

Navigating North Star Journeys:

A collaboration between



and



NEEDS ASSESSMENT PLAN

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MEMBER ORGANIZATIONS

Both Tubman and the Brain Injury Association of Minnesota strive to provide services, programs, and information to individuals to enhance their lives and to help them reach their full potential within their communities. Each organization recognizes that it will take a monumental systematic effort to eradicate brain injuries and domestic violence. For this project and into the future they are committed to exploring and capitalizing on each other's knowledge and expertise to minimize the effects of brain injury and domestic violence and create a model that can be replicated to a wider geographic area and across disability and other social service agencies.

TUBMAN

Tubman is a multi-service agency with more than 35 years of experience serving individuals and families and is Minnesota's largest provider of domestic violence services. Tubman was formed from the merger of three separate organizations: Chrysalis, A Center for Women, founded in 1974; the Harriet Tubman Women's Center, founded in 1976; and Family Violence Network, founded in 1982. The agency offers a full complement of services such as family violence shelter; transitional housing; legal assistance; mental and chemical health counseling and therapy; in-home transitional support services; parenting, financial literacy, and job seeking education; child care and violence prevention. Tubman strives to eliminate barriers to service and offers a comprehensive network of care to help more than 50,000 adults and children reach their full potential for safe, healthy, stable lives. With a strong focus on research and innovation, building efficiencies and creating partnerships, Tubman is a pioneer in best practice models of family violence prevention and intervention. The mission of Tubman is to promote safe and healthy individuals, families, and communities through evidence-based intervention, prevention, and education.

BRAIN INJURY ASSOCIATION OF MINNESOTA

In 1984, a small group of families and providers came together to advocate for services for persons with brain injury and their families. Today, the Brain Injury Association of Minnesota it is celebrating its twenty-six year as the only statewide nonprofit dedicated to enhancing the quality of life for Minnesotans affected by brain injury. The Brain Injury Association of Minnesota envisions a world where every brain injury is prevented and where every injury is met with impassioned advocacy, extraordinary services, knowledgeable professionals, and quality choices. Headquartered in Minneapolis, the Association serves numerous people throughout the State of Minnesota. The Brain Injury Association's goal is to work towards a world where all avoidable brain injuries are prevented, all non-preventable brain injuries are minimized, and all individuals who have experienced brain injury can maximize their quality of life. We work toward a Minnesota where everyone recognizes brain injury, its causes and effects, and where all individuals living with brain injury are encouraged to realize their full potential and their value to our community.

Organization Contact Information:

Tubman	Brain Injury Association of Minnesota
http://www.tubman.org 3111 1 st Avenue South Minneapolis, MN 55408 612.825.3333 612.767.6158 (TTY) 612.825.6666 (FAX)	www.braininjurymn.org 34 – 13 th Avenue NE Minneapolis, MN 55413-1005 612.378.2742 800.669-6442 (toll-free) 612.378.2789 (FAX)

INTRODUCTION

Navigating North Star Journeys: A collaboration between Tubman and the Brain Injury Association of Minnesota

Navigating North Star Journeys is a collaboration between Tubman and the Brain Injury Association of Minnesota that commenced in November 2009. The three-year project is funded through a disabilities grant from the US Department of Justice, Office on Violence Against Women.

PHASE 1

The first phase of the collaboration between Tubman and the Brain Injury Association of Minnesota focuses on building the foundation for the collaboration, identifying the needs of the organization and the individuals it serves, and developing the strategies to address specific needs to narrow gaps in services and programs. The goal of this project is to create a sustainable infrastructure to ensure effective services for people with brain injury and domestic violence in the greater metropolitan Twin Cities area in Minnesota, specifically, Ramsey, Hennepin, and Washington Counties.

The problem.

Violence is a major cause of brain injuries (BI) and repeat injuries can have a cumulative effect and worsen BI. When an individual suffers damage to their brain many issues can arise such as memory loss, inability to problem solve, lack of impulse control, and significant problems with sight, hearing, and movement. Insufficient screening and lack of adequate services can result in individuals living with a brain injury returning to violent relationships and sustaining additional injuries. Further, they may be in situations where their abuser is also their caregiver which puts them in problematic circumstances. Due to increased dependence on partners for financial support and other needs, problems communicating, and other symptoms of their disability, individuals with BI may be at greater risk of sustaining additional injuries, become isolated, or increases problems with mental health (e.g., depression, anxiety, etc.) or chemical health.

Many individuals living with the affects of BI may not seek any type of services because they may not recognize their symptoms as BI, may not identify as a victim of violence, may not be aware of available services, or may be dependent on an abusive partner for basic needs and cannot make independent decision. When an individual seeks services, BI symptoms may be confused with crisis and traumatic responses and may not be recognized as BI until difficulty concentrating, remembering, or solving problems causes the individual not to follow through on goals. When an individual with BI is not identified as such, critical safety planning, advocacy and support services may be delayed or not provided at all and the individual may return to a violent relationship at increased risk for additional injury. There are a number of tools that can be utilized for people living with the effects of a brain injury such as modifying the environment, using memory aids, utilizing technology, accompaniment to appointments, and other types of supports.

