PROJECT P.A.U.S.E.

PARTNERSHIP FOR ACCESS, UNDERSTANDING, AND SAFETY FOR EVERYONE

Needs Assessment Report

L.I. Against Domestic Violence
Prevention. Support. Healing.

Head Injury Association
A BRIDGE TO HOPE AND HEALING

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Executive Summary

Project P.A.U.S.E. is a collaboration between L.I. Against Domestic Violence and the Head Injury Association. While collaboration members have worked together in the past, they came together in the Fall of 2015 with the express purpose of eliminating barriers that prevent access to safe, person-centered support for individuals with disabilities and victims of domestic violence. The collaboration was awarded a grant from the Office of Violence Against Women in October of 2015 to enable the partners to bring together the strengths and resources of both organizations with the eventual goal being the design and implementation of fully-accessible services and advocacy for individuals with disabilities experiencing or at risk for domestic violence.

The activities of this collaborative process fall into two phases: the Planning and Development phase, followed by the Implementation phase. Throughout the Planning and Development phase, collaborative members have participated in extensive discussions about their respective agency missions, values and assumptions. The partners developed a Collaboration Charter that established the team's collective mission, vision and guidelines for the group work structure to strengthen their existing relationships. Both partner agencies then narrowed their capacity-building focus, deciding on which programs and services would be considered areas of change.

The collaborative then developed a Needs Assessment Plan to explore the capacity of those programs and services to respond to survivors of domestic violence and abuse and people with disabilities. The Needs Assessment process provided an opportunity for the collaborative to increase its understanding of access and safety from the perspectives of the people served by each agency and of staff and leadership.

The goals of the Needs Assessment Plan were to: identify skills, awareness and comfort levels of staff at every level of our organizations to respond appropriately and effectively to people with disabilities and survivors of domestic violence and abuse; identify the elements within current policies and procedures at both partner agencies that either support or inhibit a more accessible, safe and responsive service delivery system; identify the strengths and weaknesses of the existing relationship between our two organizations and find ways to enhance our partnership to provide better services for people with disabilities and survivors of domestic violence and abuse; identify how people with disabilities and survivors of domestic violence and abuse perceived and experienced our institutions' values and identify opportunities for change and strategies for improvement within our organizations to enhance services for people with disabilities and survivors of domestic violence and abuse. Our collaboration collected and analyzed data as a team and identified key findings.

These key findings are as followed: (1) There is a lack of staff knowledge, experience and training on how to identify or serve individuals who have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence at both partner agencies. This includes limitations in

regards to knowledge of resources and a need for identifying a process for handling cases where guardians are abusers; (2) Our collaboration needs to develop strategies and training on how to improve safety outcomes for staff and individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence and abuse; (3) There are limitations to accessibility and supportive services for individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence; (4) The policies and procedures at each partner agency as they pertain to clients at the intersection of domestic violence and Acquired Brain Injuries (ABI), Traumatic Brain Injuries (TBI) and/or other neurological disabilities need to be further developed and formalized; (5) Both agencies highlighted limitations to person-centered care and indicated a desire to learn more about specific accommodations and trauma-informed measures to deliver care that best addresses the needs of our client's at the cross section of individuals who have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence and abuse.

These findings highlight the gaps found at each partner agency and highlights opportunities to build capacity to respond to the needs of survivors of domestic violence and people with disabilities. These findings will be used to provide a foundation for the collaboration's Strategic Plan. The Strategic Plan will propose initiatives to enhance individual skills and knowledge, agency environments, policies and procedures, and sustainability of the work of this collaboration.

Introduction

Project P.A.U.S.E. is a collaboration between L.I. Against Domestic Violence and the Head Injury Association. While collaboration members have worked together in the past, they came together in the Fall of 2015 with the express purpose of eliminating barriers that prevent access to safe, person-centered support for individuals with disabilities and victims of domestic violence. The collaboration was awarded a grant from the Office of Violence Against Women in October of 2015. This grant will enable the partners to bring together the strengths and resources of both organizations with the eventual goal being the design and implementation of fully-accessible services and advocacy for individuals with disabilities experiencing or at risk for domestic violence.

Vision Statement

All individuals with disabilities in Long Island, New York, who experience domestic violence will have access to a collaborative network of safe and person-centered services.

Mission Statement

The mission of Project P.A.U.S.E. is to eliminate barriers that prevent access to safe, person-centered support and services for individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are also suffering or at risk for domestic violence. We will accomplish this by:

- Identifying gaps and removing barriers within the policies and procedures of our organizations to create sustainable and systematic changes.
- Engaging in partner cross-trainings to increase awareness, knowledge and competency.
- Developing and implementing positive changes to services that are informed by the work of the collaborative.

Focus of Work

Our collaboration's project focus is on the cross-intersection of clients, specifically individuals affected by domestic violence and persons, who also have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities.

Collaboration Member Agencies

Lead Organization: L.I. Against Domestic Violence

320 Carleton Avenue, Suite 8000
Central Islip, NY 11722
www.liadv.org

Phone: (631) 666-7181
Fax: (631) 666-9208

L.I. Against Domestic Violence (LIADV) strives to represent the diverse interests of victims and survivors of domestic violence. LIADV is committed to the empowerment of these survivors through supportive services that include: hotline, counseling, vocational training, emergency shelter, court and precinct advocacy services and prevention and education resources.

