WV S.A.F.E.
TRAINING & COLLABORATION

toolkit

SERVING SEXUAL VIOLENCE VICTIMS WITH DISABILITIES

A project of the

West Virginia Sexual Assault Free Environment (WV S.A.F.E.) Partnership

WV S.A.F.E. Partners:

West Virginia Foundation for Rape Information and Services (WVFRIS)

West Virginia Department of Health and Human Resources (WVDHHR)

Northern West Virginia Center for Independent Living (NWVCIL)

Fall 2010

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D. Tools to Increase Access

Project partners welcome the non-commercial use of this toolkit to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this module be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

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Forward

Service providers are finally recognizing the intersection of two issues: the prevalence of persons with disabilities who are sexually victimized and the prevalence of sexual violence victims who have disabilities. Although one in the same, the response to sexual violence victims who have disabilities may differ depending on their point of entry into the service delivery system. Sexual violence service providers have not been adequately trained in serving victims with disabilities. Disability service providers have not been trained in responding to sexual violence. There has been a lack of recognition that a coordinated community response is needed to ensure that the social service system (collectively comprised of the local, regional and state agencies that serve victims on the local level) effectively and equally meets the needs of these individuals. In West Virginia, through this project, we are bringing together service providers who aid sexual violence victims with those who serve persons with disabilities. Our goal is to increase the access victims with disabilities have to services. It is important to acknowledge that "getting to this place" did not happen overnight; rather, it required consciousness-raising and community organizing by dedicated activists. In essence, "getting to this place" is the story of two social movements—the anti-sexual violence movement and the disability rights movement—maturing into a "second wave" of activism and joining together to address needs of previously underserved populations.

The beginnings for both movements grew from the 1950s to the 1970s when minority groups—most notably African Americans, gays and lesbians, women and people with disabilities—began ardently fighting to secure their civil rights. Early in the women's rights movement, women began to speak out about their personal experiences of sexual violence. In the decades to follow, tremendous progress was made toward supporting sexual violence victims. Rape crisis programs were established in counties throughout the United States to offer crisis intervention, support and advocacy for victims, as well as community awareness and prevention. A significant body of literature and research emerged that increased public concern about sexual violence. Legislative changes—including the enactment of state laws to ensure victim rights and federal laws such as the Rape Control Act in 1975 and the Violence Against Women Act of 1994—were enacted that have increased the efficacy of the criminal justice and medical community responses to sexual violence.[1]

Encouraged particularly by the civil rights and women's rights movements, large-scale cross-disability rights activism began in the late 1960s with the goal of ending social oppression. That oppression kept children with disabilities out of the public schools and sanctioned discrimination against adults with disabilities in employment, housing and public accommodations. As part of this movement, the independent living movement emerged to support the choice of living in the community for people with even the most severe disabilities. The first independent living center opened in 1972; by the beginning of 2000, there were hundreds of such centers across the country and the world. In the meantime, a series of landmark court decisions and legislative changes—including the enactment of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act of 1975 and the Americans with Disabilities Act of 1990—secured for individuals with disabilities unprecedented access to their civil rights.[2]

These victories for the two movements, as critical as they were, have not ended sexual violence or discrimination against persons with disabilities.[3] There is still a great need for continued activism. By coming together in localities across the country, as we are beginning to do in West Virginia, these movements are able to take the important next steps of educating one another and combining their resources to create positive systems change for sexual assault victims with disabilities. We hope you find the *West Virginia S.A.F.E. Training and Collaboration Toolkit: Serving Sexual Violence Victims with Disabilities* to be a useful resource to facilitate this cross-training and improve the response and partnerships across agencies and movements in your community.

Acknowledgements

The work of creating a toolkit involves the expertise and assistance of numerous individuals. The WV S.A.F.E. partnership is grateful to the individuals listed below for their contributions in the creation of this toolkit.

Project Partners and Primary Authors

Each of the three project partners coordinated the writing of the modules (in conjunction with the Project Consultant) within the sections pertinent to their disciplines. Each partner reviewed all of the modules during the development and pilot phases of the project. After each module was piloted and then reviewed and approved by the Office on Violence Against Women, the modules were then edited by the Toolkit Project Coordinator and Project Consultant.

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• Russell Nesbitt Services

• Sexual Assault Help Center

• Task Force on Domestic Violence, "HOPE", Inc.

• Rape and Domestic Violence Information Center

• Northern West Virginia Center for Independent Living

• West Virginia Department of Health and Human Resources (Marion, Ohio and Preston counties)

Special thanks go to *Amy Loder* (Office on Violence Against Women); *Michelle Wakeley, Nikki Godfrey, Betty Irvin, Whitney Boutelle,* and *Emma Wright* (contributing authors); *Susie Layne, Wade Samples, Marion Vessels, Mark Derry, Teresa Tarr* and *Suzanne Messenger* (technical assistance with legal and policy components), West Virginia Foundation for Rape Information and Services staff and *Kathy Littel* (proofreading); *Carol Grimes* of Grimes Grafix (graphic designer) and to all of the survivors of sexual violence and women with disabilities who helped guide this work—both through this project and in creating the professional history of the individuals cited on this page. This toolkit is dedicated to ensuring that your shared experiences will help make for a better service delivery system for others.

WV S.A.F.E. Training and Collaboration Toolkit— Serving Sexual Violence Victims with Disabilities[4]

This toolkit offers guidance for service providers on working collaboratively to integrate accessible services for sexual violence victims with disabilities into the existing social service delivery system. *The purpose is to provide the information and resources needed to begin the process of collaborating and cross-training among relevant agencies. Using the tools in the toolkit, agencies can build their capacity to offer responsive, accessible services to sexual violence victims with disabilities.* The toolkit's focus is on adult and adolescent victims with disabilities.

The concept for and contents of this toolkit evolved over a four-year period from the work of a project coordinated by several West Virginia statewide/regional agencies and piloted by local agencies from three counties. Although the toolkit is written for a West Virginia audience, other states and communities are welcome to adapt the materials to meet their needs.

This *User's Guide* explains the toolkit's features and organization as well as the pilot project.

Toolkit Features

The toolkit's main feature is a collection of educational modules intended to:

- **Facilitate dialogue and collaboration among partnering agencies** to improve the accessibility and appropriateness of services across systems for sexual violence victims with disabilities (see the *Collaboration 101* modules);

- **Build individual providers' knowledge** related to fundamental issues in providing accessible and responsive services to sexual violence victims with disabilities (see *Disabilities 101* and *Sexual Violence 101* modules); and

- **Provide tools to facilitate assessment and planning by individual agencies** to improve the accessibility and appropriateness of their services for sexual violence victims with disabilities (see the *Tools to Increase Access* modules).

The toolkit was developed with the recognition that both individual and partnering agencies will adapt the toolkit materials to assist them in providing accessible and appropriate services to sexual violence victims with disabilities. NOTE:

- Individuals and agencies can use all of the modules and materials or select only the modules and materials that address their specific needs.

- Individuals and agencies can decide the sequencing of the modules that meets their needs, depending on factors such as the types of services each agency provides, who will be trained (designated or all staff, volunteers, students, board members), etc.

- Collaborative groups can decide the selection and sequencing of the modules to utilize based on the partnering service providers, strengths and gaps in the current response, level of existing collaboration among service agencies, issues that need to be addressed, etc.

- Individual agencies and partnerships may wish to add information and discussions on other pertinent issues not addressed through the modules.

Because the toolkit is available online, those using it can benefit from new material that may periodically be added. The toolkit can be accessed at http://www.fris.org/ to check for updates.

Background: Toolkit Development

In 2006, the West Virginia Foundation for Rape Information and Services (FRIS) received a grant from the U.S. Department of Justice, Office on Violence Against Women (OVW) to examine and implement changes to local and state systems that respond to women with disabilities and deaf women who are victims of sexual assault. Entitled *West Virginia Sexual Assault Free Environment* (WV S.A.F.E.), the resulting collaboration consists of three core team partner agencies: FRIS, the West Virginia Department of Health and Human Resources (DHHR) and the Northern West Virginia Center for Independent Living (NWVCIL).[5]

This collaborative's broad mission is to identify and address state and local gaps and barriers in services and policies that impede the provision of effective, accessible and seamless services to survivors of sexual assault among women with disabilities and deaf women. The shared vision is:

> *".. [C]reating permanent systems change at all levels of the sexual assault and disability systems and state policy in which effective services for women with disabilities and deaf women are fully integrated into the existing structure of victim services and advocacy."*

The statewide partnership, and subsequent participation of their counterparts in three counties (Marion, Ohio and Preston counties), conducted needs assessments and developed a strategic plan. The plan included the following short-term goals and objectives:

1. Foster collaboration among local service providers who interact with survivors with disabilities (to overcome fragmentation of services). Objectives: Coordinate and implement on-going partnership meetings and formalize collaborative processes among pilot site partners.

2. Build a sustainable common knowledge base among local service providers and among statewide partnering agencies. Objectives: Develop and implement a capacity building plan to strengthen the knowledge base and sustainable practices.

3. Ensure services and supports are accessible and responsive to the needs of women with disabilities and deaf women. Objectives: Assess accessibility with pilot site and state partners and implement prioritized components of accessibility transition plans.

The toolkit is the result of the sustainable cross-training component of this four-year project. Note that the materials are applicable to serving all adult/adolescent victims of sexual violence (recognizing the vast majority are women) and that the term "persons with disabilities" became inclusive of deaf persons, unless otherwise indicated.

Note also that while a limited number of agencies officially partnered in this pilot project, the benefit to victims can increase when the partnership is welcoming of any agency that might provide services to victims with disabilities. To that end, longer-term goals include: expanding local pilot site partnerships to include all points of entry into the service delivery system for victims with disabilities; improving the accessibility of those points of entry; providing ongoing capacity building opportunities; and replicating this systems-change model in additional counties in West Virginia.

user's guide

Toolkit Organization

Toolkit Components. The toolkit offers a set of four separate components: *A. Collaboration 101, B. Sexual Violence 101, C. Disabilities 101* and *D. Tools to Increase Access*. Each component is comprised of a series of informational modules.

Structure of the modules within each component. The individual modules within these components are primarily organized into two main sections: *Core Knowledge* and *Discussion*. Some modules include both sections while others include only the *Core Knowledge* or the *Discussion* section. Several of the *Tools to Increase Access* use a checklist, rather than a narrative format. All of the remaining modules include a cover page featuring a brief overview and the key points. Each also includes an introduction describing the purpose, objectives and any preparation needed.

- **Core Knowledge:** Depending on the content, the *Core Knowledge* section provides basic information on the topic. It may also include *Test Your Knowledge* questions to evaluate what was learned. These can be useful both for the reader and for supervisors who may choose to use the questions to gauge the knowledge of staff and volunteers.

  The *Core Knowledge* section is intended for individual use—e.g., for self-paced learning, one-on-one training of employees such as agency orientation or continuing education, volunteer trainings, review prior to an agency or multi-agency discussion, etc.

- **Discussion:** The *Discussion* section is designed for use in a group setting, either within an agency or with outside partnerships. Each *Discussion* section indicates the estimated time frame for the dialogue and the preparation needed, if any; describes suggested activities and questions (targeted to create a common knowledge base, improve agency response and build collaboration); and ends with a closing assessment of what was learned during the discussion and changes providers/agencies plan to make as a result of the discussion.

- **Resources:** Some modules also include related forms and/or other sample materials.

The modules were developed to maximize agencies' finite resources for in-house and multi-agency training. To that end, an effort was made to offer *Core Knowledge* sections that simplified complex topics as much as possible. It is a delicate balance to find a format in which the information provided can be easily understood but that provides enough detail to assist the reader in offering responsive assistance to victims with disabilities. As appropriate in each *Core Knowledge* and *Discussion* section, guided probes and case scenarios are included to assist service providers in applying the information to impact service delivery changes both within their own agencies and their communities.

Cross-referencing of modules. The modules were generally developed so they can be used independently of one another; however, a few make reference to other modules as prerequisites. Reference to other modules is also made throughout the modules so the reader can easily gain further knowledge on a particular topic.

Terminology used. Across all modules, the following should be noted:

- Agencies that interact with sexual violence victims and persons with disabilities typically refer to the individuals they serve as "clients," "consumers" and/or "victims." For convenience, "victims" and "clients" are primarily used.

- The terms "sexual violence" and "sexual assault" generally will be used to encompass sexual assault, sexual abuse and other forms of sexual violence.

- In recognition that the vast majority of victims of sexual violence are female and the vast majority of offenders are male,[6] individual victims are often referred to using female pronouns and individual offenders are often referred to using male pronouns. This use of pronouns in no way implies that males are not victims of sexual violence or that females are not offenders; it is written in this format solely for the ease of reading the material.

Reproduction of materials. The non-commercial use and adaptation of these modules to increase knowledge about serving sexual violence victims with disabilities is permitted. Please credit any material used from this toolkit to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010).

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[1]This paragraph was drawn primarily from California Coalition Against Sexual Assault, *A vision to end sexual assault—The CALCASA strategic forum report* (2001), as well as J. Meyers, *History of sexual assault prevention efforts* (Colorado Coalition Against Sexual Assault, 2000) and P. Poskins, *History of the anti-rape movement in Illinois*. All can be accessed through http://new.vawnet.org/category/index_pages.php ?category_id=576.

[2]This paragraph was drawn from University of California Berkley, *Introduction: The disability rights and independent living movement* (last updated 2010), through http://bancroft.berkeley.edu/collections/drilm/index.html.

[3]Adapted from University of California Berkley.

[4]Note that the format used in this *User's Guide* was in part modeled after the Office for Victims of Crime's *Sexual assault advocate/counselor training, trainer's manual* (Office of Justice Programs, U.S. Department of Justice), https://www.ovcttac.gov/saact/index.cfm.

[5]An additional partner, the West Virginia University Center for Excellence in Disabilities, participated in the first two years of the project.