INTRODUCTION

The solution.

Tubman and the Brain Injury Association of Minnesota are committed to creating a screening and assessment process to identify brain injury at the earliest possible point of contact within each organization. Even when shelter residents are eligible for Medical Assistance, there is often a waiting list for a neuro-psychological evaluation, a critical medical diagnostic tool to determine treatment for a brain injury. It is this diagnostic evaluation that determines specific treatment activities and is also used to determine disability and access to state or federal medical reimbursement funds. One challenge is that an individual may leave a shelter before an evaluation is available and before receiving needed services. Also, this evaluation cannot be the only measurement of assessment for an individual since some people may never get this type of medical evaluation. When an individual comes into a shelter environment there is an opportunity to do a preliminary assessment to determine if there is a likelihood of a brain injury. Knowing this information is the first step to determine what special accommodations may be necessary in helping serve an individual. Currently, the Brain Injury Association utilizes a tool called HELPS which asks a series of questions that can help an employee determine if there is a possibility of a brain injury in an individual. Utilizing a proven screening process will help identify a potential brain injury and give employees the opportunity to work with the individual and help them adopt strategies that can make allowances for different learning styles, physical issues, and emotional needs. It is too early to determine if the HELPS tool will be adequate in a shelter environment yet it offers a starting place to think about a process to solicit information from residents and consumers. Each person has unique individual needs and a system will need to allow for whatever special accommodation a person presents with when entering a shelter. Persons living with the effects of a brain injury may encounter domestic violence in their lives and need services to address their particular safety concerns in much the same way.

Resource Facilitators at the Brain Injury Association work with individuals over the phone. Because they are not able to meet with individuals face-to-face all of the information they gather is through conversational inquiry. Talking to an individual over the phone that may have a speech, hearing, or cognitive issue makes it challenging to learn as much about the person and their situation. These barriers make it especially difficult in situations of domestic abuse where the abuser may be controlling access to the phone or may be exerting power within the relationship. It will take thoughtful questioning to learn about domestic violence without putting the person in danger from their abuser. Individuals who do not recognize or do not understand the complexity of the factors and issues surrounding brain injury and domestic still need to be provided available resources and services. Advocates, women's counselors, resource facilitators, therapists, and case managers will encourage individuals to continue receiving advocacy services knowing more about each person's unique needs. Individuals living with a brain injury and domestic violence need consistent support to work toward the goals they have identified, including accompaniment to appointments, following through on therapy, or other daily living activities. People living with brain injury may need different supports when dealing with domestic violence due to the nature of their particular situation. Individuals who are dependent on their daily care by their intimate partner are considerably more vulnerable to all forms of abuse. Regardless of which organization an individual seeks support, the ability to identify brain injury and domestic violence early in the journey will help ensure safety and stability for individuals.

INTRODUCTION

PHASE II

The second phase of the collaboration focuses on implementation of the identified needs that will bring about strong collaboration between the two agencies. This Needs Assessment Plan outlines the process for obtaining information from individuals served by both Tubman and BIA as well as employees, interns, and volunteers of the organizations. The information gathered from the needs assessment process will help shape a strategic plan that will provide the framework to build strategies in which to meet the unique needs of individuals at the intersection of brain injury and domestic violence. Specific implementation strategies may include enhancement of policies, practices, and knowledge, creating mechanisms to share resources, and coordinating services to provide the optimal experience for an individual living with the effects of a brain injury and domestic abuse.

PURPOSE

The purpose of a Needs Assessment is to gather organizational information regarding current policies, procedures, practices, knowledge, and attitudes that impacts serving individuals with a cognitive disability who have experienced domestic violence. Collecting information from individuals who are served by both agencies, staff, volunteers and interns will inform the project team of the strengths and areas for improvement at Tubman and the Brain Injury Association of Minnesota. The synthesized information will be used to develop a strategic plan with specific and measureable goals to meet the needs of individuals served within Tubman and the Brain Injury Association's programs and services. Utilizing a structured process to gather information from a variety of sources will help build the strong foundation to direct the collaboration's efforts.

VISION, MISSION, AND GOALS

VISION

Tubman and the Brain Injury Association of MN envision a model of accessible service that minimizes the effects of domestic violence and brain injury by providing resources within its programs and services that helps individuals understand their options and helps them navigate their choices, free of violence and injury to enhance their life journey.

MISSION

The mission of Navigating North Star Journeys is to enhance Tubman's and the Brain Injury Association of MN's capabilities to provide a holistic response to serve the unique needs of those who have experienced a brain injury and violence within an intimate relationship where a pattern of abusive behaviors occurs.