Executive Director: Colleen Merlo, LMSW
Associate Director: Wendy Linsalata
Program Coordinator: Jessica Roland, MA

Partner Organization: The Head Injury Association

300 Kennedy Drive
Hauppauge, NY 11788
www.lihia.org

Phone: (631) 543-2245
Fax: (631) 543-2261

The Head Injury Association (HIA) is a non-profit, non-governmental disability organization, serving individuals diagnosed with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities. The HIA was founded in 1998 by a group of dedicated parents whose advocacy and outreach facilitated the transformation of long-term services for survivors of TBI. The HIA seeks to increase public awareness of head injuries and their consequences, and provide supports and services that promote independence for Long Island's survivors and their families.

Chief Operating Officer: Colleen Crispino
Director of Community Based Services: Stephanie Silva

Overview of Planning Phase to Date

The activities of this collaborative process fall into two phases: the Planning and Development phase, followed by the Implementation phase. Throughout the Planning and Development phase, collaborative members participated in extensive discussions about their respective agency missions, values and assumptions. The partners developed a Collaboration Charter that established the team's collective mission and vision and guidelines for the group work structure to strengthen their existing relationships. Both partner agencies then narrowed their capacity-building focus, deciding on which programs and services would be considered areas to improve.

Our collaborative then developed a Needs Assessment Plan to explore the capacity of those programs and services to respond to survivors of domestic violence and abuse and people with disabilities. The Needs Assessment process provided an opportunity for our collaborative to increase its understanding of access and safety from the perspectives of the people served by each agency, as well as, staff and leadership. This process has allowed our partnership to now develop this Needs Assessment Report, which will highlight the strengths and gaps at each partner agency and highlight opportunities to build capacity to respond to the needs of survivors of domestic violence and people with disabilities.

These findings will be further used to provide a foundation for the collaboration's Strategic Plan to create sustainable change in each of our partner agencies work to assist individuals affected by domestic violence and persons, who also have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities.

Purpose of Needs Assessment

The overarching purpose of this Needs Assessment, as described by the Office on Violence Against Women is to: provide practical information on services for individuals affected by domestic violence and persons, who also have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities; inform the selection of our implementation activities; and increase buy-in and support for the work of this collaboration.

Needs Assessment Goals

The goals of the Needs Assessment process for Project P.A.U.S.E. are to:

- Identify skills, awareness and comfort levels of staff at every level of our organizations to respond appropriately and effectively to people with disabilities and survivors of domestic violence and abuse.
- Identify the elements within current policies and procedures at both partner agencies that either support or inhibit a more accessible, safe and responsive service delivery system.
- Identify the strengths and weaknesses of the existing relationship between our two organizations and find ways to enhance our partnership to provide better services for people with disabilities and survivors of domestic violence and abuse.
- Identify how people with disabilities and survivors of domestic violence and abuse perceived and experienced our institutions' values.
- Identify opportunities for change and strategies for improvement within our organizations to enhance services for people with disabilities and survivors of domestic violence and abuse.

Overview of Methodology

Project P.A.U.S.E. used focus groups and interviews to collect qualitative and quantitative data to inform this Needs Assessment. Focus groups were conducted with staff at both agencies, survivors of domestic violence and people with disabilities, where they work or receive service and in places that provide the most accessibility, comfort and safety. Interviews were conducted with staff from both agencies when there was a conflict with focus group scheduling.

All focus groups utilized a facilitator to lead the discussion and a recorder to take notes. An introductory script was read to each participant prior to the beginning of each discussion. This introduction addressed confidentiality, mandatory reporting, safety issues, as well as, our goals and needs for the session. Samples of these scripts were included in the Needs Assessment Proposal. A debriefing session was held immediately after each session to identify key thoughts, quotes or themes that stood out in the session. This information was entered into a binder that contained the data collected from each focus group and/or interview. Collaboration members then reviewed and grouped the data according to our goals, creating our key findings.

The performance indicators were used to collect data from both collaboration partners. This information is collected every six months. We collected our second round of indicators during the Needs Assessment process. The indicators measured both commitment and capacity. Each partner performed the indicators with the data from the focus group and interviews. Using the data collected during the focus groups and interviews, we reviewed the result of the indicators for comparison and matched areas that corresponded with the key findings.

Table of Methods and Numbers

Full details follow in the Key Findings section of this Report. Below is a table describing the method and numbers used during the Needs Assessment process.

Agency	Method of Data Collection	Number of Groups	Number of Proposed Participants	Number of Actual Participants
LIADV				
1. Staff and Volunteers	Focus Groups	2	9 - 16	10
2. Staff and Volunteers	Interviews	3	6 - 16	6
3. Survivors of Domestic Violence from Support Groups	Focus Groups	2	4 - 17	8
4. Survivors of Domestic Violence from the Residential Program	Focus Group	1	4 - 13	6

Agency	Method of Data Collection	Number of Groups	Number of Proposed Participants	Number of Actual Participants
HIA				
1. Agency Leadership	Focus Group	1	6 - 8	5
2. Staff from the TBI Waiver Program	Focus Groups	2	20 - 24	10
3. Direct Care Staff from the Residential and Day Programs	Focus Groups	2	20 - 24	13
4. Quality Assurance Staff	Interviews	2 - 4	2 - 4	2
5. Individuals with Disabilities	Focus Groups	2	12 - 16	13

Challenges, Data Collection and Analysis:

The Needs Assessment process was the most informative part of our grant project to date. We did experience some challenges and scheduling conflicts while performing our Needs Assessment at both partner agencies. We had scheduling conflicts with a staff focus group at L.I. Against Domestic Violence due to our facilitator falling sick twice. In the end, staff who could not participate in the rescheduled focus group could participate through being interviewed. Offering interviews allowed for less interruption in staffs' schedules. We also had another scheduling conflict at L.I. Against Domestic Violence that arose from a client focus group which fell on election night. We may have lost some participants due to scheduling issues as a result. At the Head Injury Association, one of the focus groups with staff and clients had to be rescheduled due to internal audits and the lack of staff coverage for staff who wanted to participate in the focus group. Both agencies also experienced challenges to get staff to participate because both did not make participation in the focus groups or interviews mandatory. The Head Injury Association also had challenges in getting some staff to actively provide feedback during the focus groups because of issues with confidentiality and staff hierarchy within the focus groups.

Each focus group followed the same format with a facilitator and recorder at each session. A trauma-informed advocate was also available at all client focus groups. All of the recordings were stored on a laptop, which allowed for electronic recording. This created a simple note taking process and eliminated the step of typing notes at the end of each session. The recorder transcribed highlights of conversations, as well as, direct quotes from clients and staff. These quotes or comments were key insights to strengths or areas in need of improvement. At the end of each session, the facilitator and recorder would debrief and discuss key ideas, quotes and themes identified in the session. This information was entered into an electronic file, printed and put into a Needs Assessment binder. As each agencies' focus groups were completed, the Project Coordinator transferred key ideas, themes and quotes into a final agency report. This allowed for Project P.A.U.S.E. to examine each agency's information and results in four easy to access categorized reports broken down by agency staff and client groups.

Our collaboration made a decision to not hold our bi-weekly meetings so that we could focus on conducting our Needs Assessment. Each agency first met individually to discuss their own findings with the Project Coordinator after all of the sessions had concluded. Our collaboration then came together as a whole to review all of the data collected, to discuss findings and to identify common themes between both agencies. The Project Coordinator had this information prepared and each collaboration member reviewed it for additions, changes or comments.

Themes began to emerge after the first session of focus groups. These included: (1) There is a lack of staff knowledge, experience and training on how to identify or serve individuals who have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or

other neurological disabilities, who are experiencing domestic violence at both partner agencies. This includes limitations in regards to knowledge of resources and a need for identifying a process for handling cases where guardians are abusers; (2) Our collaboration needs to develop strategies and training on how to improve safety outcomes for staff and individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence and abuse; (3) There are limitations to accessibility and supportive services for individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence; (4) The policies and procedures at each partner agency as they pertain to clients at the intersection of domestic violence and Acquired Brain Injuries (ABI), Traumatic Brain Injuries (TBI) and/or other neurological disabilities need to be further developed and formalized; (5) Both agencies highlighted limitations to person-centered care and indicated a desire to learn more about specific accommodations and trauma-informed measures to deliver care that best addresses the needs of our client's at the cross section of individuals who have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence and abuse. These themes overlapped and intertwined throughout our sessions. The next section of this Report details our findings on these five themes, the results of our performance indicators, their implications and possible solutions.

Key Findings and Implications:

As we continue our project and focus our work toward implementation, these key findings will help us to prioritize the goals of our work as we prepare our Strategic Plan. As we reviewed these key findings, we purposely included multiple perspectives and provided quotes to illustrate the fruitfulness of our Needs Assessment and the insights of our participants.

Key Finding 1: There is a lack of staff knowledge, experience and training on how to identify or serve individuals who have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence at both partner agencies. This includes limitations in regards to knowledge of resources and a need for identifying a process for handling cases where guardians are abusers.

The following table reflects the scores achieved on the performance indicators for both of our disability and domestic violence programs.

Disability Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
1.1 Recognizes Violence Against People with Disabilities as a Priority	0.00%	0.00%
1.5 Collects Data	0.00%	0.00%
1.6 Uses Data	25.00%	25.00%
2.1 Collaborates with Domestic Violence Agency	75.00%	75.00%
3.5 Guardianship	0.00%	0.00%
4.3 Victimization-Oriented Communication Boards	0.00%	0.00%
5.3 Direct Service Staff Training	0.00%	0.00%
5.4 Practical Learning Opportunities	0.00%	0.00%
6.4 Informed Referrals	0.00%	0.00%
6.6 Serving Victims and Perpetrators	25.00%	25.00%

Domestic Violence Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
1.1 Recognizes Violence Against People with Disabilities as a Priority	25.00%	25.00%
1.5 Collects Data	25.00%	25.00%
1.6 Uses Data	25.00%	25.00%
2.1 Collaborates with Disability Organization	100.00%	100.00%
4.1 Accessible Modes of Communication	0.00%	0.00%

4.3 Alternate Formats	0.00%	0.00%
5.2 Direct Service Staff Training	0.00%	75.00%
5.3 Practical Learning Opportunities	0.00%	25.00%
5.4 Volunteer Training	0.00%	25.00%
6.2 Case Management	0.00%	50.00%
6.3 Legal Advocacy	0.00%	0.00%
6.4 Child Advocacy	50.00%	50.00%

Our first finding as informed by our focus groups and interviews indicates that there is: limited staff knowledge and experience on how to serve individuals who have an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse; limited staff knowledge and understanding of what each partner agency can offer to this population; and limited staff knowledge on what community information and resources are available for each other's clients. We found that there are opportunities to be able to identify how: to recognize if individuals may have an ABI, TBI and/or other neurological disabilities; how to identify if a client is suffering from domestic violence and abuse; and what each partner agency services provides and the limitations they have. Staff that we spoke to at both partner agencies indicated they would like further cross-training on domestic violence and on TBIs, as well as, how to better serve this specific population. Our collaboration did find that through this grant program one of our strengths was our collaboration itself. Our indicators scored high for collaboration between the partner agencies. This added strength helps ensure the success of our partnership in future collaboration trainings.