[6]Although males and females are both victimized by sexual violence, most reported and unreported cases are females (C. Rennison, Rape and sexual assault: Reporting to police and medical attention, 1992–2000 (Washington, DC: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 2002), 1, http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=92; and P. Tjaden & N. Thoennes, *Prevalence, incidence and consequences of violence against women: Findings from the National Violence Against Women Survey* (Washington, DC: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, 1998), 2–4, http://www.ojp.usdoj.gov/nij/publications/welcome.htm. Regarding sex offenders, males make up the vast majority, but females also commit sexual crimes. In 1994, less than 1 percent of all incarcerated rape and sexual assault offenders were female (L. Greenfeld, *Sex offenses and offenders: An analysis of data on rape and sexual assault, U.S. Department of Justice, Bureau of Justice Statistics* (Washington, DC: 1997). As cited in R. Freeman-Longo, *Myths and facts about sex offenders* (Center for Sex Offender Management, 2000), http://www.csom.org/pubs.

Programmatic and Policy Accessibility Checklist

This module offers a checklist designed to assess the accessibility of an agency's programs and services.

D1. Programmatic and Policy Accessibility Checklist

Purpose

This checklist is designed to assess the accessibility of an agency's programs and services for people with disabilities. (To assess physical/structural barriers to accessibility, see *Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities.*) It is NOT intended to determine or imply compliance with the Americans with Disabilities Act (ADA). (See *Disabilities 101. Disability Laws.*)

Agencies can use this tool to assess their use of best practices to assure equal access to services for clients with disabilities.[1] It can help them create more welcoming environments by identifying ways to modify policies and practices, redesign programs and enhance services to allow persons with disabilities to fully benefit. When access to services is limited, creative strategies related to programs and policies can increase accessibility outside of structural changes. Such strategies may include providing services in alternate or integrated settings; taking services to clients; adapting equipment; providing communication assistance; increasing staff capacity through training and knowledge of disability-specific resources; and including persons with disabilities in identifying barriers and strategies for increasing access. (See the *Disabilities 101* modules.)

The information gathered from this checklist can be useful when creating a plan to increase the accessibility of your agency's services. (See *Tools to Increase Access. Developing a Transition Plan.*)

In compiling this tool, the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project drew from multiple resources, as cited in the endnote section.[2]

Preparation

Consider in advance of completing this checklist what your agency will do with the results. It is recommended that agencies seek qualified technical support and guidance to review their assessment results and make recommendations to increase the accessibility of their services to clients with disabilities. Inquire if a local disability agency has the capacity to provide this support. Contact the regional Disability and Business Technical Assistance Center (DBTAC)-Mid Atlantic ADA Center at 301-217-0124 (V/TTY) or go to www.adainfo.org for recommendations of resources to provide this support. DBTAC-Mid Atlantic also sponsors the West Virginia ADA Coalition, which has members who may be available to offer this type of assistance. Contact the WV ADA Coalition at 800-946-9471 V/TTY or go to www.wvadacoalition.org/.

Tools To Increase Access. Programmatic and Policy Accessibility Checklist

D1.1

PROGRAMMATIC AND POLICY ACCESSIBILITY CHECKLIST

Assessment Information

Agency Name: _____

City:_____County:_____

Type of Service Agency: _____

Date(s) of Assessment: _____

Name of Reviewer(s): _____

_____

_____

1. Policy Accessibility

NOTE: "Unk" stands for "Unknown" and "N/A" stands for "Not Applicable."

	Yes	No	Unk	N/A
1A. Does the agency have a policy stating its commitment and intent to comply with the Americans with Disabilities Act (ADA Compliance Policy)? (Obtain a copy.)	☐	☐	☐	☐
1A.1. Has the agency conducted a self-evaluation for compliance with the ADA?	☐	☐	☐	☐
1A.2. If "Yes" to 1A.1., has the agency developed a transition plan for compliance?	☐	☐	☐	☐
1A.3. If "Yes" to 1A.2., describe in the "Comments" section the agency's stage in the process of implementing the plan. Obtain a copy of the transition plan.				

Comments:

Yes   No   Unk   N/A

1B. Does the agency require sub-contractors to comply with the ADA?   ☐   ☐   ☐   ☐
A subcontractor could include individuals the agency utilizes for direct
services (e.g., a psychologist who provides psychological evaluations)
or for any other contractual relationship in which the agency engages.

Comments:

Yes   No   Unk   N/A

1C. Does the agency have a designated staff person (single point of   ☐   ☐   ☐   ☐
contact) responsible for coordinating and providing resources and
information related to the agency's ADA compliance, policies and
available accommodations?

1C.1. If "Yes," describe the qualifications of the staff person and their
training on ADA compliance policies in the "Comments" section.

Comments:

	Yes	No	Unk	N/A
1D. Does the agency have a written policy on how to request a policy, practice or procedure modification? (If "Yes," obtain a copy.)	☐	☐	☐	☐
1D.1. Does the agency have a written process to determine when a policy, practice or procedure modification request would cause a fundamental alteration or undue burden on the agency? (If "Yes," obtain a copy.)	☐	☐	☐	☐
1D.2. Does the agency have a complaint or appeal process to request a revision or exception to agency policies, procedures or practices to accommodate an individual's disability? (If "Yes," obtain a copy.)	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
1E. Are there criteria for accessing services that could potentially limit participation by people with disabilities (e.g., requiring a driver's license rather than other governmental issued I.D. as proof of identification)? (If "Yes," identify the criteria in the "Comments" section.)	☐	☐	☐	☐
1E.1. If "Yes," are any of these criteria necessary to the operation of the program or to the safety of the participants or staff? (Explain in the "Comments" section.)	☐	☐	☐	☐

Comments:

2. **Accommodations**

	Yes	No	Unk	N/A
2A. Do agency staff routinely ask if clients require any accommodations?	☐	☐	☐	☐
2A.1. If "No," are clients given the opportunity to ask about or make a request for accommodations?	☐	☐	☐	☐
2A.2. Are agency staff provided a list of available accommodation resources and options?	☐	☐	☐	☐
2A.3. Are agency staff trained on providing accommodations? (If "Yes," describe which staff are trained and how often in the "Comments" section.)	☐	☐	☐	☐
2A.4. Does the agency have a process to follow if requests for accommodations cannot be met? (If "Yes," describe in the "Comments" section.)	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
2B. Does the agency assure that service animals are allowed and that staff are trained on how to handle related questions and concerns?	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
2C. Is there an accommodation/alternate format line item in the agency's budget?	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
2D. Are the following resources available in an alternate format for sexual violence victims with disabilities to ensure fully integrated services (e.g., is such information on file)?				
• Information about counseling/support services for the client or family?	☐	☐	☐	☐
• Information about how to access legal services?	☐	☐	☐	☐
• Information about how to access interpreters or other special services (e.g., personal attendants) for clients with disabilities?	☐	☐	☐	☐
• Information about how to preserve evidence?	☐	☐	☐	☐
• Contact information for advocacy groups for clients with disabilities?	☐	☐	☐	☐
• Contact information for advocacy support services?	☐	☐	☐	☐
• Contact information for Adult Protective Services (APS)?	☐	☐	☐	☐
• Contact information for Child Protective Services (CPS)?	☐	☐	☐	☐
• Contact information for law enforcement?	☐	☐	☐	☐
• Information about paratransit and public transportation services?	☐	☐	☐	☐
• Contact information for personal assistant/nursing care agencies?	☐	☐	☐	☐
• Contact information for local disability service providers?	☐	☐	☐	☐
• Other? (If "Yes," list in the "Comments" section.)	☐	☐	☐	☐
2D.1. Are all materials readily accessible? (If "No," explain in the "Comments" section.)	☐	☐	☐	☐

Comments:

3. Outreach, Publications and Communication

	Yes	No	Unk	N/A
3A. Does the agency make the general public aware of program accommodations to ensure equal access for persons with disabilities? (If "Yes," describe how this is communicated in the "Comments" section.)	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
3B. Does the agency facilitate a welcoming environment by assuring that agency publications, outreach materials and services demonstrate that the agency's services are accessible to people with disabilities?	☐	☐	☐	☐

3B.1. If "Yes," which of the following specifically provide information regarding the availability and location of accessible communications, services and activities:

	Yes	No	Unk	N/A
• Signage and posters?	☐	☐	☐	☐
• Telephone directories?	☐	☐	☐	☐
• Message boards (on wall and/or electronic)?	☐	☐	☐	☐
• Website?	☐	☐	☐	☐
• Other media and advertisements?	☐	☐	☐	☐

Comments:

	Yes	**No**	**Unk**	**N/A**
3C. Are all agency public informational materials and forms (including handbooks, brochures, eligibility criteria for participation, rights statement, etc.) available in alternate formats?	☐	☐	☐	☐

3C.1. If "Yes," identify the formats used:

	Yes	**No**	**Unk**	**N/A**
• Computer/electronic format?	☐	☐	☐	☐
• Large print (e.g., 18 pt. and Arial or Times New Roman font)?	☐	☐	☐	☐
• Audio tape?	☐	☐	☐	☐
• Braille?	☐	☐	☐	☐
• Other? (If "Yes," list in the "Comments" section.)	☐	☐	☐	☐

Comments:

	Yes	**No**	**Unk**	**N/A**
3D. Do informational materials and agency literature:				
• Take into consideration the reading and comprehension levels of clients?	☐	☐	☐	☐
• Contain pictures of persons with disabilities?	☐	☐	☐	☐
• Display the International Symbol of Accessibility?	☐	☐	☐	☐
• Provide TTY, text telephone number or relay number (711) for people who are deaf or hard of hearing?	☐	☐	☐	☐

Comments:

4. Agency Website and Telecommunications Accessibility

	Yes	No	Unk	N/A
4A. Does the agency have its own website? (If "No," skip to question 4D.)	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
4B. Does the agency's website provide an e-mail contact link directly to the agency?	☐	☐	☐	☐
4B.1. If "Yes," is a warning noted on the website that such links provide no confidentiality for the client? (Describe in the "Comments" section.)	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
4C. Does the agency's website incorporate the following elements:	☐	☐	☐	☐
• Accessible for people who use a screen-reader (e.g., clear menus screens; free of flash graphics and pop-ups; contrasting color schemes accessible to people with color-blindness and people who have low vision; use of Alt Text for conversion of graphics/images to text, etc.)?	☐	☐	☐	☐
• Appropriate grade-level of written information?	☐	☐	☐	☐
• Pictures of people with disabilities?	☐	☐	☐	☐
• The International Symbol of Accessibility?	☐	☐	☐	☐
• TTY or text telephone number for persons who are deaf or hard of hearing?	☐	☐	☐	☐
• Information on how to access services and accommodations?	☐	☐	☐	☐

Comments:

	Yes	**No**	**Unk**	**N/A**
4D. Does the agency provide 24/7 services?	☐	☐	☐	☐

4D.1. If "Yes," describe in the "Comments" section how services are accessed after regular business hours.

Comments:

	Yes	**No**	**Unk**	**N/A**
4E. Does the agency use an automated answering system or service?	☐	☐	☐	☐
4E.1. If "Yes," is the answering system message short, easy to understand and have few navigation options?	☐	☐	☐	☐
4E.2. If "Yes," does the automated answering system include an option to talk with a person immediately (e.g., press "0" option)?	☐	☐	☐	☐
4E.3. If "Yes," is there 24/7 access to on-call staff?	☐	☐	☐	☐
4E.4. If "Yes," is the automated answering system accessible using a TTY machine?	☐	☐	☐	☐

Comments:

5. Services for People Who Are Deaf or Hard of Hearing

		Yes	No	Unk	N/A
5A.	Do agency staff offer callers alternative communication choices regarding which form of communication would be most effective for them (e.g., TTY or access to the relay system)?	☐	☐	☐	☐

Comments:

		Yes	No	Unk	N/A
5B.	Does the agency offer qualified interpreters for participants who are deaf or hard of hearing? (If "No," skip to question #5C.)	☐	☐	☐	☐
5B.1.	Is anyone on staff (staff or volunteer) trained in American Sign Language (ASL) for simple communication?	☐	☐	☐	☐
5B.2.	Does the agency have a list of qualified sign language interpreters?	☐	☐	☐	☐
5B.3.	Is there a clear and easy procedure for contacting qualified ASL interpreters?	☐	☐	☐	☐
5B.4.	Is there a clear mechanism for paying for qualified ASL interpreter services?	☐	☐	☐	☐
5B.5.	Is there a plan on how to provide ASL interpreter service during all hours of operation; including access to ASL interpreters outside of normal office hours for agencies providing 24-hour services?	☐	☐	☐	☐
5B.6.	Does the agency have procedures to address confidentiality concerns regarding interpreters who are acquaintances of clients who are deaf or hard of hearing? (If "Yes," describe in the "Comments" section.)	☐	☐	☐	☐

Comments:

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D1.11

	Yes	No	Unk	N/A
5C. Does the agency have a TTY or text phone?	☐	☐	☐	☐
5C.1. If "Yes," is the TTY available after normal working hours?	☐	☐	☐	☐
5C.2. If "Yes," is the staff trained in using the TTY?	☐	☐	☐	☐
5C.3. If "Yes," is signage posted above public telephones to either indicate the presence or location of the TTY?	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
5D. Are all staff and volunteers (including answering services) trained on using West Virginia Relay?	☐	☐	☐	☐

Comments:

6. Staff Training and Competency Development

	Yes	No	Unk	N/A
6A. Does the agency's mandatory staff/volunteer training include a section on disability awareness/etiquette? (If "Yes," obtain a copy of the curricula.)	☐	☐	☐	☐
6A.1. If "Yes," disability awareness/etiquette training is provided in the following formats:				
• Formal face-to-face training environment?	☐	☐	☐	☐
• Self-paced/on-your-own reading material?	☐	☐	☐	☐
• DVD, video or audio cassette?	☐	☐	☐	☐
• Other? (If "Yes," describe in the "Comments" section.)	☐	☐	☐	☐
6A.2. If "Yes," which of the following staff receive disability awareness/etiquette training:				

	Yes	No	Unk	N/A
• New staff?	☐	☐	☐	☐
• Outreach staff?	☐	☐	☐	☐
• Reception staff?	☐	☐	☐	☐
• Volunteers?	☐	☐	☐	☐
• Other? (If "Yes," list in the "Comments" section.)	☐	☐	☐	☐

6A.3. If "Yes," do staff /volunteers receive disability awareness/etiquette training via:

	Yes	No	Unk	N/A
• New staff orientation?	☐	☐	☐	☐
• In-service training?	☐	☐	☐	☐
• Other? (If "Yes," describe in the "Comments" section.)	☐	☐	☐	☐

Comments:

6B. Mandatory staff training pertaining to clients with disabilities is provided (check one):

☐   Never
☐   Once
☐   Annually
☐   More than once per year
☐   Unknown
☐   Other (Describe in the "Comments" section.)

