# Compilation of Roundtable Conference Call Comments
# 2/20/12

The Governor's Domestic Violence Prevention and Treatment Council (DVPT) is responsible for developing a state-wide domestic violence and sexual assault strategic plan that includes analysis of: existing programs and services, gaps in services, funding, staffing and other resource needs and gaps and emerging issues and challenges for the delivery of services.

The purpose of the plan is to assure access to domestic violence and sexual assault services for all citizens of Indiana. The first step in the process was the collection of data and information from service provides and survivors.

In November and December of 2011, the Council hosted a series of six regional roundtable conference calls. Participants included state and federal subgrantees as well as other stakeholders. Calls were facilitated by members of the DVPT Strategic Planning Committee and were based on questions sent to participants prior to the call. The questions are attached in Attachment 1.

The schedule of calls was as follows

- Nov 30 NW region
- Dec 7 NE region
- Dec 8 WC region
- Dec 12 CE region
- Dec 14 SW region
- Dec 16 E/SE region

Following a review and analysis of the comments from the field, the Committee proposes to interview survivors face to face or via telephone.

It should be noted that a number of good recommendations were received during these calls. Additionally, several instances of quality networking were recorded in which agencies were linked up, contacts were recommended and recommendations for additional funding opportunities were provided to subgrantees. Recommendations are noted at the end of this document.

Question # 1: Tell us the makeup of the clients you are seeing and working with? Do they have mental health issues, drug addictions? Are you finding that the needs of the clients are reaching beyond the capabilities of your staff to manage?

- Note: on each of the six calls every subgrantee reported that at lease 50% of their clients are experiencing mental health and/or substance abuse issues. One caller stated "*Our shelter system is not designed for long term addiction treatment" – a director asks "what is our role in this?" What do we do with clients who are addicted?" Another stated" "DV issues are no longer the top priority" and another "we are not equipped to handle the issues we are seeing".*

SE reports:

- *This past year we have taken care of 302 primary clients. These clients come from all walks of life from teachers, attorneys, GLBT folks, and probably 67% are living below poverty. Our office only has 3 full time staff persons.*
- *The people who come to our office have very serious problems as if the DV they are experiencing in their homes is not enough.*
- *Prescription drug abuse is rampant.*
- *Treatment providers that offer affordable or free substance abuse programs are few and far between and always full.*
- *We have no half way house for addiction issues*
- *See a need for different services for single women with no children – sometimes not good to mix in with the families at the shelter*
- *Our staff has problems helping victims find affordable housing and transportation.*
- *I have spent the last 7 years training law enforcement officers in our county.*
- *Jennings has a huge Meth problem.*
- *Officers are quitting their jobs in droves which means I am constantly retraining new officers about laws and their responsibilities toward DV calls. Some get it….most do not.*
- *We only have 2 female officers in our county. Our sexual assault clients are getting NO help at all and are terribly re-victimized.*
- *We are seeing more and more seriously mentally ill people. These chronically ill people are not getting the help they need through community mental health programs. I have personally taken suicidal people to our local Centerstone office and found out later they were never even referred for an eval.*
- *Re: housing – we see a need for more for the elderly. Sometimes elderly women are sent to our shelter who may or may not be a victim of DV, and we are not equipped to handle her medical needs and we have no place to transition her into.*
- *Seeing more calls but not interested in coming into shelter.*
- *We have limited staff and clients need lots of case management*
- *Not enough beds – every inch of space is being utilized – and clients need to stay longer now*

North reports:

- *Some women are just not appropriate for our shelter (MH and substance abuse issues or severe health problems, especially in elderly victims)*
- *Seeing some clients who are cognitively challenged and are not able to live on their own – not bad enough to fall into the MH system*

Central reports:

*We have clients from several ethnic groups; Caucasian, Afro-American, Asian, Hispanic. We rarely have clients who report mental health or drug addictions. We have been able to make referrals and help provide the*

*services that the women and children need. The women come from all economic classes, non-working and fully employed. Some have no high school education and others have Master's degrees*.