During a staff leadership focus group at the Head Injury Association, a staff leader acknowledged this issue, saying, "There is a lack of education with not knowing what to say or do in a situation of domestic violence. We have not had any real trainings in the area of domestic violence." During one of the direct care staff focus groups at the Head Injury Association, another staff member also echoed the challenges of identifying an individual with an ABI, TBI and/or other neurological disabilities, who may be experiencing domestic violence and abuse. This staff member said, "With this population it can sometimes be harder to recognize the signs because these individuals do not always follow the norm of behavior. You may not see some of the subtleties in behavior." At L.I. Against Domestic Violence, staff stated a lack of knowledge and confidence in being able to recognize if an individual has an ABI, TBI and/or other neurological disabilities. One court advocate said, "For me, when you are talking to a client on the phone, you may not know it is a brain injury, but I know something is off." Another staff member echoed a similar challenge in saying, "I spoke to a woman who disclosed she had a brain injury. She had a hard time remembering what happened and she went back and forth a lot. She

acted like the situation was not as serious as it was. What was challenging was hanging up the phone and hoping that the client grasped the conversation."

There was also confusion surrounding guardianship at the intersection of domestic violence and ABIs, TBIs and/or other neurological disabilities, at both partner agencies. It was articulated that training is needed within both of our agencies around guardian roles, authority, consent process and types of guardianship. The majority of staff at L.I. Against Domestic Violence had not encountered a situation where there was a legal guardian and therefore, were not aware of the complexities associated with those cases. There was staff frustration from the Head Injury Association that arose out of instances where the legal guardian was the suspected abuser and when the legal guardian who was appointed because of another person being suspected of abuse not improving the situation. One TBI Waiver staff member at the Head Injury Association said, "Guardianships can sometimes backfire. The guardian might make false reports about how the client is doing. The guardianship might make the situation worse." Another direct care staff member at the Head Injury Association also mentioned, "The court process takes a long time and it takes a lot of proof to prove the guardian is abusing the individual. It can cause more problems or cause the client to leave our program."

Within each agency, staff felt that certain resources and access to resources needed to be improved upon. At L.I. Against Domestic Violence, one staff member stated the need to update the agency's referral book. The staff member said, "No one has ever went over and explained about the referral agencies and what they do. I am not going to refer someone to another agency if I do not know what that agency does. I am also not going to push the responsibility off on my client for them to do all of the work in find out what that agency does either. We have to be confident in our referrals." At the Head Injury Association, one quality assurance staff member spoke of the lack of communication of what resources are available within their agency in saying, "I am unfamiliar with what the service coordinators do if they learn about the abuse and what their resources are to handle it. Those resources should be widely available to everyone in the agency." Between the partner agencies, staff and clients at both organizations expressed the lack of knowledge regarding the resources and services each of the partner organizations offered. One TBI Waiver staff member at the Head Injury Association said, "We need to know where to send people for help and what organization and process works. Sometimes there is a six month wait to get an individual into a shelter." For staff at L.I. Against Domestic Violence, the same lack of understanding about the Head Injury Association was also evident.

Community outreach and education was targeted as a big area in need of improvement in understanding both organization's resources and services available. One staff member at L.I. Against Domestic Violence said, "We need better outreach. A lot of people in the community still do not know that we changed our organization's name." Another staff member also echoed another problem of other community referral

agencies saying, “Some of these referral agencies do not even know what our agency does or what domestic violence is. We have to be confident in our referrals.” Lack of resources for this targeted population was also mentioned as problematic. A TBI Waiver staff member at the Head Injury Association said, “There is a lack of monetary resources to help individuals leave to help get them on their feet. Maybe the Head Injury Association could have emergency funding for individuals who cannot afford to leave.”

Implications:

Without ongoing education and training opportunities, we cannot provide person-centered services within our agencies for individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence. It became evident to us as our collaboration was writing our Charter that we were in need of cross-training. It was indicated that both partner agencies require additional training on domestic violence and abuse at the intersection of individuals with an ABI, TBI and/or other neurological disabilities. As a collaboration, we must also be aware of the resources and services that each agency provides and be able to provide better information for referrals at this cross intersection. We need to build overall competency for staff members and enrich services for our clients. Increasing training and competency of staff will lead to improved services for this specific population.

Cross-training and educational opportunities are vital for building lasting relationships among our collaboration partners. We concluded that it would be beneficial for the Head Injury Association’s programs to share their expertise within L.I. Against Domestic Violence. Staff within both partner agencies identified a need for knowledge about how to better serve this population and identify what resources are available to assist them. A gap also exists within the Head Injury Association about what services L.I. Against Domestic Violence offers to domestic violence and abuse survivors. We concluded that it would be beneficial for departments within L.I. Against Domestic Violence to share their expertise to staff at the Head Injury Association. We must build our staff capacity within both partner agencies in order to improve our systems of service delivery. Our goal is to build the capacity within both partner agencies to more adequately serve individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse.