6B.1. If training is provided, describe in the "Comments" section who provides the training.

Comments:

	Yes	**No**	**Unk**	**N/A**
6C. Besides disability awareness and etiquette training, does the agency provide training for staff and volunteers to increase their skills and knowledge for working and communicating with a client with a specific disability?	☐	☐	☐	☐

6C.1. If "Yes," does the training address working and communicating with individuals with:

	Yes	**No**	**Unk**	**N/A**
• Cognitive disabilities?	☐	☐	☐	☐
• Mental illnesses?	☐	☐	☐	☐
• Sensory disabilities?	☐	☐	☐	☐
• Physical disabilities?	☐	☐	☐	☐

Comments:

	Yes	**No**	**Unk**	**N/A**
6D. Does the agency assure a welcoming environment through:				
• Annually evaluating staff service skills and performance?	☐	☐	☐	☐
• Soliciting and utilizing client feedback for quality of service improvement?	☐	☐	☐	☐
• Incorporating the concept of inclusive and welcoming client service within the agency's mission?	☐	☐	☐	☐
• Implementing regular client service training for staff and volunteers who interface with the public?	☐	☐	☐	☐
• Other? (If "Yes," describe in the "Comments" section.)	☐	☐	☐	☐

Comments:

	Yes	No	Unk	N/A
6E. Does the agency provide referral information and training for staff and volunteers on other community resources and supports available to clients with disabilities?	☐	☐	☐	☐
6E.1. If "Yes," are the referral resources/lists updated regularly? (Indicate how often and the date of the last update in the "Comments" section.)	☐	☐	☐	☐
6E.2. If "Yes," are those resources/lists available in alternate formats?	☐	☐	☐	☐
6E.3. If "Yes," does the agency regularly and actively communicate or collaborate with those referral agencies? (Describe in the "Comments" section.)	☐	☐	☐	☐

Comments:

7. Emergency Procedures

	Yes	No	Unk	N/A
7A. Does the facility have an emergency evacuation procedure that addresses the needs of individuals with disabilities?	☐	☐	☐	☐
7A.1. If "Yes," do staff members and volunteers receive training on emergency evacuation procedures?	☐	☐	☐	☐

Comments:

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	Yes	**No**	**Unk**	**N/A**
7B. Does the facility have visual as well as auditory alarms?	☐	☐	☐	☐

Comments:

***Thank you for your important work and your efforts
to make your services more accessible for people with disabilities.***

[1]Partnering agencies refer to the persons they serve as "clients," "consumers" and "victims." For convenience, the term "clients" is primarily used in this module to refer to those individuals who access the agency's services and programs.

[2]Resources drawn from to compile this tool: Adaptive Environments Center, Inc., *ADA Title II action guide for state and local governments* (Horsham, PA: LRP Publications, 1992), 71–120; S. Caprioli, *The women with disAbilities empowerment project: Family Services and Taconic Resources for Independence,* Incorporated (Poughkeepsie, NY: 2008); Hardesty, Gaffney, Rosenfeld & Mandel, *Accessing safety project: Promising practices in serving sexual violence survivors with disabilities* (Southern Arizona Center Against Sexual Assault, 2005); Institute on Disabilities at Temple University: Center for Excellence in Developmental Disabilities, Education, Research and Service*, Rape crisis/domestic violence comprehensive victim services, physical and programmatic accessibility survey* (Philadelphia, 2001), 4–16; Washington State's Collaboration to Improve Domestic and Sexual Violence Advocacy for People with disAbilities and Deaf Individuals, *Universal design/welcoming environments,* 29-50; Wisconsin Coalition for Advocacy, Wisconsin Coalition Against Domestic Violence, Wisconsin Coalition Against Sexual Assault and Independence First, *Accessibility guide for domestic violence and sexual assault service providers* (Violence Against Women with Disabilities Project, 2004), 73-85; and WV S.A.F.E., *Rape crisis center accessibility survey* (Unpublished, 2007), 12–21.

Physical Accessibility Checklist for Existing Facilities

This module offers a checklist that agencies can use to examine their facilities and identify *physical* barriers that may prevent persons with disabilities from having equal access to their services.

D2. **Physical Accessibility Checklist for Existing Facilities**

Purpose

Agencies can use the *Physical Accessibility Checklist* to examine their facilities and identify physical barriers that may prevent persons with disabilities from having equal access to their services. (To assess agency *programs and policies*, see *Tools to Increase Access. Programmatic and Policy Accessibility Checklist.*)

The Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 set accessibility standards for state and local governments, public entities and organizations receiving government funds to prevent discrimination or exclusion of people due to their disability (See *Disabilities 101. Disability Laws.*) The checklist *does not* cover all of the requirements of the standards, nor does it provide every possible solution. Rather, it is designed to be used as an assessment tool for individual organizations, targeting specific areas of physical access and providing possible solutions for addressing areas of concern. The information gathered from this assessment can be useful when agencies develop their transition plans for increasing the accessibility of their services. (See *Tools to Increase Access. Developing a Transition Plan.* Note, however, that the module focuses on planning for programmatic and policy changes rather than physical changes.)

Accessibility standards change. This tool was developed in 2010 utilizing the 1991 Americans with Disabilities Act Accessibility Guidelines (ADAAG) that were adopted by the Department of Justice as the Standards for Accessible Design in 1994. New accessibility regulations were released in 2010 and will be published in 2012. (See www.access-board.gov/ada-aba/comparison/comparison.pdf.)

If an agency wishes to conduct an accessibility survey to assess for full compliance with relevant laws, building codes and standards, please contact the Mid Atlantic ADA Information Center at 800-949-4232 or www.adainfo.org for recommendations of individuals who are qualified to provide the expertise needed for a comprehensive compliance review.

In compiling this checklist, the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project drew from multiple resources, as cited in the endnote section.[1]

Preparation

• **Select an assessment team.** To get started, it is recommended that a two to three member assessment team be created. The composition of the team should be based on the size of the facility and the nature of the services provided. Team members should include the agency's designated ADA coordinator and a representative from management. Larger organizations may want to include members of the maintenance staff or building managers to facilitate access to all service areas of the agency, provide building floor plans and assist with taking

measurements. If the agency has a designated ADA coordinator, this person should lead this activity. If no ADA coordinator exists, it is best to have the management of the organization designate someone to serve as the team leader. Before beginning the assessment, it is important to determine who will receive the completed checklist and summary of findings. This assessment process must be supported by management so the team can freely access all areas of the facility.

- **Follow the outline.** Completing the checklist as designed will ensure a complete and organized assessment of the facility. The team should review the entire tool prior to beginning the process to ensure they fully understand what is being assessed. You may decide to make additional copies of certain sections of the tool to account for and assess all areas of the facility. For example, if there are two or more restrooms within the facility, you may need to complete a separate accessibility assessment on each of the restrooms. In these cases, be sure to clearly note the location of each of these areas on the assessment sheets. It may be helpful to have the building floor plans with you while you survey. If the plans are not available, you can use graph paper to sketch the layout of all interior and exterior spaces used by your organization. Make notes on the sketch or plan while you are surveying. Reviewing the checklist prior to starting the process will also help identify the expertise needed. If desired, the Mid Atlantic ADA Information Center can recommend a qualified individual to provide training on accessibility surveys and answer questions related to the standards addressed in the tool.

- **Identify equipment needed.** Each team member should have a copy of the checklist. A clip board for each team member is helpful in providing a surface when documenting measurements and comments. A flexible steel tape measure will be needed. Document exact measurements; do not round up or down (if the measurement is 32.5 inches, record it as such rather than estimating it to be 32 or 33.) Please note that, if you answer "No" to any question in the checklist that requires a measurement, you should write the actual measurement (within $1/4$ inch) in the box provided. One team member should take the measurements while another records the findings. If there are three team members, the third person can clear the area of consumers, answer questions about the assessment, and direct the team to the next area to be surveyed. Taking photographs can be helpful to document findings.

NOTE: ***Measuring for slope.*** For measuring the slope of a walkway, ramp or parking area, you will need a tape measure and a level. Typical slope measurements include the *running slope*, which is the slope that runs in the direction of travel, and the cross slope, which is the slope running perpendicular (left to right) of the route of travel. The slope reference measurements below are calculated using a 24-inch (2 foot) level, measuring the gap distance from the surface to the tip of the level (back of the level against surface; front held "at level"):

1:50 (or 2%) slope = $1/2$ inch gap

1:20 (or 5%) slope = 1 $1/4$ inch gap

1:12 (or 8.3%) slope = 2 inch gap

Some general measurement information and guidelines on slope requirements for various surface areas commonly found at worksites and within this checklist are listed below for reference. For more information or clarification, please contact either your local, state or national resource centers as listed at the end of this document.

- o Walkways and sidewalks (or other accessible routes of travel):

  Running slope of no more than 1:20 or 5%

  Cross slope of no more than 1:50 or 2%

o Accessible parking and access aisles:

Running and cross slope of no more than 1:50 or 2%

o Ramps and curb ramps

Running slope of no more than 1:12 or 8.3%

Crossing slope of no more than 1:50 or 2%

- **Determine how the assessment results will be used.** Once the checklist is completed, summarize any identified barriers. Many older buildings have barriers to access. Most agencies do not have the resources to remove all barriers at one time and will need to develop a plan to set priorities. Some barriers can be easily addressed with simple fixes (e.g., moving a display case that is narrowing a hallway). Other barriers may require qualified individuals and appropriated funds to address them. Again, this assessment is NOT designed to determine full compliance with standards and building codes, but rather to help identify barriers that may be preventing physical access for persons with disabilities. Creating solutions to barriers may require a plan to transition to more accessible services. For agencies interested in making substantial building modifications, it is highly recommended that they obtain the assistance of qualified individuals to ensure that the changes made are compliant with state and federal codes and standards. A strategy for implementing changes should be a component of all transition plans.

Definitions

It is helpful for those using this checklist to know the meanings of the terms listed below. Consult with the **ADA Accessibility Guidelines for Building and Facilities** (ADAAG) at http://access-board.gov/ada-aba/final.cfm for additional term definitions.

Circulation path: An exterior or interior way of passage from one place to another for pedestrians, including, but not limited to: walks, hallways, courtyards, stairways and stair landings.

Curb ramp: A short ramp cutting through a curb or built up to it.

Conical: An example is there might be cone-shaped curb ramps where the corner of an intersection is rounded and the sidewalk edge drops down to the street. The other side remains high, giving the curb ramp a conical shape that can make a wheelchair unstable.

Switchbacks: A landing connecting two ramps where the ramps change or reverse direction. The minimum landing size should be 60 inches by 60 inches.

Pull side of the door: The side of the door that swings toward the person pulling the door to an open position. The push side of the door is the side which a person would push the door to an open position.

Tactile signage: Signs from which the user or reader receives the message by the sense of touch. Raised characters on a room sign are felt to determine the user's location. Tactile can be used to describe any object that can be perceived through touch.

Lavatory apron: The front lower edge of a bathroom sink; related to knee clearance. Lavatory is defined as "a room equipped with washing and toilet facilities," which has come to refer to the sink within a toilet room. There are different requirements for "lavatories" (sinks within toilet rooms) and "sinks" (as in kitchens or break rooms).

PHYSICAL ACCESSIBILITY CHECKLIST FOR EXISTING FACILITIES

QUESTIONS AND SOLUTIONS

Priority 1: Accessible Approach/Entrance

People with disabilities should be able to arrive on the site, approach the building and enter as freely as everyone else. At least one route of travel (e.g., from a parking lot in front of the building to the entrance of an office within the building) should be safe and accessible for everyone, including people with disabilities.

		YES	NO
Route of Travel (ADAAG 1994: 4.3, 4.4, 4.7; 2010: 402, 307, 406)			

Question 1A. *Is there a route of travel that does not require the use of stairs?*   ☐ YES ☐ NO

Possible solutions.

- ☐ Add a ramp if the route of travel is interrupted by stairs.
- ☐ Add an alternative route on level ground.

Question 1B. *Is the route of travel stable, firm and slip-resistant?*   ☐ YES ☐ NO

Possible solutions:

- ☐ Repair uneven paving.
- ☐ Fill small bumps and breaks with beveled patches.
- ☐ Replace gravel with hard top.

Question 1C. *Is the route at least 36 inches wide?*   ☐ YES ☐ NO

Possible solutions:

Width _____

- ☐ Change or move landscaping, furnishings or other features that narrow the route.
- ☐ Widen the route.

Question 1D. *Can all objects protruding into the circulation paths be detected by a person with a visual disability using a cane?*   ☐ YES ☐ NO

Distance from Wall/ Height _____

> NOTE: In order to be detected using a cane, an object must be within 27 inches of the ground. Objects hanging or mounted overhead must be higher than 80 inches to provide clear head room. Any objects mounted to the wall should not protrude more than 4 inches from the face of the wall. It is not necessary to remove objects that protrude less than 4 inches from the wall.

Possible solutions:

- ☐ Move or remove protruding objects.
- ☐ Add a cane-detectable base that extends to the ground.
- ☐ Place a cane-detectable object on the ground underneath as a warning barrier.

Question 1E. *Do curbs have curb ramps at drives, parking and drop-offs that are at least 36 inches wide (not conical in shape) and flush with other surfaces?*   ☐ YES ☐ NO

Possible solutions:

Width _____

- ☐ Install a curb cut.
- ☐ Add a small ramp up to the curb.

Ramps (ADAAG 1994: 4.8; 2010: 405)

	YES	NO

Question 2A. *Are the slopes of ramps no greater than 1:12?*

NOTE: Slope is given as a ratio of the height to the length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least a one foot of ramp length is needed for each inch of height. (See *Measuring for slope* on page D2.2 of this checklist.)