A shelter provider reports

- *It is my opinion that we are seeing a lot of clients with more mental health and drug issues than we are victims of domestic violence.*
- *Some clients even share that they were raped or abused well after they enter the shelter which could explain their mental health and drug addiction issues.*
- *I tend to think that we are only putting a "band-aid " on a deep wound that requires much more time and resources than we are capable of providing.*
- *It frustrates me that some women only know shelter life. It's terribly disheartening to me that there is not more that can be done.*
- *Maybe I have realistic ideals, but some of our clients need intensive therapy on several levels. I also think that with more extensive treatment then we could help some of these women really get to another level in their lives. However, it's not going to be accomplished with limited cash resources, a small window of time in shelter, or limited community assistance. Bottom line is we aren't doing enough. But I am constantly thinking about how I would love to be doing more!*

South notes

*A southern county reports that their SART had one meeting; Law Enforcement was very rude, nothing has been done with it since. There has been a habitual date rape offender who seems to be targeting chronic alcoholics. Service provider stated that she usually doesn't find out about it until the woman has been hurt so bad it is a hospital situation. (Linda Wilk suggested calling Anita Carpenter at INCASA to call the Prosecuting Attorney to get him motivated. Sharon commented that neither ICJI nor INCASA can force PA to hold meetings – but it was worth a try). There is a member of the DVPT Council connected to the PA Council so that might be an avenue. The report will include these comments so maybe something can be done to encourage the local PA to get the SART going again. Possibly a call from the Indiana PA Council, while not the local PA boss, maybe can put some pressure on the local PA.*

NE reports:

*Ft. Wayne YWCA –*

- *seeing in DV services clients primarily female adults, children are mixed male and female, diverse racial and ethnic make up*
- *in rural settings seeing more drug addictions particularly meth from victim and abuser,*
- *rural areas more challenges with finding employment, fear of going to urban shelter*
- *2011 saw more women from higher socio-economic status who are now in more debt, ruined credit, legal fees and in welfare services.*
- *Walk-ins coming from different states.*
- *Staff doing well managing clients.*
- *State done a good job with training, would like to see that move forward.*
- *Women and children cycling through multiple shelters who are experiencing dv and sa at different stages in life contributing to homelessness.*
- *"it seems open-ended – same clients over and over"*

*Center for Non-Violence –*

- *seeing more poverty than before. Most of the survivors are female.*
- *Legal status is an issue- more organizations requiring social security numbers.*
- *Bi-lingual or services in other languages.*
- *Problems in finding housing for dv victims.*
- *Legal representation and untreated trauma or minimal treatment creates ongoing problems.*

*Elkhart Co Women's Shelter –*

- *prescription drug addictions increased problem – misuse of prescriptions already on.*
- *On average 22 days.*
- *Shelter not designed to meet long term needs of individuals with drug addictions – work collaboratively with mental health.*
- *Do our best to manage and connect with resources.*

*Howard Co -*

- *Methadone abuse*
- *people without insurance or ability to pay do not have access to counseling – no individual services so must go into group if getting any type of support service.*
- *Cannot discuss dv or sa and deal with addictions outside of group setting.*

*Crime Victim Care of Allen Co –*

- *partnerships with mental health services so that when clients come in and share drug addictions they have services to refer to – need program for those court ordered. It is beyond our capacity.*
- *there is a wonderful shelter in Ft.Wayne.*
- *Trying to work together with shelter to help victims find long-term housing.*
- *Hard time finding legal services for victims.*
- *Businesses taking advantage of non-English speaking individuals – car sales particular problem.*

*Ft. Wayne Center for Non-Violence*

- *hard for Latinos to find bi-lingual counselors. Need to take someone along to provide interpretation services. Interpreters not often available at Ft. Wayne SATC or Shelter.*
- *Mother also has challenges when has to take all of her children with her for meetings, etc.*

*Hands of Hope*

- *ditto much of what is already said: Mental health issues, drug addictions.*
- *Individuals who don't take meds or don't want to take meds.*
- *Struggling with methadone clinic.*
- *Economy hurting clients by decreasing job options. Hard to find long-term housing.*

Southern area reports:

- *A south central shelter reports increase in beds by 1/3 increase in shelter nights by 39%; seeing multiple issues*
- *Issue – seeing women coming in with MH issues that have been seeing a doctor, but they don't have their meds and we have to try and get them in with a doctor in our area.*
- *50% mental health issues*
- *Women with MH issues who are off their meds, or substance abuse issues can "act out" in the shelter and be disruptive, making things difficult for staff and other residents.*
- *MH issues are not new, but we are seeing it more intense. People are unemployed, unemployable (felony charges, mental health issues) disability – or they can't keep jobs.*
- *They need to apply for disability for MH issues, but cannot get into a doctor for supporting documentation to take to SS office*
- *We have no psychiatrist or psychologist in our county.*
- *We need MH service providers who understand the connection between trauma and DV*
- *Issue: newly elected prosecutors who have no clue about DV and sexual violence. Seems like we are continually training them – if they will talk to us.*

