organizations that impact people with disabilities who have experienced domestic violence.

Collecting information from program participants, staff, and members of our governing boards will let us know about our strengths and areas in need of improvement. The information will be used to develop a strategic plan for creating a service delivery system that addresses and responds to the unique needs of individuals with disabilities who experience domestic violence. Approximately 200 people will be participating in the study.

You are being asked to take part in this study because you meet one of these criteria:

- You have experienced domestic violence;
- You provide advocacy and/or services to those who have experienced domestic violence;

- You have experienced mental health problems;
- You provide advocacy and/or services to those who have mental health problems;
- You are a person with a disability or a member of the Deaf community; or
- You provide advocacy and/or services to persons with disabilities or members of the Deaf community.

WHAT WILL YOU BE ASKED TO DO?

A member of the study team will ask questions. Another member of the team will take notes and act as the recorder. The group will last approximately ninety minutes.

The questions have been carefully written to get information about current services, ideal services and connections between agencies that affect individuals with disabilities in Delaware who may experience abuse or violence.

The interview will be held in a space that is familiar and accessible to you.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

The questions asked and the information gathered will focus on practices and policies within our organizations and in the state. No specific questions related to the incidence of violence will be asked.

This subject matter may be uncomfortable and you may experience a trauma-related memory. This may cause you to become upset.

We want you to know that we have a duty under Delaware law to report suspected abuse of individuals who have a “physical or mental disability, impairment, illness or condition.” In such a case, it is our policy to involve the individual fully, to discuss the situation with team members and to involve any other agency partners that may be involved.

WHAT ARE THE POTENTIAL BENEFITS?

There is no direct benefit to you.

The findings from this project will help to improve access to services and a more culturally competent service system for victims of domestic violence with disabilities.

HOW WILL CONFIDENTIALITY BE MAINTAINED?

The Delaware Collaboration has a strong commitment to the confidentiality of any information regarding staff and program, as well as the workings of each agency. The Delaware Collaboration is mindful of the confidentiality concerns for individuals and organizations.

Your name will not be put on any papers written about this project. Your name will not be put on the tape recordings and they will be erased after the study is done. Audio recordings will only be collected with individual consent from the participant. All notes and records related to the study will be maintained in a secure, locked cabinet for seven years and then be destroyed. Information gathered will be kept in a locked cabinet at the collecting agency until after approval of the Strategic Plan.

The project staff will adhere to the following exceptions to our policy of confidentiality: disclosure of child abuse, homicidal / suicidal intent, and reports of abuse of an adult individual who has a disability which triggers our Mandatory Reporting requirements under Delaware law.

Information from the study report will be shared with participating organizations and the Office of Violence Against Women. All identifying information will be removed in the study report.

Data collected from this project may be viewed by the University of Delaware Institutional Review Board, but the confidentiality of your records will be protected to the extent permitted by law.

WILL THERE BE ANY COSTS RELATED TO THE RESEARCH?

There are no costs associated with helping with the study.

WILL THERE BE ANY COMPENSATION FOR PARTICIPATION?

Survivors and individuals with disabilities who participate in a focus group or an individual interview will receive a \$20 Wal-Mart gift card.

WHAT IF YOU ARE INJURED BECAUSE OF THE STUDY?

If you are injured during participation in this study, you will be offered first aid at no cost. If you require additional medical treatment, you will be responsible for the cost.

DO YOU HAVE TO TAKE PART IN THIS STUDY?

You can help with this project if you would like to. You do not have to help if you do not want to. If you decide to help with this project but then change your mind you can stop helping at any time.

If you decide not to help with the project, it will not affect your current or future relationships with the University of Delaware, the Delaware Coalition Against Domestic Violence or NAMI-DE (National Alliance on Mental Illness Delaware).

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?

If you have any questions about this study, please contact the Principal Investigator, Beth A. Mineo, Ph.D. at 302-831-6974 or at mineo@udel.edu. If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at 302-831-2137.

I understand the description of the project. My questions have been answered and I agree to be part of this project. I have been given a copy of this form.

Please write your name on the line below and sign your name.

Name (please print) _____

Signature _____

Witness in lieu of signature: In my judgment, the person understands the information in this consent form and agrees to be in the study.