GOALS

Tubman and the Brain Injury Association of MN have worked together over recent years to serve individuals. Each year the Brain Injury Association has provided training about brain injury and information about its services and programs to employees of Tubman. Each organization has referred individuals to services and programs offered by the other agency. These opportunities to interface have strengthened relationships across the organizations. Through this project each organization is allowed additional time to learn more about each other's operations and to explore ways to enhance its services and programs for individuals at the intersection of domestic violence and brain injury. This ability to explore and reflect not only brings about awareness in how each organization operates but more importantly, it allows time to grow ideas and capitalize on each other's strengths. It is through a process that encourages reflection and inquiry that a plan of action can be cultivated to bring about sustainable growth and change to benefit those who are served. The project team has identified six goals in order to achieve its mission.

GOAL 1: *Early identification.* Identify the ability for each organization to engage and consult with one another early to identify an individual's unique needs in order to serve them accordingly.

GOAL 2: *Barrier-free access.* Identify the ability for individuals served to know, understand, and choose from a broad range of resources available within specific services and programs offered by each organization. This also includes access to information about domestic violence and brain injury prevention and intervention.

GOAL 3: *Individual choice.* Identify how individualized services are integrated into best-practices surrounding co-occurring conditions.

GOAL 4: *Professional knowledge.* Identify professional knowledge needed in staff from each agency to ensure competencies in understanding and meeting the unique needs of the populations it serves.

GOAL 5: *Team-based approach.* Identify how a multi-disciplinary approach can capture the collective knowledge of staff from diverse education, experience and skill levels to help people navigate their individual options.

GOAL 6: *Accessibility and safety.* Identify what policies and procedures will promote accessibility and safety for individuals to create an environment that meets their unique needs.

INFORMATION SOURCES

EXISTING INFORMATION

The goal of gathering information through this needs assessment process is to inform a plan that identifies strategic and operational initiatives; leads to the creation of tools to assess the needs of individuals living with the affects of brain injury and domestic violence; allows for new and revised organization policies, practices and procedures; allows for development of a model program; improves outreach; and provides cross-training amongst staff, interns and volunteers and other community-based organizations and governmental agencies who serve these individuals. The ability to tailor services to better meet the needs of individuals living with the effects of brain injury and domestic violence will improve the responsiveness and effectiveness of Tubman and the Brain Injury Association of MN.

There is limited data or research that specifically addresses the needs, safety, and accessibility of people with cognitive disabilities who have experienced domestic violence in Minnesota. The information currently available is collected through demographic data by both organizations and through state agencies and other community social service organizations. This information provides the demographics of those served and shows what types of services and programs that are utilized. This information is limited because it does not capture a number of elements, such as the attitudes of employees serving those individuals, the needs of individuals at the intersection of brain injury and domestic violence, and the optimal environment in which services and programs are provided and delivered.

BRAIN INJURY

According to the Centers for Disease Control, every 23 seconds an individual receives a brain injury. Further, they estimated in 2000 that over \$60 billion a year was spent on direct medical costs and lost productivity for individuals who sustained a brain injury. There were over approximately 1.6 million individuals at that time who received a brain injury and over 50,000 of them died because of their injuries. The number continues to climb and clearly, brain injury has a profound impact on the health and well-being of its citizens.

In Minnesota, approximately 130,786 individuals have a diagnosed cognitive disability. Of that population, 45,209 are employed at an average of 29 hours a week and an annual salary of \$16,957. 32% of these individuals live below the poverty threshold (Minnesota state data.org, Population Data from the American Community Server, 2009).

According to the MN Department of Health, 100,000 Minnesotans currently live with TBI-related disabilities; 12,296 were treated at an emergency department or hospitalized in 2008 and of that number 815 deaths occurred; the rate for TBI treatment is increasing; and assault is the fourth-leading cause of TBI treated at emergency departments or by hospitalization (MN Dept. of Health, Injury and Violence Prevention Unit *Minnesota Facts on Traumatic Brain Injury*, 2008). According to the Department of Public Safety, 83% of all offenders who enter the prison system have a brain injury.

In 2010, the Brain Injury Association of Minnesota provided direct services to 14,236 Minnesota residents through its Resource Facilitation program which represents an 11% increase over 2009. Of this number the following were served in the following counties which represent the service area for this grant: 31% in Hennepin (4109), 12% in Ramsey (1581), and 3% in Washington Counties (418). Over 638 Minnesota residents received TBI case management services and an additional 216 residents were reached through the BIA's Multicultural Outreach program. In total, 23,962 individuals were reached in Minnesota through the programs and services offered by the BIA.

INFORMATION SOURCES

DOMESTIC VIOLENCE

The Minnesota Coalition for Battered Women reports that 37,010 women and children were served by domestic violence community advocacy programs and 11,395 women and children used domestic violence shelters or emergency housing (2006 National Coalition Against Domestic Violence, *Domestic Violence Facts: Minnesota*). The coalition reports that 67% of intimate partner femicides occurred when a woman left or was attempting to leave a relationship.