- *Increased daily living needs; help with rent and utilities, food and medical*
- *The federal energy program was cut in our area meaning increased utility bills – we get calls for help*
- *Homelessness in rural areas is different*
- *33% of clients are middle class/working people, 67% are below poverty level. 2/3 of kids in school in this area qualify for free lunch program, 10.5% unemployment rate 35% of county adults on disabilities, lots of group homes and lots of homelessness in this rural area.*
- *One subgrantee reports doing lots of training with law enforcement, prosecutor's office but there is a lot of turnover. Prosecutors sometimes unwilling to prosecute. Director meets monthly with judges*
- *Issue: compassion fatigue on part of staff as well as community funders.*
- *Ft Wayne area serves both urban and rural clients – very different and hard to mix to provide services. There is a fear of coming into an urban shelter. Also experience walk-ins from other states. They see clients "cycling" through a variety of shelters.*
- *Clients in debt and credit ruined. Cannot afford legal fees*
- *Clients in arrears on utility bills make getting back on feet and on her own even more difficult. Used to see $200 – 300 utility bills, now often $1,500+. Center and community funds cannot help.*
- *Immigrant client issues include no SSN, legal issues and language problems*
- *Need bilingual counselors and mental health providers.*
- *Transportation issue, some may have cars, but they need repairs, tires, etc.*
- *Transportation issues after they leave the shelter – still need help, car breaks down, cannot get to work.*
- *Child care needs*
- *Need more social service workers*
- *We are struggling with way more than just DV issues; addiction, MH issues, involvement in criminal cases, on probation, involvement with DCS -kids taken away or relinquished,*
- *Our client's involvement with probation and/or DCS means staff working around those meetings and program requirements which is disruptive to planned activities in our program. Amounts to jumping through hoops with these other agencies instead of focusing on our program.*
- *Note: one southern IN subgrantee serves clients who are involved with the KY criminal justice and DCS systems – which means meeting KY requirements.*
- *DV no longer top of priority for our clients*
- *Toby increase in beds by 1/3 increase in shelter nights by 39%; seeing multiple issues*
- *legal assistance – legal advocacy issues up 30% in one area*
- *Clients ask for car repairs and school supplies - we are tapping our partners out.*
- *Inability of clients to pay fees*
- *It is hard to get grants*
- *Instability of local foundation funding - their missions change and sometimes no longer include serving victims of crime*
- *United Way giving is down and there have been changes in leadership in area*
- *We are trying to do better with what we have.*
- *North experienced 25% increase in clients in 2010; higher unemployment rate – 16% at highest;*
- *adult women with problems related to criminal cases*
- *Need funding for prevention and outreach. Are we reaching those most in need?*
- *Transitional housing hard to find*
- *One area projects an 104% increase in their immigrant population by 2025*

- *Unique needs of Immigrant, LGBTQ clients and Veteran clients – our staff does not have the skills to really serve them and meet their unique needs. We are not reaching that population and therefore they are not accessing traditional services. We need to do more awareness and skills training.*

## Question # 2 What Are the top three gaps in Service in your region?

- *Mental health and substance abuse – clients are not ready for change. It has become a way of life for some. We have to be patient.*

SE reports:

- *Affordable Housing and transportation*
- *Mental Health providers offering free or reduced prices for their services*
- *Substance Abuse counselors especially for prescription drugs and Meth*

Central reports:

- *More transitional housing is needed,*
- *access to immediate shelter and housing for homeless*

South reports:

- *MONEY, TIME, AVAILABLE HOUSING, and MENTAL HEALTH TREATMENT! I know that's 4, but again we are limited—as I am sure most communities are.*
- *Need a shelter there – law enforcement will throw women and children out on the street at night.*
- *Meth big problem*
- *Infrastructure is not good – lots of bad roads with hills*
- *mental health only one facility -*
- *Schools are at risk and if teacher agrees to teach there for five years will have their master's degree paid for.*
- *Victims refer out to other shelters – XXXXXXX at XXXXX are usually successful, they don't do well at XXXXXXXXXX – not bashing any program.*
- *50 percent complete the program, usually three times coming through the program will be completed – substance abuse is a huge problem, must be addressed at the intake, encourage them to be honest with staff so can best help client*
- *XXXXX does a lot of finding jobs, working with local businesses etc. to match victims with employers – in the boonies going and talking, sitting on lots of boards and let people know what the needs are.*
- *We make sure clients get the steel-toed boots and other things they need to start a job. We are their cheerleaders. We are real flexible, most time we cater it to the client.*
- *Transportation is horrific – there is none. Try to do carpooling – if they have a neighbor who is working in that area find out who works what shift and do it that way. Friends, relatives, go through the gamut of what they've got*
- *50 percent have mental health issues and they are chronically mentally ill.*
- *35 percent of our county is on disability. Have many group homes. Had the hospital there until 4 or 5 years ago. Lots of bouncing from agency to agency – schizophrenic not on their meds*
- *Two people who froze to death this past March – chronic alcoholics, sleeping in tents in the woods – none of her clients, but clients of some of her friends.*

- *She is also the township trustee – area in her township where people are living in campers with floor falling out – man told her he harvests root (Ginseng) and grows weed. Try to help them get their kids out –*
- *" I am working on that next generation, if I can get their kids hooked into programs and their parents are real supportive of that, they don't want their kids to grow up like that."*
- *METH is the new weed -*
- *Health care is huge – clients neglecting basic needs because they can't afford a doctor.*
- *Insurance – closing Planned Parenthood office XXXXX believes will also cause problems because women without insurance will ignore medical problems which will compound the problem.*

*After XXXX expressed frustration about law enforcement sometimes not taking DV cases seriously or not as apt to make arrest because both victim and alleged abuser had injuries, Dianne Sweeney from the DVPT Council discussed from her perspective that laws, training and philosophies have changed over the years. Dianne commented that back in the 1980's when she began LE was trained DV was a civil matter and if those officers are still on the force that thinking might not have changed yet.*

*Southern area reports:*

- *Legal issues with LE*
- *Mental health facility overbooked – cattle call to get in*
- *Staff are overwhelmed, but cannot put untrained volunteers on their sick clients – no time or staff to train or get volunteers up to speed.*
- *33% of clients are middle class/working people, 67% are below poverty level. 2/3 of kids in school in this area qualify for free lunch program, 10.5% unemployment rate 35% of county adults on disabilities, lots of group homes and lots of homelessness in this rural area.*
- *Clients bounce from agency to agency and they have become a dumping ground for societal problems.*
- *full time "good" manufacturing jobs are at about $9.50 hr have developed a "Second Chance" program with several small factories – try and make sure clients have what they need to get to work (steel toed boots, uniforms, etc)*

NE reports:

*Ft Wayne YWCA-*

- *Service unique to single women with no children*
- *Strategies for transportation*
- *More focus on healing for all ages with dv and sa.*
- *Need longer time for support to promote finding housing and jobs.*
- *Funding.*

*Crime Victim Care –*

- *For immigrant victims meeting healthcare needs, childcare needs*
- *Cultural awareness training for the criminal justice system is needed – how to handle different cases from different cultures.*
- *Funding.*

*Center for Non-Violence –Housing is a gap, legal representation, transportation, counseling in different languages and funding.*

*Family Service Indianapolis – Legal representation*

*Elkhart County –*

- *Bi-lingual services provided by individuals who are culturally competent,*
- *mental health services for people without Medicaid or insurance.*
- *How to continue access to services and care after leaving shelter – transportation after leaving shelter an issue.*

*Howard County –*

- *Looking at gaps being permanent housing, funding, legal representation, childcare all issues.*

*Hands of Hope -*

- *Largest gap is affordable permanent housing, mental health services, substance abuse services.*

Question #3 What are you seeing as emerging needs in your service area?