Possible solutions:
- ☐ Lengthen the ramp to decrease slope.
- ☐ Relocate the ramp.
- ☐ If available space is limited, reconfigure the ramp to include switchbacks.

YES ☐ NO ☐

Slope

Question 2B. *Do all ramps longer than 6 feet have railings on both sides that are are sturdy and between 34 and 38 inches high?*

Possible solution:
- ☐ Add railings.

YES ☐ NO ☐

Height

Question 2C. *Is the width between railings or curbs at least 36 inches?*

Possible solutions:
- ☐ Relocate the railings.
- ☐ Widen the ramp.

YES ☐ NO ☐

Width

Question 2D. *Are ramps non-slip?*

Possible solution:
- ☐ Add non-slip surface material.

YES ☐ NO ☐

Question 2E. *Is there a 5-foot-long level landing at every 30-foot horizontal length of ramp, at the top and bottom of ramps and at switchbacks?*

Possible solution:
- ☐ Remodel or relocate the ramp.

YES ☐ NO ☐

Length

Question 2F. *Does the ramp rise no more than 30 inches between landings?*

Possible solution:
- ☐ Remodel or relocate the ramp.

YES ☐ NO ☐

Rise

Parking and Drop-Off Areas (ADAAG 1994: 4.5; 2010: 502)

Question 3A. *Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot access aisle)?*

NOTE: For guidance in determining the appropriate number of spaces to designate, the table below gives the ADAAG requirements for new construction and alterations (for lots with more than 100 spaces, refer to ADAAG):

YES ☐ NO ☐

#Accessible Spaces

Total Spaces	Accessible
1 to 25	1 space
26 to 50	2 spaces
51 to 75	3 spaces
76 to 100	4 spaces

Possible solution:

☐ Reconfigure a reasonable number of spaces by repainting stripes.

	YES	NO

Question 3B. *Are 8-foot-wide spaces, with minimum 8-foot-wide access aisles and 98 inches of vertical clearance, available for lift-equipped vans?*

YES ☐   NO ☐

Width/Vert. Clearance

NOTE: At least one of every 8 accessible spaces must be van-accessible (at least one van-accessible space in all cases) and measurement should be from the center of one painted line to the center of the next painted line.

Possible solution:

☐ Reconfigure to provide van-accessible space(s).

Question 3C. *Are access aisles part of the accessible route to the accessible entrance?*

YES ☐   NO ☐

Possible solutions:

☐ Add curb ramps.
☐ Reconstruct the sidewalk.

Question 3D. *Are the accessible spaces closest to the accessible entrance?*

YES ☐   NO ☐

Possible solution:

☐ Reconfigure spaces.

Question 3E. *Do all accessible parking spaces and access aisles have a slope of no more than 1:50 or 2%? (See Measuring for slope on page D2.2 of this checklist.)*

YES ☐   NO ☐

Slope

NOTE: For better accuracy when measuring parking spaces and access aisles, take a measurement in three different locations within the space (avoiding pronounced dips and depressions) and record the average of the three measurements.

Possible solutions:

☐ Reconfigure or relocate accessible spaces to level areas.
☐ Modify/re-grade the accessible parking area.

Question 3F. *Are accessible spaces marked with the International Symbol of Accessibility? Are there signs reading "Van Accessible" at van spaces?*

YES ☐   NO ☐

Possible solution:

☐ Add signs, placed so that they are not obstructed by cars.

Question 3G. *Are accessible parking signs permanently mounted and at least 60 inches from the ground (from the surface to the bottom of the sign)?*

YES ☐   NO ☐

Height

Possible solutions:

☐ Permanently mount signage to the ground or the wall surface.
☐ Adjust sign height so that they are not obstructed by cars.

	YES	NO

Question 3H. *Is there an enforcement procedure to ensure that accessible parking is used only by those who need it?*
Possible solution:
☐ Implement a policy to check periodically for violators and report them
to the proper authorities.

Entrance (ADAAG 1994: 4.13, 4.14, 4.5; 2010: 404, 206, 302)

Question 4A. *If there are stairs at the main entrance, is there also a ramp or a lift, or is there an alternative accessible entrance?*
NOTE: Do not use a service entrance as the accessible entrance unless there is no other option.
Possible solutions:
☐ If it is not possible to make the main entrance accessible, create a dignified
alternate accessible entrance.
☐ If parking is provided, make sure there is accessible parking near all
accessible entrances.

Question 4B. *Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?*
Possible solution:
☐ Install signs before inaccessible entrances so that people do not have
to retrace their approach.

Question 4C. *Can the alternate accessible entrance be used independently?*
Possible solution:
☐ Eliminate as much as possible the need for assistance-to answer a doorbell,
to operate a lift or to put down a temporary ramp, for example.

Question 4D. *Does the entrance door have at least 32 inches clear opening (for a double door, at least one 32-inch opening)?*
Possible solutions:
☐ Widen the door to 32 inches clear.
☐ If technically infeasible, widen to 31 and 3/8 inches minimum.
☐ Install offset (swing-clear) hinges.

Clear Opening

Question 4E. *Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle?*
NOTE: A person using a wheelchair or crutches needs this space to get
close enough to open the door.

Clear Space

Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities

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Possible solutions:

☐ Remove or relocate furnishings, partitions or other obstructions.
☐ Move the door.
☐ Add a power-assisted or automatic door opener.

	YES	NO

Question 4F. *Is the threshold edge 1/4-inch high or less, or if beveled edge, no more than 3/4-inch high?*

☐ YES   ☐ NO

[_____] Height

Possible solutions:
☐ If there is a single step with a rise of 6 inches or less, add a short ramp.
☐ If there is a threshold greater than 3/4-inch high, remove it or modify it to be a ramp.

Question 4G. *If provided, are mats or carpeting a maximum of 1/2-inch high?*

☐ YES   ☐ NO

[_____] Height

Possible solution:
☐ Replace or remove mats or carpeting.

Question 4H. *Are edges securely installed to minimize tripping hazards?*

☐ YES   ☐ NO

Possible solution:
☐ Secure carpeting or mats at the edges.

Question 4I. *Is the door handle no higher than 48 inches and operable with a closed fist?*

☐ YES   ☐ NO

[_____] Height

NOTE: The "closed fist" test for handles and controls is as follows—try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.

Possible solutions:
☐ Lower the handle.
☐ Replace an inaccessible knob with a lever or loop handle.
☐ Retrofit with an add-on lever extension.

Question 4J. *Can doors be opened without too much force (maximum is 5 lb for interior doors)?*

☐ YES   ☐ NO

[_____] Force (lbs)

NOTE: You can use an inexpensive force meter or a fish scale to measure the force required to open a door. Attach the hook end to the doorknob or handle. Pull on the ring end until the door opens, and read off the amount of force required. If you do not have a force meter or a fish scale, you will need to judge subjectively whether the door is easy enough to open.

Possible solutions:
☐ Adjust the door closers and oil the hinges.
☐ Install power-assisted or automatic door openers.
☐ Install lighter doors.

Question 4K. *If the door has a closer, does it take at least 3 seconds to close?*

☐ YES   ☐ NO

[_____] Seconds

Possible solution:
☐ Adjust the door closer.

Other Considerations (Priority 1: Accessible Approach and Entrance)

The following elements are intended as supplemental to the above checklist and are not legally required under the ADA.

	YES	NO
Question 5A. *If the agency has a security system which requires ringing a bell or pushing an intercom button, is it clearly marked (5/8 to 2 inch letters with high contrast)?*	☐	☐
• Braille text of the same information?	☐	☐
• Is the system accessible for someone who is deaf?	☐	☐
• Is the button within reach of someone in a wheelchair?	☐	☐

NOTE: **Reach ranges:** ADAAG, 1994, stipulates the maximum height for a side reach is 54 inches; for a forward reach, 48 inches. The minimum reachable height is 15 inches for a front approach and 9 inches for a side approach. ADAAG, 2010, stipulates the maximum height for a side reach is 48 inches (exception: 54 inches for existing structures); for a forward reach, 48 inches. The minimum reachable height is 15 inches for a front approach and 15 inches for a side approach.

Possible solutions:
☐ Replace existing signs.
☐ Install an intercom for verbal communication.
☐ Move push buttons within an accessible reach range.

	YES	NO
Question 5B. *Is there accessible informational signage (with good visual contrast and large enough letters) at the entrance that provides directional information for persons with disabilities?*	☐	☐

Possible solution:
☐ Install accessible informational signage denoting accessible routes.

	YES	NO
Question 5C. *Is there signage at the entrance that lets people know that service animals are welcome?*	☐	☐

Possible solution:
☐ Install accessible signage denoting service animals are welcome.

	YES	NO
Question 5D. *If there is a sign at the entrance asking "If you need assistance…" does it include the International Symbol of Accessibility and have good visual contrast?*	☐	☐

Possible solution:
☐ Install accessible signage that includes the International Symbol of Accessibility and has good visual contrast.

	YES	NO
Question 5E. *Is confidentiality possible at the counter, in the waiting room or while filling out forms?*	☐	☐

Possible solution:
☐ Move intake activities to a private area.

Priority 2: Access to Goods and Services

Ideally, the layout of the building should allow people with disabilities to obtain materials or services without assistance.

Horizontal Circulation (ADAAG 1994: 4.3; 2010: 402)

	YES	NO
Question 6A. *Does the accessible entrance provide direct access to the main floor, lobby or elevator?*	☐	☐

Possible solutions:
- ☐ Add ramps or lifts.
- ☐ Make another entrance accessible.

	YES	NO
Question 6B. *Are all public spaces on an accessible route of travel?*	☐	☐

Possible solution:
- ☐ Provide access to all public spaces along an accessible route of travel.

	YES	NO
Question 6C. *Is the accessible route to all public spaces at least 36 inches wide and 80 inches in height clearance?*	☐	☐

Width/Height

Possible solution:
- ☐ Move furnishings such as tables, chairs, display racks, vending machines and counters to make more room.

	YES	NO
Question 6D. *Is there a 5-foot circle or a T-shaped space for a person using a wheelchair to reverse direction?*	☐	☐

Width

Possible solution:
- ☐ Rearrange furnishings, displays and equipment.

Doors (ADAAG 1994: 4.13; 2010: 404)

	YES	NO
Question 7A. *Do doors into public spaces have at least a 32-inch clear opening?*	☐	☐

Clearance

Possible solutions:
- ☐ Install offset (swing-clear) hinges.
- ☐ Widen doors.

	YES	NO
Question 7B. *On the pull side of doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair or crutches can get near to open the door?*	☐	☐

Clearance

Possible solutions:
- ☐ Reverse the door swing if it is safe to do so.
- ☐ Move or remove obstructing partitions.

YES   **NO**

Question 7C. *Can doors be opened without too much force (5 pounds maximum for interior doors)?*

☐   ☐

Possible solutions:

☐ Adjust or replace closers.

Force (lbs)

☐ Install lighter doors.

☐ Install power-assisted or automatic door openers.

Question 7D. *Are door handles 48 inches high or less and operable with a closed fist?*

☐   ☐

Possible solutions:

☐ Lower handles.

Height

☐ Replace inaccessible knobs or latches with lever or loop handles.

☐ Retrofit with add-on levers.

☐ Install power-assisted or automatic door openers.

Question 7E. *Is the threshold edge 1/4-inch high or less, or if beveled edge, no more than 3/4-inch high?*

☐   ☐

Possible solutions:

Height

☐ If there is a threshold greater than 3/4-inch high, remove it or modify it to be a ramp.

☐ If between 1/4- and 3/4-inch high, add bevels to both sides.

Emergency Alarms (ADAAG 1994: 4.38; 2010: 702)

Question 8A. *If emergency systems are provided, do they have both flashing lights and audible signals?*

☐   ☐

Possible solutions:

☐ Install visible and audible alarms.

☐ Provide portable devices.

Rooms and Spaces (ADAAG 1994: 4.2, 4.4 4.5; 2010: 304, 307)

Question 9A. *Are all aisles and pathways to materials and services at least 36 inches wide?*

☐   ☐

Possible solution:

Width

☐ Rearrange furnishings and fixtures to clear aisles.

Question 9B. *Is there a 5-foot circle or T-shaped space for turning a wheelchair completely?*

☐   ☐

Possible solution:

Width

☐ Rearrange furnishings to clear more room.

Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities

D2.11

	YES	NO

Question 9C. *Is carpeting low-pile, tightly woven, and securely attached along the edges?* ☐ ☐

Possible solutions:

☐ Secure edges on all sides.

☐ Replace carpeting.

Question 9D. *In the circulation paths through public areas, are all obstacles cane-detectable (located within 27 inches of the floor or higher than 80 inches, or protruding less than 4 inches from the wall)?* ☐ ☐

<div align="right">

Height/
Protrusion
</div>

Possible solutions:

☐ Remove obstacles.

☐ Install furnishings, planters or other cane-detectable barriers underneath.

Signage for Goods and Services (ADAAG 1994: 4.30; 2010: 703)

Different requirements apply to different types of signs.

Question 10A. *If provided, do signs designating permanent rooms and spaces where goods and services are provided comply with the appropriate requirements for such signage? (See specifications below.)* ☐ ☐

	YES	NO	
• Signs mounted with centerline 60 inches from floor.	☐	☐	
• Signs mounted on wall adjacent to latch side of door or as close as possible.	☐	☐	Height
• Signs with raised characters, sized between 5/8 and 2 inches high, with high contrast.	☐	☐	Size (Height)
• Signs with raised Brailed text of the same information.	☐	☐	
• If pictogram is used in the sign, it must be accompanied by raised characters and Braille.	☐	☐	

Possible solution:

☐ Provide signs that have raised letters, Braille and that meet all other requirements for permanent room or space signage.

Directional and Informational Signage

The following questions apply to directional and informational signs that fall under Priority 2.

Question 11A. *If mounted above 80 inches, do signs have letters at least 3 inches high, with high contrast and non-glare finish?* ☐ ☐

<div align="right">

Letter Height
</div>

Possible solution:

☐ Review requirements and replace signs as needed, meeting the requirements for character size, contrast and finish.