Hospital data indicates that at least 8056 state residents were treated in emergency rooms with 528 of these residents being admitted into the hospital for their injuries due to battering/maltreatment, rape, or being struck by or against in an assaultive manner (2009 MN Injury Data Access System Report). The chart bellows shows that 4281 of these residents came from three of Minnesota's counties that this project serves. This data likely represents only a fraction of individuals because only 50% of injuries related to intimate partner violence may be identified as such, individuals often do not seek hospital treatment when injured, and not all cases of violence result in immediate injury (MN Dept. of Health Injury and Violence Prevention Unit, *Violence Data Brief Intimate Partner Violence 1998—2003*, No. 6 Sept. 2005).

	Hennepin	Ramsey	Washington
Battery	282	204	73
Struck by	2360	1014	247
Rape	53	26	12
Fall (due to assault)	7	3	-
Sub-TOTAL	2702	1247	332
TOTAL	4281		

2009 MN Injury Data Access System Report

Tubman provides nearly 25% of Minnesota's shelter beds for individuals living with the effects of domestic violence. At Tubman, the average stay for an individual in shelter is 45 days. It is estimated in 2010 that nearly 30,000 referrals to other agencies, services, or programs were provided to the 1268 adults and children who were served by Tubman staff; an average of 3 referrals per day x 3 days a week. Referrals include housing, therapy, social services, and other supportive services.

	Tubman West	Hill Home	Anne Pierce Rogers	TOTAL
Adults	303	163	168	634
Children	307	151	176	634
TOTAL	1268			

In addition to the shelter services, another twenty-one (21) adults and thirty-five (35) children received support through Tubman's transitional housing program and over seventy-one (71) adults were provided domestic violence programming support in their homes. Over 396 adults participated in domestic violence support groups.

Of these 634 adults served in the shelter, 184 of disclosed a specific disability. The number who actually disclosed a brain injury was very small although many of the individuals indicated that they had received blows or were strangled at some point in their relationship with an abusive partner.

INFORMATION SOURCES

BRAIN INJURY AND DOMESTIC VIOLENCE

Studies related to TBI and intimate partner violence indicate that such violence often goes unidentified in hospitals; that injuries from such violence are most frequently to the head, face, or neck which can cause TBI; that recurrent TBI can occur when a second injury is sustained before the first is resolved; that repeated head injuries can cause a cumulative type of TBI; and that the rate of TBI may double or triple if a woman is abused both physically and sexually, compared to only sexual or physical abuse. Car, Mary, *Increasing Awareness about Possible Neurological Alterations in Brain Status Secondary to Intimate Violence*, Brain Injury Source (Summer 2000), Vol. 4, Iss. 2, 30-37.

In addition to intimate partner violence causing TBI, individuals with TBI may be at greater risk of becoming a victim or of remaining in a violent relationship and sustaining additional injuries. Persons with disabilities are 4 to 10 times more likely to become a victim; the vulnerability of persons with TBI, due most often to cognitive changes, makes it more difficult for them to plan to leave a violent situation; and individuals with TBI are more likely to be dependent on an abusive partner for financial support and physical care. Langlois, Jean, *Breaking the Silence: Violence as a Cause and a Consequence of Traumatic Brain Injury*, Brain Injury Professional, Vol. 5, Iss. 1, 2008.

The following current data sources have been identified to inform the project's goals yet it is supplemental to qualitative information that will be gathered through focus groups and interviews.

Brain Injury Association

1. Internal Reporting System; Outcomes Following Brain Injury February 2010
2. MN Statewide TBI Needs and Resource Assessment 2009-2010

Tubman

1. Internal Reporting System; data pulled to report to funders 2010
2. Tubman & Bridges to Safety Survey Results
3. Day One Report 2010

Minnesota Department of Health

1. Costs of Sexual Violence in Minnesota, July 2007
2. Violence Data Brief: Intimate Partner Violence, 1998-2001
3. Promoting Better Health for Minnesotans with Disabilities: Ending Exclusion, August 2007
4. The Promise of Primary Prevention of Sexual Violence: A five-year plan to prevent sexual violence and exploitation in Minnesota, June 2009
5. Toward an Injury-Free and Violence-Free Minnesota: A working plan for 2010
6. Minnesota Department of Health Injury and Violence Prevention Unit (MIDAS Report): Minnesota Injury Data Access System 2010

Other Sources:

Demographics

1. Twin Cities Metropolitan Area Statistical Profile (2009)
2. US Census data (2009)

Violence:

1. Domestic Violence – Results from the 2008 MN Crime Victim Survey, July 2009
2. Violence Against Women Act (2007-2009): Office of Justice Programs State Implementation Plan
3. Shattered Hearts: The Commercial Sexual Exploitation of American Indian Women and Girls, The Minnesota Indian Women's Resource Center, November 2009

Disability:

1. Framing the Problem: Injuries and Public Health 2009
2. Access to Disability Data: Chart book on Disability in the US, 2009
3. Crime Against People with Disabilities, US Department of Justice, 2009

INFORMATION SOURCES

NEW INFORMATION

New data will be gathered through the Needs Assessment process through focus groups, individual interviews, and surveys. Each method will be designed to meet the specific needs of the target audiences, including access and safety considerations. The project team will safeguard individual and organizational confidentiality and provide a safe environment in which to share information that may be difficult to express and likewise, difficult to hear by members of the project team and the broader organization. Extreme care will be taken to fulfill any mandated reporting requirements if they arise in the course of gathering new information. The ability to gathering new information provides a rich source of information that can help each organization work toward performance excellence and help pave the way to sustainable change to meet the needs of individuals at the intersection of cognitive disabilities and domestic violence.