- *Clients with felony convictions find it very difficult to find employment even if they do well with our programs*
- *Outstanding bills and bad credit keep clients from taking the next steps*
- *Disclosure of childhood sexual abuse has increased significantly in last year and a half. Maybe we are doing a good job in our area of discussing it and they are able to say it aloud now. But where do we refer them? What do we do if they disclose? We are not trained for this.*
- *Monroe county reports that the jail warden wants to have a support group for incarcerated women in response to DV.*
- *Monroe county/southern area has seen some increase in immigrant victims and trafficking victims*
- *Higher crime rate, burglaries, theft teen dating violence – parents seeking POs on behalf of teen*
- *North 25% increase in clients in 2010; higher unemployment rate – 16% at highest;*
- *adult women with problems related to criminal cases*
- *Need funding for prevention and outreach. Are we reaching those most in need?*
- *Transitional housing hard to find*
- *One area projects an 104% increase in their immigrant population by 2025*
- *Unique needs of Immigrant, LGBTQ clients and Veteran clients – our staff does not have the skills to really serve them and meet their unique needs. We are not reaching that population and therefore they are not accessing traditional services. We need to do more awareness and skills training.*

Southern region reports:

- *Need for permanent, affordable housing*
- *Mental health and substance abuse services*
- *Availability of longer-term counseling*
- *Health insurance – not affordable, not eligible due to pre-existing conditions and not able to afford the state coverage through the high risk pool*
- *Northern subgrantee joining in has seen a rise in prescription drug addictions*
- *Clients have neglected basic health care with makes them sicker*

- *Closing Planned Parenthood in this area – staff are fearful of the impact of loss of health care.*
- *One subgrantee reported the suicide of four of their clients. This was really a surprise and caught staff off guard, creating a feeling of hopelessness.*
- *Girls are more violent and aggressive now. Seem to have lost sense of what is normal in a relationship Clients have a number of children by different fathers or have lost or relinquished their kids to the system.*
- *Subgrantee reports good relationship with DCS (local – but do not like the call center approach – need to keep this work local)*
- *Issues with local methadone clinic and conflicts with mental health providers; appears that the methadone clinic wants to keep people on their program while MH provider wants them to gradually come off. Conflict causes additional stress for caseworkers working with affected clients.*

SE reports

- *Like most rural areas, our county has no public transportation unless you are on Medicaid. Even then, you get on a waiting list. There are few good paying jobs with insurance. Poverty and generational attitudes toward DV are slow to change. JCCDV staff is making an impact on area schools and civic and youth groups through our programs on dating violence and elder abuse. But funding is always a huge problem hanging over our heads.*

- *Affordable or free community mental health programs are filled to capacity and unable to handle referrals or provide adequate treatment for our clients, especially the chronically mentally ill.*

- *Many of our mentally ill clients are ending up in jail arrested for petty crimes. Our agency is working with the Jennings County Jail Commander to remedy this problem, but it is going to take a lot of work.*

A Service provider reports:

*"I see clients that are so unmotivated. They have looked at me and have said that they want this and that, yet they seem to be standing in cement. They are talking the talk but not walking the walk. I would start by getting these women involved in some type of program where they are volunteering with an organization or helping in their children's classroom. It wouldn't be a matter of getting on the bus and just wandering around town for the day. We need to help clients help themselves. I have noticed that women of domestic violence are more motivated then ones that are homeless. Some of our clients need help writing resumes, filling out applications, dressing appropriately for an interview."*

- *We need just a basic shelter for single women who are not victims of DV, but who are close to homeless*

Central reports:
*Increased needs for low cost housing and temporary housing for women with limited incomes*

NE reports:
*YWCA NE IN –*

- *funding for staff in multiple languages*
- *more funding for preventative measures, evaluation – are we reaching the hard to reach.*

- *Growing homelessness.*
- *Family Services Indianapolis – Long term sustainable housing*
- *Crime Victim Care -*
- *LGBTQ clientele issues with service providers lacking skills,*
- *Immigrant populations,*
- *agencies that are not currently receiving funding.*
- *Elkhart County – Need bilingual service providers who are well trained, need for preventative care and outreach – funding*
- *Center for Non-Violence – Safe housing and services in different languages.*
- *In area of sexual assault – Individuals from special populations who are victims of sexual assault are not accessing services – providers are not outreaching to target populations like LGBTQ – providers need more training* on these populations to be able to outreach more effectively.

Question #4 Are you experiencing increased request for services? What are the services being requested? Is the demand being met? How or why not?