Possible Solutions:

The conclusion of this Needs Assessment revealed that staff members within both of our partner agencies recognized that there are gaps in our staff capacity and services provided by partner organizations within Project P.A.U.S.E. Staff also voiced their readiness to participate in educational opportunities in order to better serve individuals with an ABI, TBI and/or other neurological disabilities. This Needs Assessment indicates there are many ways we can build, improve and purposely develop deeper partnerships between our agencies. Some of the ways to begin eliminating these gaps, as well as, moving toward improvement in this area are:

- Identifying and utilizing cross-training for staff at both of our partner agencies.
- Developing training, resources and better intake questions to improve knowledge, understanding and services for individuals with guardians.
- Strengthening the referral process among both collaboration partners to better serve individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse.
- Cultivating a system among our agencies for delivering existing materials about services and/or resources to one another.
- Identifying and prioritizing gaps in education and outreach to our clients and communities.

All of these proposed solutions are part of our short-term strategies that will improve staff understanding of how to serve individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse.

Key Finding 2: Our collaboration needs to develop strategies and training on how to improve safety outcomes for staff and individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence and abuse.

The following table reflects the scores achieved on the performance indicators for both of our disability and domestic violence programs.

Disability Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
1.2 Assesses Safety and Responsiveness	0.00%	0.00%
4.1 Communicates Safe Space	0.00%	0.00%
4.2 Appropriate Disclosure Space	50.00%	50.00%
4.3 Victimization-Oriented Communication Boards	0.00%	0.00%
4.4 Safe and Flexible Transportation	75.00%	75.00%
5.1 Inclusive Hiring Practices	25.00%	25.00%
5.2 Workplace Domestic Violence and Sexual Harassment Policies	50.00%	50.00%
6.2 Screening for Domestic and Sexual Violence	0.00%	0.00%
6.3 Immediate Safety Planning	0.00%	0.00%
6.4 Informed Referrals	0.00%	0.00%
6.5 Addressing Abuse by Employees and Volunteers	50.00%	50.00%
6.6 Serving Victims and Perpetrators	25.00%	25.00%

Throughout the Needs Assessment process, areas were identified that were in need of having strategies and training developed to improve safety outcomes for staff and individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse. Gaps in this area are problematic for staff and the clients they serve. As specified in our Mission Statement, Project P.A.U.S.E. seeks to eliminate barriers that prevent access to safe, person-centered support and services for individuals with disabilities and survivors of domestic violence and abuse. As part of our mission, we must address these gaps and barriers in services to ensure Head Injury Association staff and their clients feel that they can provide and access safe services.

As our focus groups and interview sessions evolved, physical environmental safety was often mentioned as needing improved upon by staff and clients. For staff at the Head Injury Association, policies and procedures regarding client home and community visits were mentioned as problematic. Staff are required to perform home visits for safety checks for their clients; however, staff felt that their safety was not adequately taken into consideration when entering these homes where domestic violence and abuse were reported as a possible threat. One TBI Waiver program staff member said, “Sometimes when we go to the homes for safety checks, we have to find someone to go with us. It would be great if we had males to go with us, but our field is female dominated, so it is hard to find a male to go with you.” Another direct care staff member followed up with this sentiment and suggested that, “There should be a crisis team for residential follow-ups. There could be three or four staff members as needed for the houses.”

Client community visits were also mentioned as a potential safety risk for staff and the clients themselves. One quality assurance staff member said, “Individuals may live in our group home, but they may still have relationships outside of the agency like when they go on a home visit. Our agency might not be aware of various individuals who may be at risk to our clients. We need to make sure when individuals go out into the community they are protected. We need to communicate better with our clients to make sure they are not being abused.” Lastly, the physical environment of the main office building was mentioned by staff as problematic. One direct care staff member voiced their concern in saying, “I want to know what is in place for safety here for staff in the building. I have been in a situation where an abuser came and shot at the residential house that I was working at in another job after he had been arguing with the client. What is in place here for a situation like that?”

For the clients at the Head Injury Association: issues of client safety were mentioned in regards to the loss of the TBI Waiver services from abusers not allowing clients to access services, creating more possible danger for the client; clients feeling scared because of other clients’ behaviors while receiving services at the Head Injury Association; and the issue of client confidentiality. Several clients mentioned that during support group sessions, other clients did not keep their information private. One client in the TBI program said, “When we are in support group someone went and told somebody else what was said. I didn’t like it.”

Implications:

It was clear from the data collected that there are areas in need of having strategies and training developed to improve safety outcomes for staff and individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse. Overall, staff and clients felt safe when providing and accessing services; however, for clients at the Head Injury Association who do not feel safe or comfortable in being able to disclose abuse, impacts both partner agencies' ability to prevent future abuse or being able to assist clients who are currently being abused. Areas where staff do not feel comfortable when providing services also creates barriers for clients. L.I. Against Domestic Violence can share their expertise to staff and leadership at the Head Injury Association in how to enhance upon our top priority of providing a safe environment.

Possible Solutions:

The mission of Project P.A.U.S.E. is to eliminate barriers that prevent access to safe, person-centered support and services for individuals with disabilities and survivors of domestic violence and abuse. Analyzing the feedback from staff and clients at the Head Injury Association gave our collaboration a snapshot of how they feel about safety issues; therefore, bringing our awareness of situations and areas in need of attention. As a collaboration, we are devoted to ensuring our staff and our clients understand our commitment to their safety and privacy. We can improve this area by:

- Conducting safety reviews to identify specific ways to improve the programs and/or services at the Head Injury Association.
- Reviewing and/or clarifying existing safety policies and procedures within the Head Injury Association.
- Providing training to staff about being safe when providing services and keeping clients safe.