COLLECTING NEW DATA FROM PROGRAM PARTICIPANTS

Minnesota's population of 5,266,214 has approximately 679,236 individuals with a disability. For this project services are provided in Hennepin, Ramsey and Washington Counties, located in the southern half of Minnesota, on its eastern border with Wisconsin. Hennepin and Ramsey Counties are the two most populous in the state and comprise its largest metropolitan area. Minnesota continues to become more ethnically diverse (with its non-white and Latino population increasing by nearly 30% from 2000 to 2009) and the vast majority of foreign-born residents live in the metropolitan area (2009 U.S. Census Bureau).

	Hennepin	Ramsey	Washington
Land Area	557	156	423
Suburbs	45	18	33
# of People	1,156,212	506,278	231,958
# of People w/disability	147,296	74,372	20,369
Households	456,129	215,369	90,865
Poverty	11%	13.5%	4.5%
Non-white	27%	29%	13%

2009 US Census data

GATHERING INFORMATION

Individuals who are served by Tubman or the Brain Injury Association's programs and services within one of the three counties will be invited to participate either in a focus group (Tubman and BIA), a phone interview (BIA resource facilitation consumers) or they can complete a survey (Tubman). All focus groups will be designed to ensure an individual's safety concerns and efforts will be made to provide an accessible environment in which to share information. Specially-trained staff will be available to provide any needed support during or after the focus groups and interviews. Interviews will be available in person as well as over the phone to allow flexibility in meeting safety and/or special needs of participants. Information from individuals will be gathered from a number of audiences and the following methods will be utilized as outlined in this plan.

ROLES AND RESPONSIBILITIES

ORGANIZATIONAL ROLES

All members who facilitate, record, or provide support to participants will be trained in conducting effective focus groups and/or interviews to ensure consistency, clarity, clear responsibility in each role, and promote safety for each participant.

FOCUS GROUPS:

Focus Group Facilitator Duties:

- Follow the script (*Appendix J*).designed by the project team which will include: 1) welcome participant, 2) describe the purpose of the focus group or interview, 3) review consent, 4) describe mandatory reporting, 5) review confidentiality considerations, 6) review safety concerns, and 6) thank participants for their time.
- Guide the discussion utilizing questions and prompts determined by the project team (*Appendix H*).
- Ensure that people feel safe and understand that they can leave or discontinue an interview at any time.
- Debrief with the co-facilitator and recorder after each focus group (*Appendix L*).
- Submit all written information and recordings to the project director.

Focus Group Recorder: (Brittany Fish, intern or Jan Williams, project director) Duties:

- Seek approval from participants to record the conversation in writing. It will be stated that the recording of information will remain confidential and be only used by the project team to understand participant's needs for services or programs.
- Seek permission from participants for the electronic taping of the conversation to minimize the writing of comments.
- Record the discussion of the focus group questions by keeping track of themes, significant comments, strong emotional responses and any concerns raised in the group.
- Debrief with the facilitator and co-facilitator after each focus group (*Appendix L*).
- Names will not be used in any written materials.

Focus Group Co-facilitator/Support Person Duties:

- Assist with preparations such registration, food, room set-up, and any accommodations.
- Greet all participants and settle them into gathering room to make them feel welcome and safe.
- Serve as a support person to assist any participant who is in need of additional support during or after (*Appendix K*). A separate room will be available for the support person to meet with any participant who needs support.
- Help bring the group back to the question at hand; take over for the facilitator if needed.
- Help keep track of time and redirect group if a particular question goes too long.
- Assist the facilitator in summarizing a point.
- Monitor group for participation by all members. Bring out comments in shy people and help control dominate conversations.
- Look for body language/emotions and defuse if necessary.
- Debrief with the facilitator and recorder after each focus group (*Appendix L*).