Southern region reports

- *Are you experiencing increased demand? Yes 25% increase in calls coming in but fewer in shelter as they do not want to conform to the structure. <u>There is as much need for non-residental as for residential</u>.*
- *Increasing number of people coming in from out of county – either referred by other shelters or people moving from one place to another.*

SE reports

- *Yes we are receiving increasing referrals from the courts, prosecutor's office, out of county providers, mental health counselors, and churches. The problems we are asked to solve are insurmountable. We do our best. Sometimes we feel like our agency is a dumping ground for people with serious problems that other agencies, including out of county agencies, don't know what to do with.*

Central reports:

- *We have had increased requests for housing. More homeless women and children are calling to tell us that they have called multiple shelters already and they are full. We are a referral agency so many of the housing requests are referred on the agency who can provide housing*

A shelter provider reports:

- *I have seen this place be the saving grace for some women. I have also seen some come here because they just need a place to stay for 30 days, while they are still using, drinking, and not really doing anything to want to help themselves. Not a lot of clients have come to me and said, "I really want to get clean." I would love to hear some of them say that they want to be on the path of changing their circumstances while they are here.*

NE reports:

- *YWCA NE – Legal services, housing – the place and more tangible items, survivors asking for more things like car repairs, school supplies, etc.*

- *Family Services Indianapolis – Legal services continues to be a real problem; resources tapped out, struggling to meet service needs.*
- *Crime Victim Care – Legal representation, housing, translating legal documents, transportation.*
- *Center for Non-Violence – being asked to provide more services, gas for cars, seeing more need for legal assistance, non-English speaking clients. Legal representation, housing, and transportation, and good quality childcare needed.*
- *Hands of Hope – same issues*

## Question #5 What is driving the stability or instability of your funding?

SE reports:

- *Stability: Amazing local support for JCCDV.*
- *God*
- *Instability: Availability of federal and State Grants to small agencies. The heavy toll that crisis work takes on staff. Low pay for staff.*
- *As a director of a small agency I have to wear ALL of the hats: grant writer, community liaison, school program presenter, community spokesperson for DV and family violence, Trainer for DV to all agencies, and most important… I work directly with EVERY client who comes through our doors. Makes one exhausted.*

West reports

- *Insufficient funds for administration*

Central reports:

- *Giving is down. We have been rejected on grants. We do not have all board members fundraising.*

A shelter provider reports:

- *Obviously a lack of funding that would allow other staff members to sit down with clients and come up with a plan within a client's first few days here. Then while one staff member is able to stay at the shelter the other staff could put things in motion for the client. One could actually work hands on with the client familiarizing them with the community and what is available as far as services that could help them find jobs, training, classes, etc. NOT ENOUGH MONEY!*

South reports:

- *Jeannie learned there is funding she can apply for through DVPT and FFV.*

Note: Sharon assured programs that funding is more assured if there is local community support for the program and strongly recommended the importance of having a mix of funding.

NE reports:

- *Center for Non-Violence – Economy so bad making it harder for groups and individuals to help.*

- *Family Services Indianapolis – Amount of effort to produce a grant is intensive – a lot of writing and effort... amount of time and resources on front end can be a barrier.*
- *Crime Victim Care – VOCA is important to continuing support for victim services. Not seeing many of the foundations trying to fund programs that support victim services.*

- *Elkhart Co. Women's Shelter – grant funding is there but need to become less grant dependent. State of local economy impacts the ability of the organization to increase local support.*
- *Center for Non-Violence has really tried to make more of a focus on individual donors. Constantly thinking about sliding scale for services but still have to look at funding.*

Grant management issues:

- *Way too much time in doing paperwork for CJI – could some of it be combined? The more time we spend on paperwork and reports, the less time we have to serve clients. Fore example – making sure right name is on position, doing program change request if they go on maternity leave, or staff leaves and new person is hired.*
- *Time lapse in payments*
- *Jon – budgets understood operating rent office food insurance – why not total categories? The previous way made a whole lot more sense – now it takes much more time.*
- *Strait jacket in place – list of approved activities and apply for as you dispense. Things shift.*
- *DVPT Council Member asks – "Is $ appropriately going into best direction to alleviate suffering? Are we doing the most with what we have? Can we make it easier to bring a MH person on?"*
- *We are a small agency and the contract process is killing us. Reimbursement was changed to actual cost instead of increasing the flat rate and that has created much more work – we have to pull out and copy every detail of actual costs to get paid.*
- *Our needs differ in different months so our invoices will be different – we need more leeway to move around in the budgets – staff position instead of specific individuals*
- *How do we provide services without adequate funds? DV and SA don't want to cover admin, but want high quality services.*
- *It is hard to find additional funds to meet match requirement*
- *More money for admin could provide more research information – time spent keeping up with requirements*
- *Could use extra funding for transportation for rural areas*

Question # 6 Is there a local dv services coordinating council or CCR in your region? What counties are in your region? Bonus question – tell us if you have a SART in your area.