YES **NO**

Question 11B. *Do directional and informational signs comply with legibility requirements? (Building directories or temporary signs need not comply.)*
Possible solution:
☐ Review requirements and replace signs as needed, meeting the requirements for character size, contrast and finish.

Controls (ADAAG 1994: 4.27; 2010: 407.2, 308, 309.4)

Question 12A. *Are all controls that are available for use by the public (including electrical, mechanical, cabinet, game and self-service controls) located at an accessible height?*
NOTE: For additional reach range information, see "NOTE" on page D2.9, item 5A.
Possible solution:
☐ Relocate controls.

Height

Question 12B. *Are controls operable with a closed fist?*
Possible solution:
☐ Replace controls.

Seats, Tables, and Counters (ADAAG 1994: 4.3, 4.32, 7.2; 2010: 306, 902)

Question 13A. *Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide?*
Possible solution:
☐ Rearrange chairs or tables to provide 36-inch aisles.

Width

Question 13B. *Are the spaces for wheelchair seating distributed throughout?*
Possible solutions:
☐ Rearrange tables to allow room for wheelchairs in seating areas throughout the area.
☐ Remove some fixed seating.

Question 13C. *Are the tops of tables or counters between 28 and 34 inches high?*
Possible solutions:
☐ Lower part or all of the high surface.
☐ Provide an auxiliary table or counter.

Height

Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities

D2.13

YES   **NO**

Question 13D. *Are knee spaces at accessible tables at least 27 inches high, 30 inches wide and 19 inches deep?*   ☐   ☐

Possible solution:

☐ Replace or raise tables.

Height/ Width/Depth

Question 13E. *At each type of cashier counter, is there a portion of the main counter that is no more than 36 inches high?*   ☐   ☐

Possible solutions:

Height

☐ Provide a lower auxiliary counter or folding shelf.

☐ Arrange the counter and surrounding furnishings to create a space to hand items back and forth.

Question 13F. *Is there a portion of food-ordering counters that is no more than 36 inches high or is there space at the side for passing items to customers who have difficulty reaching over a high counter?*   ☐   ☐

Possible solutions:

Height

☐ Lower the section of the counter.

☐ Arrange the counter and surrounding furnishings to create a space to pass items.

Vertical Circulation (ADAAG 1994: 4.1.3(5), 4.3; 2010: 203, 206)

Question 14A. *Are there ramps, lifts or elevators to all levels?*   ☐   ☐

Possible solutions:

☐ Install ramps or lifts.

☐ Modify a service elevator.

☐ Relocate goods or services to an accessible area.

Question 14B. *On each level, if there are stairs between the entrance and/or elevator and essential public areas, is there an accessible alternate route?*   ☐   ☐

Possible solution:

☐ Clearly post signs directing people along an accessible route to ramps, lifts or elevators.

Stairs (ADDAG 1994: 4.9; 2010: 504, 505)

The following questions apply to stairs connecting levels not serviced by an elevator, ramp or lift.

Question 15A. *Do treads have a non-slip surface?*   ☐   ☐

Possible solution:

☐ Add a non-slip surface to treads.

	YES	NO

Question 15B. *Do stairs have continuous rails on both sides, with extensions beyond the top and bottom stairs?*
Possible solution:
☐ Add or replace handrails if possible within the existing floor plan.

Elevators (ADDAG 1994: 4.10; 2010: 407)

Question 16A. *Are there both visible and verbal or audible door opening/closing and floor indicators (e.g., one tone = up, two tones = down)?*
Possible solution:
☐ Install visible and verbal or audible signals.

Question 16B. *Are the call buttons in the hallway no higher than 42 inches?*
Possible solutions:
☐ Lower the call buttons.
☐ Provide a permanently attached reach stick.

Height

Question 16C. *Do the controls inside the cab have raised and Braille lettering?*
Possible solution:
☐ Install raised lettering and Braille next to the buttons.

Question 16D. *Is there a sign on both door jambs at each floor identifying the floor in raised and Braille letters?*
Possible solution:
☐ Install tactile signs to identify floor numbers, at a height of 60 inches from the floor.

Question 16E. *If an emergency intercom is provided, is it usable without voice communication?*
Possible solution:
☐ Modify the communication system.

Question 16F. *Is the emergency intercom identified by Braille and raised letters?*
Possible solution:
☐ Add tactile identification.

Lifts (ADDAG 1994: 4.3, 4.11; 2010: 305.3, 410)

Question 17A. *Can the lift be used without assistance? If not, is a call button provided?*
Possible solutions:
☐ At each stopping level, post clear instructions for use of the lift.
☐ Provide a call button.

Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities

D2.15

YES   **NO**

Question 17B. *Is there at least 30 by 48 inches of clear space for a person in a wheelchair to approach to reach the controls and use the lift?* ☐ ☐
Possible solution:
Clearance
  ☐ Rearrange furnishings and equipment to clear more space.

Question 17C. *Are controls between 15 and 48 inches high (up to 54 inches if a side approach is possible)? For reach range information, see NOTE on page D2.9, item 5A.* ☐ ☐
Possible solution:
Height
  ☐ Move the controls.

Other Considerations (Priority 2: Access to Goods and Services)

The following elements are intended as supplemental to the above check list and may not be legally required under the ADA.

Question 18A. *Is the reception or waiting area noisy and/or busy?* ☐ ☐
    NOTE: Excessive noise may create difficulties for persons with
    hearing loss or those with cognitive disabilities.   **YES**   **NO**
    • Are there a lot of people talking at once? ☐ ☐
    • Is there a TV or music playing in the background? ☐ ☐
    • Are announcements made over a loudspeaker? ☐ ☐
Possible solutions:
    ☐ Divide waiting areas into smaller spaces to decrease the number of people
       in the room.
    ☐ Decrease TV or music volumes or eliminate them altogether.
    ☐ Decrease loudspeaker volume or implement an alternative communication system.

Question 18B. *Are the chairs in the facility available in a variety of styles and sizes?* ☐ ☐
    NOTE: Seating areas should contain chairs that are accessible to people with
    limited mobility and people who use wheelchairs, including chairs
    without arm rests, chairs in larger sizes and chairs that do not roll.
Possible solution:
    ☐ Install chairs of various sizes and chairs without arms and rollers.

Question 18C. *Is there room to transfer from a wheelchair to a standard chair?* ☐ ☐
Possible solutions:
    ☐ Reconfigure the space to allow for ample transfer room to accessible chairs.
    ☐ Install chairs of various sizes and chairs without arms at the end of rows.

Question 18D. *Are there footrests available with any of the chairs?* ☐ ☐
Possible solution:
    ☐ Make footrests available.

	YES	NO

Question 18E. *Are the offices adequately lighted so that someone with low vision would be able to see written materials or other people; but not too bright, flickering or noisy, which may affect someone with light sensitivity, who has difficulty paying attention, or who has seizures?*
Possible solutions:
☐ Replace or relocate lighting fixtures.
☐ Add indirect lighting.

Question 18F. *Is there enough room and is the layout conducive for an interpreter to also be in the office, waiting or intake area?*
NOTE: The layout should allow for an interpreter to sit across from the individual and to not have to be in front of a window.
Possible solution:
☐ Reconfigure the space.

Priority 3: Usability of Restrooms

When restrooms are open to the public, they should be accessible to people with disabilities.

Getting to the Restrooms (ADAAG 1994: 4.1; 2010: 201)

Question 19A. *If restrooms are available to the public, is at least one restroom (either one for each sex, or unisex) fully accessible?*
Possible solutions:
☐ Reconfigure the restroom.
☐ Combine the restrooms to create one unisex accessible restroom.

Question 19B. *Are there signs at inaccessible restrooms that give directions to accessible restroom facilities?*
Possible solution:
☐ Install accessible signs.

Doorways and Passages (ADAAG 1994: 4.2, 4.13, 4.30; 2010: 404, 304, 703)

Question 20A. *Is there tactile signage identifying restrooms?*
NOTE: **Mount signs on the wall**, on the latch side of the door, complying with the requirements for permanent signage.
Possible solutions:
☐ Add accessible signage, placed to the side of the door, 60 inches to the centerline (but not on the door itself).
☐ If symbols are used, add supplementary verbal signage.

TOOLS to INCREASE ACCESS

	YES	NO

Question 20B. *Are pictograms or symbols used to identify rest rooms, and if used, are raised characters and Braille included below?*
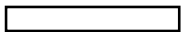
Possible solution:

☐ If symbols are used, add supplementary verbal signage with raised characters and Braille below the pictogram symbol.

Question 20C. *Is the doorway at least 32 inches clear?*

Possible solutions:
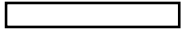
☐ Install offset (swing-clear) hinges.
☐ Widen the doorway.

Width

Question 20D. *Are doors equipped with accessible handles (operable with a closed fist), 48 inches high or less?*

Possible solutions:
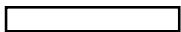
☐ Lower handles.
☐ Replace knobs or latches with lever or loop handles.
☐ Add lever extensions.
☐ Install power-assisted or automatic door openers.

Height

Question 20E. *Can doors be opened easily (5 pounds maximum force)?*

Possible solutions:

☐ Adjust or replace closers.
☐ Install lighter doors.
☐ Install power-assisted or automatic door openers.
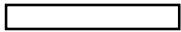
Force (lbs)

Question 20F. *Does the entry configuration provide adequate maneuvering space for a person using a wheelchair?*

NOTE: A person using a wheelchair needs 36 inches of clear width for forward movement and a 5-foot diameter clear space or a T-shaped space to make turns. A minimum distance of 48 inches clear of the door swing is needed between the two doors of an entry vestibule.

Clearance

Possible solutions:
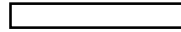
☐ Rearrange furnishings such as chairs and trash cans.
☐ Remove inner door if there is a vestibule with two doors.
☐ Move or remove obstructing partitions.

Question 20G. *Is there a 36-inch-wide path to all fixtures?*

Possible solution:

☐ Remove obstructions.

Width

Stalls (ADAAG 1994: 4.17; 2010: 604)

	YES	NO

Question 21A. *Is the stall door operable with a closed fist, inside and out?* ☐ ☐

Possible solutions:

☐ Replace inaccessible knobs with lever or loop handles.
☐ Add lever extensions.

Question 21B. *Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing?* ☐ ☐

⬚ Width

Possible solutions:

☐ Move or remove partitions.
☐ Reverse the door swing if it is safe to do so.

Question 21C. *In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet with a 1 $\frac{1}{2}$ inch grab clearance?* ☐ ☐

⬚ Clearance

Possible solution:

☐ Add grab bars.

Question 21D. *Is the toilet seat 17 to 19 inches high?* ☐ ☐

⬚ Height

Possible solution:

☐ Add a raised seat.

Lavatories (ADAAG 1994: 4.19, 4.24; 2010: 606, 308)

Question 22A. *Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in the front?* ☐ ☐

⬚ Clearance

NOTE: A maximum of 19 inches of the required depth may be under the lavatory.

Possible solutions:

☐ Rearrange furnishings.
☐ Replace the lavatory.
☐ Remove or alter cabinetry to provide space underneath.
   Make sure hot pipes are covered.
☐ Move a partition or wall.

Question 22B. *Is the lavatory rim no higher than 34 inches?* ☐ ☐

⬚ Height

Possible solution:

☐ Adjust or replace the lavatory.

YES   **NO**

Question 22C. *Are there at least 29 inches from the floor to the bottom* ☐   ☐
of the lavatory apron (excluding pipes)?
Possible solution: Height
    ☐ Adjust or replace the lavatory.

Question 22D. *Are any drain pipes or water lines under the lavatory exposed* ☐   ☐
and uncovered?
    NOTE: Exposed pipes or hot water lines can potentially cause burn
    injuries to people who use wheelchairs and must pull their chair under the
    lavatory apron to reach the faucet handles or soap dispensers.
Possible solution:
    ☐ Cover exposed pipes with pipe cover kit.

Question 22E. *Can the faucet be operated with one closed fist?* ☐   ☐
Possible solution:
    ☐ Replace faucet handles with paddle type.

Question 22F*. Are soap and other dispensers and hand dryers within reach ranges* ☐   ☐
and usable with one closed fist?
    NOTE: For reach range information, see "NOTE" on page D2.9, item 5A.   Reach
Possible solutions:
    ☐ Lower dispensers.
    ☐ Replace with or provide additional accessible dispensers.

Question 22G. *Is the mirror mounted with the bottom edge of the reflecting surface* ☐   ☐
40 inches high or lower?
Possible solutions: Height
    ☐ Lower or tilt down the mirror.
    ☐ Add a larger mirror anywhere in the room.

Priority 4: Additional Access

Note that this priority is for items not required for basic access in the first three priorities. When amenities such as drinking fountains and public telephones are provided, they should also be accessible to people with disabilities.

Drinking Fountains (ADAAG 1994: 4.15; 2010: 305.3, 602)

Question 23A. *Is there at least one fountain with clear floor space of at least 30 by* ☐   ☐
48 inches in front?
Possible solution: Clearance
    ☐ Clear more room by rearranging or removing furnishings.

	YES	NO

Question 23B. *Is there one fountain with its spout no higher than 36 inches from the ground, and another with a standard height spout (or a single "hi-lo" fountain)?*
Possible solutions:
    ☐ Provide cup dispensers for fountains with spouts that are too high.
    ☐ Provide an accessible water cooler.

☐   ☐
⟶ Height

Question 23C. *Are fountain controls mounted on the front or on the side near the front edge and operable with one closed fist?*
Possible solution:
    ☐ Replace the controls.

☐   ☐

Question 23D. *Is each water fountain cane-detectable (located within 27 inches off the floor or protruding less than 4 inches from the wall into the circulation path)?*
Possible solution:
    ☐ Place a planter or other cane-detectable barrier on each side at floor level.

☐   ☐
Height/
Protrusion

Telephones (ADAAG 1994: 4.31; 2010: 704)

Question 24A. *If pay or public use phones are provided, is there clear floor space of at least 30 by 48 inches in front of at least one?*
Possible solutions:
    ☐ Move furnishings.
    ☐ Replace the booth with open station.