COLLECTING NEW DATA FROM PROGRAM PARTICIPANTS

FOCUS GROUPS

- Focus groups will be used to bring together groups of 8-10 program participants for a moderated discussion using open-ended questions. The groups will meet 60-90 minutes in length. It is planned that there will be six focus groups for residents of Tubman and six focus groups for employee, intern, and volunteers from both organizations.
- Materials that are distributed will be available in easily understood language that is intended for the target audience and in whatever assessable format that is requested by participants.
- Accommodations will be made to provide accessibility and comfort for all individuals.
- All focus groups will be held in space at the organization where the individual receives service such as the shelter or agency location. This is done to minimize disruption and provide safety and security for the individuals who are accustomed to the premises and the staff.
- Each focus group will have a group facilitator, co-facilitator/support person, and recorder.
 - BIA staff will facilitate Tubman focus groups for both the staff and the residents.
 - Tubman staff will facilitate BIA focus groups for their staff.
 - The co-facilitator/support person will be an individual from agency where the resident or consumer receives their services in order to provide consistent and safe support.
 - The recorder will be the intern or project director.

COLLECTING NEW DATA FROM PROGRAM PARTICIPANTS

INTERVIEWS:

The project team had many discussions about how to collect information from the consumers of the Brain Injury Association of MN. Individuals who live with the effects of brain injury are a unique population with many barriers in their lives. Staff who are specially trained as Certified Brain Injury Specialists are called Resource Facilitators. The program that the Resource Facilitators work within the Brain Injury Association of MN provides support to individuals who are living with the effects of a brain injury by utilizing a telephone based support and resource delivery model. This model was developed and implemented because individuals who are living with brain injury have many barriers which include: 1) the nature of their injury may keep them homebound either from physical, emotional or health-related issues, 2) individuals may not feel well due to symptoms such as headaches, tiredness, and dizziness which make it difficult to travel, 3) physical disabilities may make it difficult to get around, 4) memory problems may make it difficult to carry on an extended conversation, 5) aggressive or other disruptive behaviors may make it difficult for someone to be in a group because they may be over-stimulated by unfamiliar noises, lights, tone of voices, or unfamiliar surroundings which may make it difficult to interact with another individual or groups of individuals, and 6) some individuals have caregivers and may wish to not impose on them for activities outside of their residence.

Although the team agreed that accommodations could be made such as transportation, memory aids, and other technology assistive devices, it was determined that the individuals have built a partnership with the Resource Facilitators over the phone and that offering to meet with consumers in person may be disruptive to this relationship. Individuals with a brain injury vary in their symptoms and behaviors and getting a group of individuals together would prove to be challenging as the Resource Facilitators indicate that successful interactions happen one-to-one and at a considerably slower pace. Many individuals with a brain injury do not always trust their behaviors or physical movements and therefore, can feel self-conscious and apprehensive around other people. The team agreed that the consumer's well-being must be first and foremost the most important factor to consider when determining the best approach for seeking information. Asking them to go out of their comfort zone in order for this project to seek information seemed counter-productive and therefore, the team agreed that a phone interview would be in their consumer's best interest.

- Arrangements will be made to insure that participants can communicate effectively via special technology, interpreter, etc.
- Staff from BIA will conduct phone interviews for their consumers as this is their current practice of communicating. This limits the barriers many individuals with brain injury would have because of memory impairments, transportation, and/or interpersonal issues. Staff will adhere to phone protocol that considers safety and confidentiality of each individual (see pg 22).
- The BIA consumer will be offered another resource facilitation staff member (interviewer) if they choose not to participate with their regular resource facilitation staff member.

COLLECTING NEW DATA FROM PROGRAM PARTICIPANTS

RECRUITMENT PROCESS FOR FOCUS GROUPS AND INTERVIEWS

Staff members will be identified by the project team to serve as recruiters to seek volunteer participants within each organization. Because these staff members have an established relationship with their residents, clients and consumers it will make it easier to discuss the purpose of the project and the importance of each individual's perspective sought to inform the needs assessment process.

All individuals invited to participate will be current program participants receiving services from Tubman or the Brain Injury Association of MN within Ramsey, Hennepin, and Washington Counties. A face-to-face conversation will be used to recruit program participants to take part in a focus group or interview within Tubman. For consumers served by the Brain Injury Association recruitment will take place over the phone during regularly scheduled resource facilitation calling. There will be no public advertising.

Materials will use easily-understood language that is appropriate for each target audience and in accessible formats (language, font, etc.). These materials will be shared with individuals in one of the following methods: 1) read to an individual, 2) given to individuals to read in any needed format, and/or 3) interpreted via language or other method that will ensure two-way communication so that the information is understood by the individual. No written materials will be left with the participant unless he/she specifically requests them and the recruiter has discussed any safety issues particular to their situation.

When the recruiter (staff member) approaches a program participant they will give the invitee an invitation letter (*Appendix A*) and Frequently Asked Questions (*Appendix C*) that describes the purpose of the focus group and needs assessment process.

When the participant agrees to participate the recruiter will complete and Participation Registration Form to collect the appropriate information from the participant to ensure accommodations or other needs (*Appendix D*).

All Participation Registration Forms will be turned into the Project Director who will serve as the point person for keeping track of the forms and accommodation requirements for each focus groups and interview participants.