SE reports:

- *Yes, Our organization- Jennings County Council on Domestic Violence*
- *As for CCR – XXXXXXX commented she is it. Her board consists of a prosecutor, LE and other positions in the community that are necessary to have for coordination. XXXXXXX also commented that she has lunch with one of the judges weekly and meets with the other judge monthly to keep lines of communication open*.
- *Clark and Floyd have SART and DV newly formed council (CCR)*

South reports

- *Crisis Connection – well established SART*

NE reports:

- *Family Services Indianapolis – domestic violence network is key in everyone working together.*

- *Per ICJI – Marion County has an active SART*
- *Elkhart County – five county region – CCR / homeless coalition.*
- *A BetterWay reports an excellent 5 county SART*
- *Elkhart – 5 co region*
- *Ft. Wayne has Mayor's Commission on Domestic Violence (fairly inactive)*
- *Center for Non-Violence – not a very active council for dv in the nine county region. In terms of sexual assault – has a wonderful treatment center, and women's center but don't have a lot of information on that -*
- *Grant County – very active DV Commission in place since '91 – pilots different projects. SART has been in place for a while but not as active. Wabash County SART in place but not very active. DV group for Wabash County didn't really work. Have networked with drug council and operate within that network.*
- *Howard County – Howard has a SART, working with Prosecutor to get protocol done, Tipton, Cass and Howard have dv council,*
- *Marion Co has a SART*
- *No CCR – very little community consciousness about DV and victims*
- *Grant county – active CCR on DV since 1991, our SART is not as active*
- *Madison County – no SART*
- *Tipton - has CCR initiated by the Tipton Memorial Hospital*

## RECOMMENDATIONS RECEIVED

- *Small community/directors getting together to support each other – to talk about issues they are all addressing – possibility for networking; rural director's conference call.*

- *Director's centers of support – suggest that ICADV put together some kind of skype or conference call system to give programs an ability to talk out questions/concerns*

- *" I am working on that next generation, if I can get their kids hooked into programs and their parents are real supportive of that, they don't want their kids to grow up like that."*

- *A staff attorney from So Bend stated that in hearing the comments she was reminded about the need for looking at the broader picture and continuing to work for economic justice for all.*

- *Goal for all should be to break the cycle for the kids*

- *Work with the PA offices to The report will include these comments so maybe something can be done to encourage the local PA to get the SART going again. Possibly a call from the Indiana PA Council, while not the local PA boss, maybe can put some pressure on the local PA.*

- *Anything we could do at the state level about utility forgiveness? Federal energy program was cut and shelters anticipate growing numbers of clients who simply cannot pay their utility bills*

- *Recommendations include social networking to allow center directors to converse and build expertise and synergy. Need to support each other particularly rural area directors. Provide a safe sounding board for example on how best to assist a particular client or situation.*

- *Need more social workers*

- *What are potential solutions in regard to MH services not being available? " Give us the funding to provide" However, if MH centers in our areas cannot provide a psychiatrist, then how are we going to find a part time one even if we had the money?.*
    - *Possible solutions: MSWs to do counseling (cannot prescribe meds) perhaps under the tutelage of a doctor in another county*
    - *Consider using technology for counseling sessions as Safe Passages is doing with SKYPE and legal assistance*

- *Need guidance for statewide stabilization of resources and to "grow" resources (Tonya)*

- *Propose idea of looking at provider workload and change grant writing and reporting – i.e., cut workload to increase quality services*

- *Need some concrete resources to help with transportation in rural areas*

- *Staff need to visit the frontlines and see how it is*

What would you like to see in a State Plan for DV and SA?

- *Longer transitional housing*
- *Diversity in services (employment services, etc.)*
- *Resolve barriers that impact survivors*