☐   ☐
Clearance

Question 24B. *Is the highest operable part of the phone no higher than 48 inches (up to 54 inches if a side approach is possible)?*
Possible solution:
    ☐ Lower the telephone.

☐   ☐
Height

Question 24C. *Does the phone protrude no more than 4 inches into the circulation space?*
Possible solution:
    ☐ Place a cane-detectable barrier on each side at floor level.

☐   ☐
Protrusion

Question 24D. *Does the phone have push-button controls?*
Possible solution:
    ☐ Contact the phone company to install push-buttons.

☐   ☐

Question 24E. *Is the phone hearing-aid compatible?*
Possible solution:
    ☐ Contact the phone company to replace the current phone with a
       hearing-aid compatible phone.

☐   ☐

	YES	NO

Question 24F. *Is the phone adapted with volume control?* ☐ ☐
Possible solution:
  ☐ Contact the phone company to add volume control.

Question 24G. *Is the phone with volume control identified with appropriate signage?* ☐ ☐
Possible solution:
  ☐ Add signage.

Question 24H. *If there are four or more public phones in the building, is one of the* ☐ ☐
phones equipped with a text telephone (TTY or TDD)?
Possible solutions:
  ☐ Install a text telephone.
  ☐ Have a portable text telephone available.
  ☐ Provide a shelf and outlet next to phone.

Question 24I. *Is the location of the text telephone identified by accessible signage* ☐ ☐
bearing the International TDD Symbol?
Possible solution:
  ☐ Add signage.

Other Considerations (Priority 4: Additional Access)

The following elements are intended as supplemental to the above checklist and may not be legally required under the ADA.

Question 25A. *Are there policies in place regarding flash photography at meetings?* ☐ ☐
  NOTE: Flash photography may trigger seizures and/or migraine headaches for those with photo-sensitivity. Policies should require the announcement of the intent to use a flash, providing an opportunity for the person who may be sensitive to leave the area.
Possible solution:
  ☐ Implement or modify policy.

Question 25B. *Are there policies in place about the use of non-scented products?* ☐ ☐
  NOTE: Scented products such as candles, flowers or perfumes may cause reactions for those with chemical sensitivity.
Possible solution:
  ☐ Implement or modify policy.

Question 25C. *If the agency provides residential housing (temporary or permanent),* ☐ ☐
are there an adequate number of accessible beds?
  [_____]
  # of Beds
  NOTE: Bedrooms should be accessible to people with various types of disabilities, including individuals who are deaf. Use the following as a guide in determining the appropriate number of accessible bedrooms:

Total Number of Beds	Number of Accessible Beds
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6

Possible solution:

☐ Reconfigure or modify beds and/or bedrooms.

YES   NO
☐   ☐

Question 25D. *If the agency provides residential housing (temporary or permanent), is at least one type of amenity (washer, dryer, etc.) in common areas accessible and located on an accessible route to any accessible sleeping room?*

Possible solutions:

☐ Reconfigure or modify existing amenities to meet ADA guidelines (appropriate reach ranges, path clearance, etc., as detailed throughout this survey.)

☐ Provide appropriate signage directing individuals to the accessible amenities.

***Thank you for your efforts to increase the accessibility of your facility
and your important work in serving people with disabilities.***

● ●

[1]Resources drawn from to compile this checklist include: (1) Adaptive Environments Center, Inc. and Barrier Free Environments, Inc., A checklist for existing facilities (for National Institute on Disability and Rehabilitation Research, revised 1995); (2) Metro-Milwaukee DART Initiative, Safe, accessible and welcoming environment survey; (3) Americans with Disabilities Act accessibility guidelines (ADAAG, 1991) and (4) WV S.A.F.E., Rape crisis center accessibility survey (Unpublished, 2007).

Readiness to Serve Victims with Disabilities: A Review of Intake Practices

Through the use of this review tool, service providers can (1) raise their understanding of the intake practices of both their own agency and partnering agencies that serve victims of sexual violence with disabilities; (2) consider the effectiveness of these practices in helping victims with disabilities to access the services that meet their needs; and (3) identify if/where barriers to responsive and accessible services exist and ways to eliminate any barriers.[1]

Key Points

- It is critical to assess whether your agency's intake policies make services available and welcoming to sexual violence victims with disabilities. Consider:

  o Does your agency have policies and standardized practices related to intake?

  o Are your agency's intake policies and practices "user friendly" for individuals with disabilities who have been sexually victimized?

  o Are your agency's intake policies and practices designed to identify and address the varied accessibility needs of sexual violence victims with disabilities?

- Intake practices can potentially create barriers in the accessibility of services. For example, barriers may emerge from agency intake policies and forms, eligibility requirements for services, or intake practices related to confidentiality. They may also be created by the physical inaccessibility of your facility to persons with disabilities.

- Agencies may be able to partner during their intake processes–particularly through utilizing one another's services–to better meet the needs of sexual violence victims with disabilities who are seeking their services.

D3. **Readiness to Serve Victims with Disabilities: A Review of Intake Practices**

Purpose

Agencies typically conduct intake interviews as part of their initial communications with individuals seeking their services. The intake process is an opportunity for these individuals to learn more about an agency's services, as well as to provide information to the agency about their circumstances and needs. Through this information, the individuals seeking services can guide the agency in determining how it can best assist them. Agencies striving to enhance services to sexual violence victims with disabilities must consider whether their intake practices make their services available and welcoming to this population.[2]

This review tool seeks to help service providers: (1) raise their understanding of the intake practices of both their own agency and partnering agencies that serve sexual violence victims with disabilities; (2) consider the effectiveness of these practices in helping victims with disabilities access the services that meet their needs; and (3) identify if/where barriers to responsive and accessible services exist and ways to eliminate any barriers. *Part 1: Core Knowledge* uses a worksheet format to allow participants to individually examine their agency's intake practices, identify potential barriers posed to victims with disabilities, and consider ways to overcome those barriers. *Part 2: Discussion* can be used to facilitate a discussion on this topic among providers within an agency and/or across agencies.

Objectives

Those completing this module will be able to:

• Discuss their agency's intake practices in the context of the level of inclusiveness for sexual violence victims with disabilities;

• Discuss how their agency's intake practices may potentially create service barriers for victims with disabilities;

• Discuss major similarities and differences among partnering agencies' intake practices and identify barriers that are common across agencies (*Part 2: Discussion* only); and

• Discuss what agencies can do, both separately and in partnership with one another, to enhance their intake practices to better meet the needs of sexual violence victims with disabilities seeking services.

Preparation

• Each participant should review their agency's (1) written policies related to intake practices; and (2) eligibility and program requirements to determine what barriers and/or limitations exist that could make a victim ineligible for services based on a disability.

Part 1: CORE KNOWLEDGE

What is the key issue related to agency intake practices with sexual violence victims with disabilities?[3]

The key issue is whether an agency's intake policies and practices make its services available and welcoming to victims of sexual violence with disabilities. The questions below can be used to assess whether the intake policies and practices of your agency are inclusive of this population. Answer "Yes" or "No" to each question and provide written comments. (Note that issues of accessibility and accommodations are covered in greater depth in the *Disabilities 101* modules, as well as the other *Tools to Increase Access* modules.)

FYI While an effort was made to reduce repetition in the *Agency Intake Practices Worksheet* below, some questions are adapted to ensure the inclusion of the different types of service providers and related issues.

AGENCY INTAKE PRACTICES WORKSHEET

1. **Does your agency have policies/standardized practices for client intake?**

__ Y __ N   1a. Does your agency have a written policy addressing intake practices that guide staff and volunteers in their initial communications with individuals seeking services?

__ Y __ N   1b. Does your agency have related written procedures or informal practices (that differ from or expand upon the above policies)?

It is useful for agencies to have standardized policies and practices related to the initial communications with individuals seeking their services. Agencies develop written procedures to help ensure the policies are implemented. Such standardization helps clarify for staff and volunteers what is expected of them in these interactions, guides their efforts to gather information from individuals, and allows them to determine what services are appropriate given an individual's self-defined needs.

2. **Are your agency's intake policies and procedures "user friendly" for individuals with disabilities who have been sexually victimized?** (See *Disabilities 101. Accommodating Persons with Disabilities*.) Consider, for example:[4]

__ Y __ N   2a. Are the facilities where intake interviews are conducted and services are provided accessible to people with disabilities?

__ Y __ N   2b. Are the furniture, lighting and noise levels in the facilities able to be adapted to accommodate people with sensory and/or physical disabilities?

__ Y __ N   2c. Are off-site intake interviews feasible (e.g., when an individual has difficulty with mobility or is living in a residential facility)?

__ Y __ N   2d. Are service animals permitted in the facilities to enable an individual with a disability to participate more fully in the services?

__ Y __ N   2e. Is there flexibility in the interviewing format (e.g., interviews could be conducted by telephone if it is difficult for an individual to physically come into the facility; appointment times could be scheduled to accommodate a victim's needs—some may function better at certain times of the day or with shorter or longer meeting times)?

__ Y __ N   2f. Are adaptive devices (e.g., TTYs for persons who are deaf) and materials in alternate formats (e.g., materials written in large print or Braille) available?

__ Y __ N   2g. Are intake forms kept simple, making it easier for those with cognitive disabilities to understand and those with physical disabilities to complete?

__ Y __ N   2h. Are all individuals seeking services offered a standardized list of accessible services and resources?

__ Y __ N   2i. In addition to the above list, do individuals seeking services receive additional referrals as needs are identified?
NOTE: Don't assume, however, that individuals need a referral for a particular service based solely on their disability (e.g., a person with a mental illness does not automatically need a referral to a mental health counselor).

__ Y __ N   2j. Are interpreter services readily accessible (e.g., a victim who is deaf may require an American Sign Language (ASL) interpreter)?

__ Y __ N   2k. Do you tell individuals seeking services that you are a mandated reporter of suspected abuse or neglect against adults considered by the state to be incapacitated,[5] or of emergency situations where adults who are incapacitated are at imminent risk of serious harm (if you are)? This information should be provided early in your initial contact, so that individuals seeking services can make an informed decision about if and what they disclose. They should understand what/when you are required to report and that their disclosure could lead to an investigation by law enforcement and/or protective services. (See *Sexual Violence 101. Mandatory Reporting*.)

__ Y __ N   2l. Do intake procedures include safety planning that is inclusive of the individual seeking services, regardless of ability/disability? (See *Sexual Violence 101. Safety Planning*.)

3. **Are your agency's intake practices designed to identify and address the varied accessibility needs of sexual violence victims with disabilities?**

__ Y __ N 3a. *For non-disability service providers:*[6] **Do your agency's intake policies and procedures include screening victims to see if they require an accommodation?** Consider:

__ Y __ N 3a.1. During intake, do you ask victims seeking services if they have a disability? If yes, when and how?

_____

_____

3a.2. If victims disclose that they have a disability, when/how do you ask about their need for accommodations? (In this context, an accommodation is a change, adaptation or modification to a policy, program or service that allows a person with a disability to participate fully in a program or take advantage of a service.[7]) (See *Disabilities 101. Accommodating Persons with Disabilities.*)

_____

_____

3a.3. Provide examples of procedures your agency has in place for meeting potential accommodation needs. (Examples should be in addition to those noted in Question #2 in this worksheet.)

_____

_____

3a.4. How are accommodations documented so that if other staff later work with the same victim, they know what accommodations are needed?

_____

_____

3a.5. Describe how agency staff and volunteers are trained in providing and accessing accommodations for persons with disabilities. Is the training adequate? What additional training, if any, would be useful?

_____

_____

__ Y __ N 3b. *For disability service providers:*[8] **Do your agency's intake practices include screening individuals for sexual victimization?** (See *Sexual Violence 101. Indicators of Sexual Violence.*)

__ Y __ N 3b.1. Do you ask individuals if they have experienced sexual violence? If yes, when and how.

_____

_____

__ Y __ N   3b.2. Does your agency have a written procedure on what to do if someone discloses that they are or have been a victim of sexual violence? If yes, describe.

_____

_____

3b.3. Describe how your agency's staff is trained in conducting trauma-informed interviews and crisis intervention with sexual violence victims. What additional training, if any, would be useful? (See *Sexual Violence 101. Understanding and Addressing Emotional Trauma* and *Sexual Violence 101. Crisis Intervention.*)

_____

_____

__ Y __ N   3c.   **During the intake process, do you refer victims with disabilities to resources in the community if and when your agency's services are not accessible or when the needs of a victim go beyond what your agency provides?** (See *Collaboration 101. Creating a Community Resource List.*)

__ Y __ N   3c.1. Are you aware of the services available in your community for sexual violence victims with disabilities? If yes, identify.

_____

_____

__ Y __ N   3c.2. Are there situations when you have to coordinate with an outside agency (rather than just make a referral) to ensure accessible/appropriate services for sexual violence victims with disabilities? If yes, describe.

_____

_____

__ Y __ N   3c.3. Are there resources for sexual violence victims with disabilities that are needed but not available in the community (e.g., shelter accessible to persons with disabilities)? If yes, describe.

_____

_____

Identifying Barriers: In the process of answering the above questions, did you identify any intake practices that create potential barriers to effectively serving victims with disabilities?

_____

_____

_____

4. **Does your agency have barriers to services created by any policies, practices and forms?**

4a.   **Policies, pactices and forms:**

4a.1. *For <u>non-disability</u> service providers:* What, if any, agency intake or accommodation practices might make a victim with a disability reluctant to seek your services?

_____

_____

4a.2. *For <u>disability</u> service providers:* What practices, if any, might make a sexual violence victim reluctant to seek your services or to disclose sexual victimization?

_____

_____

4b. **Eligibility for services:** Does your agency have any policies or procedures that define who is eligible for services that may inadvertently make someone ineligible for services based on a disability? Think about what program participant "requirements" (written or unwritten) are in place that may disqualify a person with a disability because they cannot fulfill a requirement due to their disability. (For example, requiring that all residents in a group-living facility rotate all chores may exclude someone with a physical disability from staying there. Or requiring a driver's license, rather than a government-issued identification, to verify identity would make a person who is blind ineligible for services.)