All of these proposed solutions are part of our short-term strategies that will improve the safety of our staff and the clients they serve.

Key Finding 3: There are limitations to accessibility and supportive services for individuals with an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence.

The following table reflects the scores achieved on the performance indicators for both of our disability and domestic violence programs.

Domestic Violence Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
1.2 Promotes Accessibility	0.00%	25.00%
1.4 Includes in Budget	0.00%	0.00%
3.1 Eligibility	25.00%	25.00%
3.2 Accommodations	0.00%	0.00%
3.3 Full Participation	100.00%	100.00%
3.4 Service Animals	0.00%	50.00%
4.1 Accessible Modes of Communication	0.00%	0.00%
4.2 Accessible Location	50.00%	50.00%
4.3 Alternative Formats	0.00%	0.00%
4.4 Inclusive Materials	0.00%	0.00%
4.5 Accessible Transportation	25.00%	25.00%

Throughout the Needs Assessment process, accessibility gaps were identified within the domestic violence partner agency. As stated in our Mission Statement, Project P.A.U.S.E. seeks to eliminate barriers that prevent access to safe, person-centered support and services for individuals with disabilities and survivors of domestic violence and abuse. As part of our mission, we must address these gaps and barriers in services to ensure survivors feel that they feel welcome, included and able to access services.

Overall, clients felt welcomed by staff and felt that L.I. Against Domestic Violence had the best services for domestic violence on Long Island. There were areas that our collaboration did find could be improved. Staff and clients within the focus groups and interview sessions at L.I. Against Domestic Violence felt that the physical environment of the main office and shelter had barriers for clients with disabilities. One physical barrier was brought up by a counselor, who said, “We do not have handicap accessible counselling rooms. The wheelchair cannot fit through the door.” As a result, the counselor had to keep changing the room that the client would have their session with them in depending on room availability. Accessibility within the shelter also proved to be limited because the shelter only has one handicap accessible room.

The program and services provided by L.I. Against Domestic Violence also proved to hold barriers for clients with disabilities. One staff member highlighted the issue in saying, “We do not have specific protocol. It is usually handled case-by-case.” Other

accessibility issues were also cited, such as the lack of interpreters or accessible materials for clients who are deaf, blind or have neurological or learning disorders. One staff member recalled, “I once gave a referral to a client to go to another agency because they had staff who knew sign language and could provide better services to them.”

Implications:

Data collected shows opportunities for improvements in the area of accessibility. For the most part, clients at L.I. Against Domestic Violence felt comfortable and welcomed when accessing and receiving services, but they did present examples of when our facilities were not as accessible as they could be, such as when the rooms were not handicap accessible. With these accessibility concerns, we do not want the individuals we serve to feel that they cannot access services due to the lack of awareness regarding the physical environment of the office and shelter or accessibility issues surrounding our programs and services.

Our finding creates barriers to services for our clients because it creates an environment where clients may not feel individually comfortable or welcome in accessing and receiving services. This could potentially impact our clients or perspective clients in seeking out our services. Our collaboration must work together to create an environment where accessibility concerns are a top priority for the clients we serve. The Head Injury Association can share their expertise to staff at L.I. Against Domestic Violence in how to create an accessible physical environment and accessible programs and services for their clients.

Possible Solutions:

The mission of Project P.A.U.S.E. is to eliminate barriers that prevent access to safe, person-centered support and services for individuals with disabilities and survivors of domestic violence and abuse. Analyzing the feedback from staff and clients of L.I. Against Domestic Violence allowed the collaborative partners to gain an understanding of the limitations to accessibility. As a collaboration, we are devoted to removing barriers to our services to the fullest extent possible. Our work with this goal starts with:

- Conducting accessibility reviews to identify specific ways to improve the programs and/or services at L.I. Against Domestic Violence.
- Reviewing and/or clarifying existing accessibility policies within L.I. Against Domestic Violence.
- Identifying specific barriers to accessibility at L.I, Against Domestic Violence, as well as, develop a plan to eliminate them.

These proposed solutions are part of our short-term and long-term strategies that will improve the accessibility for clients at L.I. Against Domestic Violence.

Key Finding 4: The policies and procedures at each partner agency as they pertain to clients at the intersection of domestic violence and Acquired Brain Injuries (ABIs), Traumatic Brain Injuries (TBIs) and/or other neurological disabilities need to be further developed and formalized.

The following table reflects the scores achieved on the performance indicators for both of our disability and domestic violence programs.