Recruitment Process for Soliciting Participants Focus Groups



COLLECTING NEW DATA FROM PROGRAM PARTICIPANTS

ROLES AND RESPONSIBILITIES

Recruiter Responsibilities:

- Discuss the content of the invitation letter (Appendix A) and fact sheet (Appendix C)
- Offer the option of participating in a focus group or an individual interview (in person or over the phone).
- Work with the participant to complete the Participation Registration Form (Appendix D).
- Confirm the date, time, and location of either a focus group or interview.
- Answer any questions the participant may have.
- Turn in completed Participation Registration Form to Project Director.
- Remind participant the day before the scheduled focus group or interview (if requested).

Project Director Responsibilities:

- Will ensure that safety and accessibility needs are met for participants.
- Will arrange for rooms and staffing.
- Provide oversight for all activities related to focus groups and interviews.

CONSENT PROCESS

A written consent process will be used for program participants who participate in a focus group. This form will include the guidelines for the focus group participants and will seek permission for the individual's participation in the focus group/interview (Appendix F). This consent will be sought at the beginning of the conversation. Confidentiality, mandatory reporting, safety, and access will also be addressed in the opening remarks of the focus group or interview (Appendix J).

Tubman participants will be informed that they will receive a gift card for their participation as a thank you for their time and sharing of information. This gift card will be distributed when the participant leaves the focus group. This is to ensure that each participant will be thanked for their time, provided resources, and offered the opportunity to debrief. It will be stated at different points in the focus group session that individuals may leave at any time. The participant will be asked to sign the consent form to indicate that they have received their gift card. This will assist in keeping track of who receives a card and provide accounting staff and OVW with the necessary documentation for any auditing purposes.

Participants will be offered the opportunity to have the gift card mailed to an address of their choice or they can pick up the card at a later date.

Participants will be instructed that they may leave the focus group or end an interview at any time. Additionally, they will be instructed to share as much or as little information as they feel comfortable with disclosing.

Brain Injury consumers will be asked to participate over the phone so there will not be a signed consent form. Each resource facilitator will ask the consumer for their permission to interview prior to asking any question. There will be a notation on their script indicating that they received verbal approval.

SAFETY AND ACCESS CONSIDERATIONS

CONFIDENTIALITY

Tubman and the Brain Injury Association of MN are committed to keeping information learned from participants confidential and only for the purposes of informing the organizations about their strengths and weaknesses related to this collaborative project. Information will be sought from participants through the Participation Registration Form (*Appendix D*) and will be used to clearly understand safety and accessibility needs for the focus group or interview. These forms will be secured in a locked filed cabinet in the project director's office which is also locked.

Participants will be instructed with the following guidelines before the focus group or interview begins. They will be posted in the room where the focus group or interview takes place:

We agree to keep things private:

- We will use your first name only to keep your identity private.
- You can share however much information you feel comfortable with discussing.
- Since this is not a support group we ask that you not share deeply personal information.
- We ask that you not share what is said in the group to others outside of the group.
- We will collect some information from you such as your age, gender, race, time in program but it will only be used to understand who is seeking services.
- The purpose of this project is to examine our services and make them better for you and others.

We encourage respect and openness:

- We wish for everyone to respect one another. We realize that everyone has different viewpoints and opinions.
- Allow each person to be heard even when they may have a different style.
- Be thoughtful in the use of your words to limit any misunderstandings or offending someone.
- There are no right and wrong answers.

Use of information:

- We will keep all information private. Notes and recordings will be kept in a locked office. They will not be shared with any outside agency or individual.
- All information will be destroyed 90 days after the project is completed.
- Information gathered will be reviewed and put into a report. Again, your name or any information about you will not be included in the report. We will only be summarizing what is said by all people. You are welcome to receive a copy of this report.

SAFETY AND ACCESS CONSIDERATIONS

MANDATORY REPORTING

Staff from both Tubman and the Brain Injury Association of MN are mandated reporters under the laws of Minnesota and therefore, individuals who participate in focus groups or interviews will be informed of this fact. If a situation arises in which mandatory reporting is required, program participants will be encouraged to report the information themselves with or without the assistance of a staff person.

The script for the facilitator to review with participants will include the following information:

During the discussion today each of you will be sharing information. As an employee of [Tubman/BIA] I am required to report any of the following circumstances to the department of human services as required by Minnesota state law (statute 626). This law is to protect the health and well-being of people and it states that the following circumstances must be reported.

When you or someone you know is being abused or harmed.

- *When you or someone you know is intending to hurt themselves or someone else.*
- *When a child is being abused, neglected or maltreated.*
- *If you are disabled by a cognitive impairment (brain injury) or other disability and someone is taking advantage of you.*
- *If you know someone who is disabled by a cognitive impairment (brain injury) or other disability and someone is taking advantage of you.*

Process:

- *If one of us in the room feels that the information you share needs to be reported we will ask to speak to you in private after the focus group or interview.*
- *At that time we will work with you to report the information directly. We can provide you with the number and contact information if you would like to choose this option.*
- *Otherwise, if you choose not to report the information, then it is the state law that one of us must report what information was learned during the course of the conversation.*
- *We will talk with you as long as needed to do the right thing to protect you or someone else.*

If a staff member who is facilitating or supporting a participant (resident or consumer) learns of a circumstance that would trigger a mandatory reporting they will follow the specific guidelines of their respective organization. The project director will be informed of the date of the disclosure but no information will be gathered by the project team.