_____

_____

4c. **If your facilities are not physically accessible to persons with disabilities,** what does your agency already do or what can it do to ensure equal access to services? For example, can staff go to another location to conduct the intake if the person cannot come to you? Do your intake forms require signatures? If so, what do you do if the person does not have the ability to write? Are there parts of your intake procedures that require the person seeking your assistance to read? If so, what do you do if the person is not able to read the required forms or resource materials due to a cognitive or visual disability?

_____

_____

__Y __ N   4d. **Confidentiality:** Do your intake practices maintain a victim's privacy, keeping confidentiality a priority? If no, explain.

_____

_____

4e. Unintended consequences:

4e.1. *For <u>non-disability</u> service providers:* What are potential unintended consequences for a sexual violence victim who seeks your services, but services are not accessible?

_____

_____

4e.2. For _disability_ service providers: What are potential unintended consequences if someone discloses during intake that they are a victim of sexual violence, but your staff is not trained to respond?

_____

_____

5. **In what ways can your agency address the barriers identified above, both on its own as well as in collaboration with partnering agencies?**

_____

_____

_____

_____

_____

_____

_____

_____

Part 2: DISCUSSION

Projected Time for Discussion
1.75 hours

Purpose and Outcomes

This discussion is designed to help participants apply the information presented in _Part 1: Core Knowledge_ of this module to their collaborative work. The discussion could be incorporated into forums such as agency staff meetings, orientations and continuing education programs, as well as multi-agency meetings or trainings. Anticipated discussion outcomes include an increased understanding of barriers and challenges experienced at intake by victims with disabilities; the identification of ways to enhance accessible and victim-centered services through responsive agency policies, procedures and resources; and an increased knowledge of partnering agencies' intake guidelines and practices.

Refer to the learning objectives at the beginning of this module for specific outcomes.

Preparation

• Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.

• Select a facilitator.

• Decide who will be involved in the discussion—participants from one agency, with the focus on agency intake practices, or from multiple agencies, with the focus on building awareness of other agencies' intake practices and assisting one another in overcoming barriers to service accessibility for sexual violence victims with disabilities.

- Assign a note taker for the meeting. If participants break into small groups, a note taker for each of those conversations should also be identified.

- Participants should individually review and complete *Part 1: Core Knowledge* in this module before the discussion. They should bring enough copies of their agencies' written policies on intake practices to share with their partners.

- Bring the following supplies and materials to the meeting: flipcharts and colored markers, blank attendance sheet, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Optional items include name badges or table tents.

Suggested Activities and Questions

1. **Invite participants to identify/review the discussion ground rules to promote open communication.** Utilize the following principles: *(10 minutes)*

- An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics. There are no right or wrong answers, only different perspectives.

- Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.

- Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality in the context of this partnership.

2. **Ask a representative from each agency to briefly share their agency's intake materials.** They may also briefly describe their agency's activities that relate to responding to sexual violence victims with disabilities. *(10 minutes)*

3. **Ask the participants to collectively review their answers and comments about intake practices from the *Agency Intake Practices Worksheet*** (Questions #1 through #3) from *Part 1: Core Knowledge* of this module, either as a large group or in small groups. The broad issue is whether each agency's intake policies and practices are inclusive of the needs of sexual violence victims with disabilities. To help organize the conversation, for each question area below, **first discuss the strengths of each agency's intake policies and practices and then identify any areas of concern or potential barriers.** *(30 minutes)*

   a. Does your agency have policies/standardized practices related to intake?

   b. Are your agency's intake policies and practices "user friendly" for individuals with disabilities who have been sexually victimized?

   c. Are your agency's intake policies and practices designed to identify and address the varied accessibility needs of victims with disabilities?

4. In addition to any concerns/barriers identified above that need to be addressed in order to effectively serve victims with disabilities, **ask participants to consider any potential barriers to accessibility in the following areas** (See Question #4 on the *Agency Intake Practices Worksheet*): *(20 minutes)*

- Agency intake policies, practices and forms;

- Eligibility for agency services/programs or funding requirements;

- Physical accessibility of your facility for persons with disabilities; and

- Intake practices related to confidentiality.

Discuss possible unintended consequences for victims faced with barriers to accessibility.

5. **Facilitate a large group discussion on how partnering agencies can help each other address accessibility issues during their intake processes.** (See Question #5 on the *Agency Intake Practices Worksheet.)* (*25 minutes*)

   a. What are major similarities and differences in agencies' intake practices? Why are they different?

   b. What inclusive practices and/or barriers to accessible services stand out or are consistent across agencies? Are there sections of each others' policies, practices and forms that should be incorporated into other agencies' policies, practices and forms to ensure equal access?

   c. In what ways can agencies partner to overcome barriers during intake to better meet the needs of victims with disabilities seeking services? In particular, consider how to utilize one another's resources. For example, a disability organization may be able to assist a sexual assault provider in determining how to help victims in finding resources to obtain accessible transportation to an appointment. A sexual assault provider may be able to assist a disability provider in identifying support groups for victims of sexual assault. Each partnering agency has resources they can contribute.

   d. Discuss those resources and eligibility requirements, where applicable, including any limitations of each.

6. **Closing:** Ask each participant to write down how the information gained from this module discussion will:

- Change the way they interact with individual clients;

- Change the way they partner with other agencies to assist clients; and

- Promote change in the policies, practices or training programs of their agency.

Then facilitate a large group discussion on this topic. (*10 minutes*)

TOOLS to INCREASE ACCESS

[1]Partnering agencies refer to the persons they serve as "clients," "consumers" and "victims." For convenience, "victims" and "clients" are primarily used in this module. Also note that the terms "sexual violence" and "sexual assault" are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

[2]Day One: The Sexual Assault and Trauma Resource Center, Rhode Island Coalition Against Domestic Violence and PAL: An Advocacy Organization for Families and People with Disabilities, Is your agency prepared to ACT? *Conversation modules to explore the intersection of violence and disability* (Advocacy Collaboration Training Initiative, 2004), 19.

[3]Information in Part 1. Core Knowledge was drawn in part from Wisconsin Coalition Against Sexual Assault, *Widening the circle: Sexual assault/abuse and people with disabilities and the elderly* (Madison, WI: 1998), 98-111.

[4]Drawn partially from *Day One* et al., 19. Originally adapted from D. Akers, *Balancing Power: Creating a Crisis Center Accessible to People with Disabilities* (Austin, TX: Morgan Printing, 2005).

[5]An adult who is considered "incapacitated," according to West Virginia law (WVC§9-6-9), is someone who cannot independently conduct daily life sustaining activities due to a physical, mental or other infirmity.

[6]Those service providers who do not serve persons with disabilities as their primary mission. For example, most advocates at rape crisis centers serve victims and their significant others, whether or not they have a disability.

[7]Adapted from *Day One* et al., 13. Originally drawn from www.hud.gov/offices/fheo/disabilities. For more information on public accommodations, also see *The ADA: Questions and answers, public accommodations* (U.S. Equal Employment Opportunity Commission), http://www.eeoc.gov/facts/adaqa2.html. The online documents referenced in this module were available at the links provided at the time the module was written. It is suggested that you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

[8]Those service providers whose agency's primary mission is serving persons with disabilities.

Developing a Transition Plan

This module can aid service providers in developing an agency transition plan for increasing access to services for sexual violence victims with disabilities.[1] It focuses on transition planning for *programmatic and policy* accessibility changes rather than physical/structural changes. If deemed necessary, structural changes can be added to the plan later in the process.

Key Points

- An agency's plan to move from inaccessible services to accessible services for victims with disabilities is considered, for the purposes of this module, a transition plan. Such a plan acknowledges barriers to accessing services and identifies how accessibility can be increased within a specified time period. It establishes priorities among needed actions.

- A transition planning team should include representation from the major divisions and programs of the organization and personnel who have the skills and experience necessary to carry out the planning and implement tasks. Also consider adding community partners to the team, as they can add a broader perspective on the accessibility of an agency's services. They can sometimes be helpful in providing technical assistance, identifying community resources and providing cross-training.

- Your transition plan should identify the following:[2] barriers your agency is addressing; action steps necessary to eliminate those barriers; who is responsible for making or coordinating the changes; what resources are needed to make the changes; what administrative approval is needed to make the changes; established timelines for implementation of the changes; how the plan will be regularly monitored to measure the progress and the implementation of the action steps; and an evaluation process to determine if the implemented changes have improved access for persons with disabilities. The attached *Transition Planning Worksheet* can assist agencies in considering each of these factors.

D4. Developing a Transition Plan

Purpose

Once an agency identifies barriers that prevent sexual violence victims with disabilities from accessing its services, it can develop a plan to create equal access for these individuals. This plan to move from inaccessible services to accessible services over a period of time is considered, for our purposes, a transition plan. This module can aid service providers in developing an agency transition plan for increasing access to services for sexual violence victims with disabilities.

Note that this module focuses on transition planning for *programmatic and policy* accessibility changes. It does not address planning for physical accessibility. If deemed necessary, structural changes can be added to the plan later in the process.[3] (See *Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities*.)

Objectives

Those who complete this module will be able to:

- Establish a transition planning team;

- Participate in creating a transition plan to increase service accessibility for sexual violence victims with disabilities; and

- Assist in implementing a transition plan.

Preparation

- As a prerequisite to this module, community agencies that serve sexual violence victims and persons with disabilities should individually conduct a self-assessment of their general programmatic policies and procedures. (See *Tools to Increase Access. Programmatic and Policy Accessibility Checklist.*) The purpose of this assessment is to determine the extent of programmatic accessibility of an agency's services for persons with disabilities.

- Review the findings of the above self-assessment of your agency—most likely the results will highlight policy and programmatic barriers for victims with disabilities. The agency will want to address these barriers in its transition plan.

Part 1: CORE KNOWLEDGE   What is a transition plan?[4]

A transition plan acknowledges barriers to accessing services and identifies how accessibility can be increased within a specified time period. It establishes priorities among needed actions. When a transition plan for improved access to services is developed through a collaborative effort within an agency and with input from outside agencies and consumers, it can lead to the sharing of information and resources, creative problem solving and increased accountability to carry out the plan.

Planning sometimes can seem more like talking than taking action, but careful consideration and agreement among staff and advisors on a course of action is a key to successful collaboration. (See *Collaboration 101. Examining Your Collaboration.*) A solid plan for achieving desired outcomes helps ensure the efficiency and effectiveness of the effort. Common questions about the process that are helpful to discuss with those involved in planning include:[5]

- How does transition planning address our ongoing needs?

- Who in the organization should create the plan?

- Who outside of the organization should be involved in the planning process?

- How comprehensive should the plan be and what length of time should it cover?

- Can the plan be modified or changed if new issues arise?

- What if the plan doesn't work?

How does a transition plan address your ongoing needs?

If an agency has made a commitment to serving sexual violence victims with disabilities, that commitment should be reflected in its vision and mission statements and strategic plan. A transition plan is only necessary if there are policies or barriers that are impeding access to services. It provides the roadmap to help an agency address those barriers.

Who should be on a transition planning team?

Seek representation from the major divisions and programs within the organization. Include personnel who have the skills and experience necessary to carry out planning and implement tasks. The leadership of the organization must demonstrate a commitment to this process in order for the plan to be successful in creating sustainable organizational change. One of the first steps in demonstrating this commitment is the appointment of a coordinator to lead and coordinate the planning and implementation process. The coordinator's role is to facilitate the teamwork necessary to achieve the tasks outlined in the plan. When choosing this person, designate someone who has authority within the organization. In addition to authority, this person should have knowledge of the agency, the programs provided and the community. A new employee or one with little authority may reduce the potential for success because they may not have the knowledge to effectively manage the process or to obtain the information necessary to develop creative solutions.

FYI An agency's designated accessibility coordinator would be a key team member. Two online resources that provide helpful information for this position include:

- http://askjan.org/naadac/, the National Association of ADA coordinators, providing resources and support to accessibility coordinators; and

- http://arts.endow.gov/resources/accessibility/Planning/Step3.pdf, which offers resources and job descriptions for accessibility coordinators.

Note that for disability service agencies, their coordinator will need to focus on making service delivery more inclusive of clients with disabilities who have experienced sexual violence.

Other staff to consider for team membership can include:

- Program managers/developers;

- Financial manager;

- Outreach or public relations staff;

- Human resource personnel;

- Facility managers; and

- Direct care staff.

When selecting team members, also look for what could be called "opinion leaders." These staff members influence decisions, not because of their positions or titles, but more from the esteem in which they are held by their co-workers.[6] Keep in mind that direct care staff, rather than agency administrators/managers, may be more knowledgeable about how policies and procedures are implemented on a day-to-day basis. It is essential that staff members support the purpose and values behind the changes that are planned and have confidence that the new policies and procedures are workable and effective in achieving the desired results. Having front line staff involved from the beginning of the process helps to create buy-in.

Support from agency leadership is necessary if policies and practices will need to be changed. The involvement of the agency director or her/his designee, as well as representation from the board of directors, can lend leadership and ensure the agency's commitment to providing accessible services to victims.

Community partners are key to successful transition planning. Adding community partners to the team will add a broader perspective on the accessibility of your agency's services. Partners that influence the services your agency provides can be helpful in providing technical assistance, identifying community resources and providing cross-training. Some suggested partners include:

- Sexual assault service providers;

- Disability service providers;

- Mental health service providers;

- Law enforcement agencies; and

- Adult Protective Services (APS).

Include the perspectives of persons with disabilities. Engage them during the transition planning process to add their insight regarding accessibility needs. Persons with disabilities could be invited to share their input during a transition team meeting or to participate in a separate focus group discussion on this topic. Or their input could be sought through surveying (written surveys, telephone surveys, face-to-face interviews, etc.). Subsequently, results of the focus group discussion, surveys and/or interviews could be compiled and shared with the transition team. Incorporating the voices of persons with disabilities into the transition plan can add credibility and accountability to the process.[7]

Who can provide technical support to help with planning?