Disability Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
3.2 Confidentiality	0.00%	0.00%
3.3 Abuse by Employees	100.00%	100.00%
6.1 Mandatory Reporting Procedures	0.00%	0.00%
6.2 Screening for Domestic and Sexual Violence	0.00%	0.00%
6.3 Immediate Safety Planning	0.00%	0.00%
6.4 Informed Referrals	0.00%	0.00%
6.5 Addressing Abuse by Employees and Volunteers	50.00%	50.00%
6.6 Serving Victims and Perpetrators	25.00%	25.00%

Domestic Violence Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
3.1 Eligibility	25.00%	25.00%
3.2 Accommodations	0.00%	0.00%
3.3 Full Participation	100.00%	100.00%
3.4 Service Animals	0.00%	50.00%
3.5 Resident Handbook	0.00%	50.00%
3.6 Medication	25.00%	25.00%
5.1 Inclusive Hiring Practices	25.00%	25.00%
6.2 Case Management	0.00%	50.00%
6.5 Crisis Intervention	0.00%	50.00%

The information gathered during the Needs Assessment process points to a limited presence of policies pertaining to clients at the intersection of domestic violence and ABIs, TBIs and/or other neurological disabilities. The Needs Assessment process confirmed that cases involved with this specific intersection are being handled on a case-by-case basis, with no formalized policies or procedures.

One of the main procedures brought up by staff as an area in need of improvement at both partner agencies was the client intake process. At L.I. Against Domestic Violence, one staff member said, “The client intake form asks if the individual has a disability to accommodate the client’s needs. Maybe we could add something that asks the client if they have a brain injury on the intake form.” Safety planning was also a procedure brought up by staff at L.I. Against Domestic Violence. During one staff focus group, it was mentioned, “Our safety plan is so black and white. We should update the safety plan or have a separate sheet that we check additional items off or that has talking points.” Policies and procedures surrounding accessibility was another area mentioned in need of review to ensure that all clients had access to the same programs and services.

Leadership at the Head Injury Association indicated they were aware of the gaps in policies and procedures in identifying potential victims of abuse. One leadership staff said, “We are focused on individuals with a TBI and individuals with Intellectual or Developmental Disabilities. We have not really sought out if individuals have had a past with domestic violence when taking in clients.” One idea mentioned by several staff was to change the client history form to try to screen for a history of abuse. During a direct care staff focus group, one staff member said, “It would be helpful to know more about the client and the client’s history, like if they have suffered from abuse in the past or if they have been a part of the abuse cycle.” Policies surrounding partner violence between clients while receiving services at the Head Injury Association was also mentioned as an area in need of address. One direct care staff member said, “We have a couples that we know fight a lot. These couples get really violent with each other where if it were a normal incident outside of this agency, it would be considered domestic violence. Although it gets reported and handled, it is not viewed as domestic violence, which results in the possibility of additional resources not being considered for the victim or abuser. We should really educate our clients on what domestic violence is.”

Implications:

Policies and procedures are the foundation for providing reliable, safe and accessible services for our clients. Both partner agencies continually meet the accreditation standards and strive to maintain consistent, safe and accessible service delivery. We do realize that as diligently as we work, there are still gaps in our policies and procedures that can be potential barriers to services. Clear and concise policies and procedures allow our agencies to create safe and accessible environments for staff, leadership or survivors of domestic violence and abuse with an ABI, TBI and/or other neurological disabilities.

Both partner agencies ensure every new hire attend their trainings within two weeks of their hire date. During this time of training, staff become familiar with policies and procedures, as well as, confidentiality and relevant regulations. Ongoing training is essential as policies and procedures change over time, including performing an annual

review of the current policies and procedures. Leadership at both partner agencies also stressed the importance of accountability in continually assessing each other's policies and procedures.

Possible Solutions:

Some of the areas that were specifically addressed during focus groups and interview sessions included the need to review policies and procedures in the following areas relating to domestic violence, accessibility, client rights and confidentiality. Some possible ways to make our policies and procedures more efficient and to work towards making improvements in this area are to:

- Conduct a policy and procedure review regarding all areas that are relevant to the intersection of domestic violence and abuse and individuals with an ABI, TBI and/or other neurological disabilities.
- Review policies and procedures relating to domestic violence, accessibility, client rights and confidentiality.
- Determine the need for establishing any new policies and procedures as relating to individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse.

All of these proposed solutions are part of our short-term and long-term strategies that will improve organizational policy and procedures on how to serve individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse.

Key Finding 5: Both agencies highlighted limitations to person-centered care and indicated a desire to learn more about specific accommodations and trauma-informed measures to deliver care that best addresses the needs of our client's at the cross section of individuals who have an Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI) and/or other neurological disabilities, who are experiencing domestic violence and abuse.

The following table reflects the scores achieved on the performance indicators for both of our disability and domestic violence programs.

Disability Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
1.1 Recognizes Violence Against People with Disabilities as a Priority	0.00%	0.00%
1.5 Collects Data	0.00%	0.00%
1.6 Uses Data	25.00%	25.00%
6.1 Mandatory Reporting Procedures	0.00%	0.00%
6.2 Screening for Domestic and Sexual Violence	0.00%	0.00%
6.3 Immediate Safety Planning	0.00%	0.00%
6.4 Informed Referrals	0.00%	0.00%
6.5 Addressing Abuse by Employees and Volunteers	50.00%	50.00%
6.6 Serving Victims and Perpetrators	25.00%	25.00%

Domestic Violence Program Indicators:	**Percent Achieved Summer 2016:**	**Percent Achieved Winter 2016:**
1.1 Recognizes Violence Against People with Disabilities as a Priority	25.00%	25.00%
1.3 Raises Funds	25.00%	25.00%
1.4 Includes in Budget	0.00%	0.00%
1.5 Collects Data	25.00%	25.00%
1.6 Uses Data	25.00%	25.00%
6.1 Community Outreach and Education	50.00%	50.00%
6.2 Case Management	0.00%	50.00%

6.3 Legal Advocacy	0.00%	0.00%
6.4 Child Advocacy	50.00%	50.00%
6.5 Crisis Intervention	0.00%	50.00%

The most unique opportunity created by this grant will be creating services within each partner agency that focus more on person-centered programs. Overall, clients at both agencies were happy with the services they were utilizing; however, both agencies found the need to focus on creating programs more person-centered to create more understanding, supportive and thoughtful services and programs for our clients. One staff member from L.I. Against Domestic Violence perfectly summed up our sentiment in saying, "The better you understand the client, the better services you provide in what they need, in the way they need it."