Witness Signature _____ Date _____

Permission to Record Audio during Focus Group

I agree to have audio recordings made of me, (please print your name) _____, as part of my participation in a focus group for the First State Access to Safety study. This recording will be used only for the purposes of accurately capturing the discussion of the group and will not be reproduced or distributed. The recording will be used by the Center for Disabilities Studies at University of Delaware (hereby known as CDS/UD) for the purposes of the study needs assessment

I understand that if I do not want to sign this release, I do not have to, and I will still be allowed to participate in this project or any other projects. I also understand that I can take my consent back at any time by contacting CDS/UD.

I hereby release and discharge CDS/UD from any and all claims and demands arising out of or in connection with the use of the audio recordings.

I hereby warrant that I am 18 or over and have the right to contract in my own name. I have read the above release and understand what it means.

Signature: _____ Date: _____

Witness Signature: _____

Printed Name of Participant: _____

APPENDIX E

Alignment of Key Findings with Needs Assessment Goals

Key Finding	Needs Assessment Goal
<p>Accessibility/Safety Organizations must become more accessible and provide safe environments for victims with disabilities and/or mental illness.</p>	<p>Assess the knowledge, comfort, confidence, attitudes, and awareness of collaboration member and partner staff which affect our ability to deliver Technical Assistance to organizations who serve survivors with disabilities and mental illness.</p> <ul style="list-style-type: none"> • What is the Collaboration and allied organizations understanding of access and safety (disability and violence/abuse) and how is this demonstrated in policy, practice, training, budgets, community connections etc.?
<p>Welcoming Point of Entry The “point of entry” and the “front line staff” are where quality of services becomes evident. Services at the “point of entry” must be of high quality for victims with disabilities and/or mental illness to fully engage in services.</p>	<ul style="list-style-type: none"> • What do survivors need to feel safe? What can agencies do to make them feel safe? • What do people with disabilities/mental illness need to feel welcomed and understood by an organization? What can agencies do to make them feel welcome?
<p>Staff Knowledge/Responsiveness In order to respond appropriately to the unique needs of victims at the intersection, the Collaboration partners and service providers must have a deeper knowledge of domestic violence, disabilities, and mental illness and trauma informed approaches to service delivery.</p>	<p>Assess the capacity of each organization to provide Technical Assistance at the intersection of domestic violence and disability.</p> <ul style="list-style-type: none"> • Identify current practices of organizations related to Technical Assistance – including training, consultation, education, and policy and advocacy activities. • Identify existing policies, practices and resources that affect the ability of the organization to provide Technical Assistance to other agencies or organizations.
<p>Policies and Procedures Collaboration partners and service providers’ existing policies and procedures are varied and limited in addressing victims’ needs at the intersection. There is a need to identify best practices and move toward consistency in policies and procedures at the intersection.</p>	<p>Identify elements policies, practices and procedures that enhance, restrict or inhibit services to survivors.</p> <ul style="list-style-type: none"> • Identify existing policies, practices and resources that affect the ability of the organization to provide appropriate and effective services to survivors with disabilities. These policies, practices and resources may enhance, restrict or inhibit the provision of services to a survivor with a disability.
<p>Advocacy/Collaborative Relationships The Collaboration partners are actively involved in an array of state-wide relationships with service providers, advocacy organizations, self-advocacy groups, and task forces relevant to their respective missions. Bringing these collective relationships and building upon our common ground at the intersection will strengthen the Collaboration’s ability to create equal access to safety in Delaware.</p>	<p>Assess connections between partner agencies and identify alternate paths/connections.</p> <ul style="list-style-type: none"> • Assess the connections and relationships between the Collaboration Partner agencies and identify other relationships and linkages in the state employed when serving a survivor with a disability.
<p>Organizational Culture/Sustainability Collaboration partners bring a diversity of perspectives, philosophies and values to the intersection that will strengthen the design and sustainability of service models addressing the needs of victims with disabilities and/or mental illness.</p>	<p>Assess capacity/readiness for change.</p> <ul style="list-style-type: none"> • Assess the ability and willingness of the individual Collaboration agencies to change, including funding, resources, and attitudes that may enhance or inhibit change in response to findings in the Needs Assessment.