To ensure that your transition plan includes the appropriate steps to increase the accessibility of your services to persons with disabilities, it is recommended that your agency seek qualified technical support and guidance. Find out if a local disability agency has the capacity to provide this support to other agencies. You can also contact the regional Disability and Business Technical Assistance Center (DBTAC)-Mid Atlantic ADA Center at 301-217-0124 (voice/TTY) or adainfo@transcen.org or go to www.adainfo.org for recommendations of resources to provide this support. DBTAC-Mid Atlantic also sponsors the West Virginia ADA Coalition, which has members who may be available to offer this type of assistance. Contact the West Virginia ADA Coalition at 800-946-9471 (voice/TTY), WVADACoalition@msn.com or go to www.wvadacoalition.org/.

What should be in your transition plan?

It is important that your plan addresses the barriers to services that your self-assessment identified. Your overall goal is to ensure that persons with disabilities feel welcome at your agency and that you have the resources and support needed to provide equivalent services to all who need them. "Success in the implementation of permanent changes depends, to a great extent, on the quality of the planning process itself and on the degree to which compliance becomes integrated into ongoing operations."[8] It is also important that the plan is flexible so it can be modified as other issues and priorities are identified. It is suggested that you keep records of your planning process.

All plans should include the following:[9]

- What specific barriers you are addressing;

- Action steps necessary to eliminate the barriers;

- Who is responsible for making or coordinating the changes;

- What resources are needed to make the changes;

- What administrative approval is needed to make the changes;

- Established timelines for the implementation of the changes;

- How the plan will be regularly monitored to measure the progress and the implementation of the action steps; and

- An evaluation process to determine if the changes implemented have improved access for persons with disabilities.

A *Transition Planning Worksheet* and *Example Transition Plans* (for both a disability service agency and rape crisis center) can be found at the end of this module.

It is helpful for agencies to identify priorities among issues to be addressed and actions to be taken so that achieving the plan does not become too overwhelming, unmanageable or unfocused. Rather than doing everything at once, planning can incrementally eliminate barriers. To plan for incremental change, take into consideration which issues would be easy to address, which would be more difficult to address and which would have the greatest impact on improving access for people with disabilities. Also recognize to what extent staff members are available to coordinate specific actions and in what time frame they can complete the tasks.

You've got a plan, now what?

The development of an accessibility transition plan is as much a process as it is a final destination. In many instances, the process will become just as significant as the final product. Circulate and present the plan at all levels of the agency and among all programs, detailing the immediate and long range accessibility goals. Once the plan has been reviewed, the planning committee should analyze any feedback and incorporate appropriate suggestions into the plan.

Prior to implementing the plan, determine if any additional staff training is needed or if new resources need to be developed. Critically consider any unintended consequences of implementing new policies or practices. For example, if a disability service provider adds an intake screening question regarding sexual victimization, the agency needs to have the intake workers prepared for victimization disclosures. The planning committee for that agency would need to ensure that an appropriate training program is in place and referral lists created prior to changing the intake form.

Once implemented, the process should be periodically evaluated for effectiveness and efficiency: Is the plan working? Are we achieving or exceeding our stated goals? Are all of the key stakeholders involved and moving toward common goals? What is missing? How can we make this work better? An evaluation process is necessary to determine if the changes are making an impact, both externally for consumers and internally for staff.[10]

All plans should include a process for modification as well as a specified period for assessing the impact of new policies and practices. If a 10 (or 30 or 60) day assessment indicates that a new practice is having a detrimental impact on accessibility or services, it should immediately be stopped.

Part 2: DISCUSSION

Projected Time for Discussion
Allow 2.25 hours for the initial meeting.

Developing a transition plan is a process and will involve a series of meetings. This module is designed to provide the framework for initiating the discussion and planning process.

Tools to Increase Access. Developing a Transition Plan

D4.5

Purpose and Outcomes

This discussion is designed to help participants from a specific agency apply the information presented in *Part 1: Core Knowledge* of this module to improve access to services for sexual violence victims with disabilities. It could be incorporated into forums such as agency staff meetings and meetings of an agency's board of directors. (NOTE: If the meeting is part of a multi-agency gathering, break into agency-specific small groups for the *Suggested Activities and Questions* below.) Anticipated discussion outcomes include increased understanding of the barriers and challenges experienced by victims with disabilities in accessing the current services; identification of ways to increase accessibility through responsive agency policies, procedures and resources; identification of ways to ensure that the safety needs of sexual violence victims are adequately addressed throughout the service delivery system; and the development of a plan to create changes in the current service delivery system.

Specific desired outcomes for this module are identified in the learning objectives on page D4.2.

Planning

- Select a facilitator. The facilitator should be experienced in transition/strategic planning for agencies. Determine whether the facilitator is strictly facilitating the discussion at the meeting or serving as chairperson of a transition planning committee.

- Select a note taker.

- Before the discussion, participants and the facilitator should review *Part 1: Core Knowledge*, the attached worksheet and example transition plans, as well as the summarized findings from their agency's self-assessment of general programmatic policies and procedures. (See *Tools to Increase Access. Programmatic and Policy Accessibility Checklist.*) A copy of the findings should be available during the meeting, as well as a blank copy of the assessment tool.

- Provide a flip chart and three colors of markers (e.g., blue, red and green). Identify and secure any other needed meeting supplies and materials—for example, name badges, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time.

Suggested Activities and Questions

1. **Invite participants to identify discussion ground rules to promote open communication.** Utilize the following principles: *(10 minutes)*

- An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics. There are no right or wrong answers, only different perspectives.

- Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.

- Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality.

2. **Ask one or more agency representatives to summarize the self-assessment findings.** *(10 minutes)*

3. As a large group, **ask the participants to discuss the following questions and complete the tasks:** *(1.5 hours)*

D4.6

Tools to Increase Access. Developing a Transition Plan

a. Describe the accessibility challenges and their experiences in trying to serve sexual violence victims with disabilities within the agency. Are there specific policies or practices (or an absence of policies, practices and/or resources) that are creating those challenges? **List the challenges on a flipchart.**

b. Collectively review the findings from the agency's self assessment. **List the identified barriers on a flipchart.** How does this list mirror the previous list?

c. **Prioritize a list of needed changes.** Then, using different colored markers, indicate which items would be easy to change (underline with blue marker); which would be more difficult to change (red marker); and which would have the greatest impact on improving access for people with disabilities (green marker).

4. **Review the list and consider what would be needed to make the changes. Determine if anyone else needs to be involved in the process.**

5. Once the representative planning team is brought together (as described in *Part 1: Core Knowledge* and based on who was identified above as essential to the process), which may take at least one additional meeting, use the template at the end of this module to **chart the challenges identified above and develop a transition plan for your agency**.

6. **Closing.** Ask participants to write down how the information gained from this module discussion will potentially impact the way services are provided in the agency and to identify their own next step in the process of initiating that change. Then facilitate a large group discussion on this topic. *(15 minutes)*

Transition Planning Worksheet

Goal: To increase access to services for sexual violence victims with disabilities.

Agency: _____

Barriers and Action Steps to Address the Problem	Time Frame for Completion	Responsible Party & Resources Needed	Desired Outcomes (O) & Evaluation Method to Measure Progress (EM)

Example Transition Plan: Serving Sexual Violence Victims

Goal: To increase the accessibility and responsiveness of services for sexual violence victims with disabilities.

Agency: *A disability service agency*

Barriers and Action Steps to Address the Problem	Time Frame for Completion	Responsible Party & Resources Needed	Desired Outcomes (O) & Evaluation Method to Measure Progress (EM)
Barrier 1: Staff does not have an adequate resource list of services for sexual violence victims with disabilities. **Action 1:** Partner with the local rape crisis center (rcc)/state sexual assault victim advocacy coalition to identify resources for sexual violence victims and learn how persons with disabilities can access these services. With their input, create a more comprehensive resource list. Also, establish methods of referral to these and other providers to facilitate timely client assistance in accessing services for sexual violence victims.	Month 3	Executive director (ED) makes initial contact with relevant local/state agencies. _____ follows up to obtain input and develop list and referral procedures.	O: Established relationships to facilitate timely client assistance. Resource list developed and implemented. EM: Informal feedback from staff, clients and other agencies after 3 months on the usefulness of the resource list and the number of referrals.
Barrier 2: Staff is not trained on general responses to sexual violence victims or how to assist clients who have been sexually victimized in determining what services could be helpful and how to access these services. **Action 2:** Seek the help of the rcc/coalition to train staff on: general responses to sexual violence victims; assisting clients in determining what services could be helpful and how to access these services; using the resource list; and coordinating referrals to appropriate services.	Month 3	ED/_____ seeks the help of other relevant agency representatives to plan and conduct the training.	O: Training delivered. EM: Feedback from staff (class evaluation and 6 month follow-up) on the usefulness of the training.
Barrier 3: Materials are not available in alternate formats for clients who have been sexually victimized (on rcc services, information about applicable laws, what to do if you are sexually victimized, reporting to law enforcement and other agencies, forensic evidence collection, counseling and support groups, legal assistance, victim compensation, etc.). **Action 3:** Convert resource list (above) into alternate formats that can be offered to clients. Also, reach out to agencies that provide the above services to consider how to collaborate to convert their materials into alternate formats. Offer technical assistance as possible.	Months 3-6 for resource list conversion. Years 1–2 for outreach.	ED/_____ coordinate conversion of resource list into alternate formats. Ongoing collaboration with relevant local/state agencies to promote conversion of their materials into alternative formats.	O: Resource list/array of other agencies' materials in alternate formats. EM: Staff/client feedback (through staff meetings) on usefulness within 6 months of implementation.

Example Transition Plan: Service Accommodations
Goal: To increase access to services for sexual violence victims with disabilities.
Agency: A sexual assault crisis center

Barriers and Action Steps to Address the Problem	Time Frame for Completion	Responsible Party & Resources Needed	Desired Outcomes (O) & Evaluation Method to Measure Progress (EM)
Barrier 1: RCC staff does not have an adequate resource list of available accommodation options. **Action 1:** Partner with local/state disability service providers to identify resources for accommodations for persons with disabilities and learn how to access the accommodations. With their input, create a more comprehensive resource list. Also, establish methods of referral to these and other providers to facilitate timely victim assistance in accessing accommodations.	Month 2	Executive director (ED) makes initial contact with local/state disability service providers. _____ follows up to obtain input and develop the list and referral procedures.	*O:* Established relationships to facilitate timely victim assistance. Resource list is developed and implemented. *EM:* Informal feedback from staff, clients and other agencies after 1 and 3 months on the usefulness of the resource list and the number of referrals.
Barrier 2: Currently do not ask victims during initial agency contact/intake whether they require accommodations to access agency services. However, do close intake by asking clients if they have any other concerns that need to be addressed. **Action 2:** With the input of local/state disability service providers, adjust intake procedures and forms so they more directly ask clients about their needs for accommodations.	Month 4	_____ makes adjustments to written procedures and forms. ED informs staff of changes in conjunction with the training activity below. ED plans a follow-up consumer satisfaction survey to im-plement in months 5 and 7.	*O:* Procedures adjusted and forms implemented. *EM:* Feedback (survey) from staff/clients after 1 month on usefulness of changes.
Barrier 3: RCC staff is not trained to assist clients in determining what accommodations they need and how to access accommodations. **Action 3:** Seek the help of local/state disability service agencies to train rcc staff on: assisting clients in determining what accommodations they need and how to access accommodations; using the resource list; and coordinating referrals to appropriate services.	Month 4	ED/_____ seeks the help of other agency representatives to plan and conduct a training.	*O:* Training delivered. *EM:* Feedback (class evaluation and 3 month follow-up) from staff and victims on usefulness.
Barrier 4: Intake forms/agency materials are generally not available in alternate formats. **Action 4:** With help of local/state disability service agencies, create a prioritized list of needs for alternate formats for agency's printed materials (e.g., if there is a nearby school for the blind, accommodations for blind/vision loss should be a priority), and craft a plan to incrementally develop materials in alternate formats over a 2-year period.	Month 6 (or next agency board of directors mtg.)	ED and board of directors. Local/state disability service agencies sought to provide technical assistance to convert material to alternate formats.	*O:* An array of agency materials available in alternate formats that meet victims' needs. *EM:* Staff/victim feedback (through staff meetings) within 6 months of implementation.

D4.10

Tools to Increase Access. Developing a Transition Plan

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[1]Partnering agencies refer to the persons they serve as "clients," "consumers" and "victims." For convenience, "victims" and "clients" are primarily used in this module. Also note that the terms "sexual violence" and "sexual assault" are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

[2]C. Hoog, *Increasing agency accessibility for people with disabilities* (Abused Deaf Women's Advocacy Services, Washington State Coalition Against Violence, 2004), through http://www.wscadv.org/resourcesPublications.cfm. This and other online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

[3]A few related resources include: Adaptive Environments Center, Inc. and Barrier Free Environment, Inc., *A checklist for existing facilities* (for the National Institute on Disability and Rehabilitation Research, revised 1995), http://www.ada.gov/racheck.pdf; ADA *accessibility guidelines homepage*, through the Architectural and Transportation Barriers Compliance Board at http://www.access-board.gov/; and a U.S. Department of Justice ADA information line, at 800-514-0301 (voice) and 800-514-0383 (TTY), that provides information and technical assistance (also see the ADA Homepage at www.ada.gov).

[4]Adapted in part from Adaptive Environments Center, Inc., Title II action guide, for the National Institute on Disability and Rehabilitation Research (Horsham, PA: LRP Publications, 1993).

[5]*Adapted from Office for Victims of Crime, Promising Practices in Serving Crime Victims with Disabilities: Making a Plan: Think Strategically, Act Accordingly,* Online Guides from OVC (Washington, D.C.: Department of Justice, Office of Justice Programs, 2008), through http://www.ojp.usdoj.gov/ovc.

[6]Adapted from Adaptive Environments Center, Inc., *Title II action guide.*

[7]Adapted from Adaptive Environments Center, Inc., *Title II action guide.*

[8]Adapted from Adaptive Environments Center, Inc., *Title II action guide*.

[9]Hoog.

[10]National Center on Accessibility, http://www.ncaonline.org.