One area in need of improvement to achieve more person-centered programs is to develop a training curriculum for staff to individualize our approach to clients. Staff members at both agencies felt the need for our organizations to be more individually focused. One direct care staff member said, "Some clients might feel embarrassed to speak in front of their whole group or they might feel like some people in the group will not keep the information confidential. It would be nice for staff to go individually to talk about what domestic violence is and explain more about personal safety." In addition to a training curriculum for staff, education was articulated as a great need for both of our agencies' clients. Leadership at the Head Injury Association were at the forefront of articulating this mission in saying, "We can provide education for our clients. They might not know what abuse is."

In focusing on creating more person-centered programs, improvements in the areas of communication with our clients was also highlighted. Utilizing trainings for staff at both partner agencies on Person First Language was mentioned as one of the first steps in educating staff on the importance of language when striving for more person-centered programs. Ideas such as using improved assistive technology to be able to communicate better with our clients was also cited as another example in communicating better with our clients. Lastly, having specific materials and resources for this targeted population was declared as a need. One staff member at L.I. Against Domestic Violence said, "We should have a safe space for people with brain injuries with specific materials to give them. We should also have something in our brochures that says we have a program specifically for this population." Making sure our outreach communication materials are accessible to individuals with an ABI, TBI and/or other neurological disabilities will need to be considered in our Strategic Plan.

Lastly, in being innovators in our field, our collaboration needs to explore the possibilities in providing family education and support about the known stressors that can lead to domestic violence and abuse for individuals with an ABI, TBI and/or other neurological disabilities. Leadership at the Head Injury Association creatively suggested,

"We can create support groups for caregivers, clients and their families in a measure to prevent possible future situations of abuse. Utilizing spousal support groups to explain the limitations that the client might now face could provide the spouse a better understanding of the road ahead."

Implications:

Creating person-centered services allows our agencies to remove unintended barriers for our clients. Our agencies are committed to creating more innovative ideas and solutions for individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse, in order to better serve our clients and their needs.

Possible Solutions:

The mission of Project P.A.U.S.E. is to eliminate barriers that prevent access to safe, person-centered support and services for individuals with disabilities and survivors of domestic violence and abuse. Analyzing the feedback from staff and clients gave us a snapshot of how they feel regarding concerns of person-centered support; therefore, bringing our awareness of situations and areas in need of attention. As a collaboration, we are devoted to ensuring clients feel welcomed, understood and responded to in an appropriate and individualized way. This will be an ongoing learning process, but we can begin by:

- Developing a training curriculum for staff on how to better serve individuals with an ABI, TBI and/or other neurological disabilities, their caregivers and their families to prevent future domestic violence.
- Educating clients with an ABI, TBI and/or other neurological disabilities about domestic violence and abuse and the importance of their safety.
- Conducting trainings on person-centered services for staff at both partner agencies. This can begin with educating staff in using "Person First Language," to highlight the importance of language. This will allow for resources, including intake forms, paperwork, online services and outreach brochures to be written in plain language and in multiple and accessible formats.
- Developing communication and/or assistive technology resources specifically for individuals with an ABI, TBI and/or other neurological disabilities, who are or may be affected by domestic violence and abuse.
- Developing a support program for the caregivers and/or families of clients with an ABI, TBI and/or other neurological disabilities to educate them on the clients' limitations to prevent future situations of abuse.

All of these proposed solutions are part of our short and long-term strategies that will improve staff and the community's understanding of how to serve individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse.

Conclusion:

Project P.A.U.S.E. heard the stakeholders during our Needs Assessment process, allowing us to gain a deeper understanding about services at both organizations that will help inform the Implementation Phase when we look at making improvements at the intersection of individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse. The Needs Assessment process served as a reflective tool for both partner agencies to identify gaps in services, safety, accessibility and resources and to recognize our strengths in these areas. It allowed us to achieve a greater understanding of each other's agencies, as well as, build upon and deepen our collaborative partnership. The data we collected provides a more in-depth perspective of our clients, survivors and leadership. Our work has the potential to create a comprehensive network of service delivery for individuals with an ABI, TBI and/or other neurological disabilities, who are experiencing domestic violence and abuse.

Creating change requires a strong foundation. The work we are doing together allows Project P.A.U.S.E. to build that foundation for improving safety and accessibility, service delivery, and systematic change for individuals. This Report provides a beginning for our Implementation Phase to assess the impact of our actions.

Next Steps:

With the Office of Violence Against Women's approval of this Needs Assessment Report, Project P.A.U.S.E. will work closely with our Vera Technical Representative to prioritize our key findings and performance indicators to develop our Strategic Plan in order to improve our service delivery, enrich our knowledge of resources and continue to train and educate our staff and communities. This continued work will guide us toward creating systematic changes within our agencies to provide a network of service support for survivors of domestic violence and individuals with disabilities and then develop a plan to sustain this work for continuation beyond this project period.

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