SAFETY AND ACCESS CONSIDERATIONS

SAFETY CONSIDERATIONS

Protecting the safety of individuals participating in the Needs Assessment process is important to the project team. Every effort will be made to provide a safe and welcoming environment at both agencies. The following considerations will be made for participants:

Participants

- There will be no public advertising. The needs assessment process will only include participants who are currently receiving services in any of the programs offered by Tubman and the Brain Injury Association of MN.
- Participants of Tubman who attend focus groups or are interviewed will be held at one of its safe locations where their service is provided (i.e., one of the three shelters, transitional housing facility or space at one of the Tubman offices). All Tubman locations have extra security measures in place (i.e., locked doors, private meeting areas, security cameras, and access to police services).
- Participants who are peer mentors or volunteers of the Brain Injury Association of MN will be invited to attend a focus group at the Association.
- Individuals who are served through Resource Facilitation Services will be interviewed over the phone as currently practiced (see phone interviewing protocol, pg 22).
- Each person will be individually invited to participate (in person at Tubman or over the phone for BIA consumers) in the focus groups or alternatively, an interview.

Resources

- Safety planning will be routinely reviewed at different times during the needs assessment process (i.e., when contacting and inviting participants to participate in focus group or interview, when making accommodations, when greeting individuals before a focus group or interview, during a focus group or interview, and at the conclusion of a focus group or interview)
- A list of resources will be made available to any participant who makes a request (*Appendix K*). All facilitators and co-facilitators/support persons are specially trained to provide resources and will be able to tailor any requests beyond basic information.
- A fully-trained and certified employee of either Tubman or BIA will be available at focus groups and also over the phone for any participant who is in need of emotional support during or after a focus group session or an interview.
- An accessible space will be made available for the participant and support person to meet to insure their confidentiality and safety needs.

SAFETY AND ACCESS CONSIDERATIONS

Special Considerations

- Staff from both organizations are required to report any situations where a mandated report must be made for suspected abuse or neglect pursuant to Minnesota law (see appendix).
- Only project team members, or their designees, will be allowed to observe focus group sessions or interviews.
- No personal care attendants or helpers will be allowed in an interview or focus group unless it is expressly indicated by the resident or consumer that their presence is critical to helping them express themselves. A designated area of the organization will be available for these individuals to wait during a focus group or interview.

Preparation

- Recruiters, focus group facilitators and co/facilitators/support staff will attend training on the focus group and interview protocols. This includes a review of their role and responsibilities.

Participation in Focus Group and Interview

- Specific questions will be asked to elicit information about each of the agency's services and programs to help better understand the needs of the individuals being served.
- Individuals may discontinue their participation at any point in a focus group session or interview if they feel uncomfortable. It will be stated at the beginning of the focus group or interview that this will not have any impact on the services they receive from the agency.
- Participants can choose not to answer any question.
- Guidelines will be reviewed at the beginning of the focus group or interview. They will also be included in the written consent form as well as posted in the room (*Appendix J*).
- Support and resources will be available for any participant (*Appendix K*).

STIPENDS

Participants will receive a gift card for their participation in the Tubman focus groups. Each program participant housed in one of the three Tubman shelters will be offered a \$20 gift card to Target. Participants of the Tubman domestic violence community support group will receive a \$20 gift card to Target. Participants of the Tubman transitional housing program will receive a \$20 gift card to Target. Participants will sign the written consent form to indicate they received the gift card.

Brain Injury Association of MN resource facilitation consumers will not be provided a stipend as they provide information over the phone as a regular course of their participation. Consumers who participate in a peer mentor (prior consumers) focus group will receive a \$20 VISA gift card.

SAFETY AND ACCESS CONSIDERATIONS

ACCESS CONSIDERATIONS

Gathering information from a broad spectrum of individuals may encompass meeting specific requirements or needs for participating members. The project team is committed to providing, to the best of their abilities, access to any individual to participate in the needs assessment process. All focus groups and interviews will be held in space at the agency where the individuals receives its service.

Language

Language interpretation and Sign Language Interpreters will be made available upon request. Both organizations have access to a number of certified interpreters. In addition, the script for the Brain Injury Association consumers who speak Hmong and Spanish will be translated to ensure that the information is consistently conveyed.

Materials

All written materials will be in format in which program participants can understand the information including the following documents: invitation letter to participate, participation registration form, frequency asked questions, confirmation letter, and consent form. These materials will be made available in alternative language-specific formats including visual modifications to text (i.e., larger or different font), and/or audio format. These requests may need communication-assisted technology (TTY, VRS, etc.) and the project director will work with information technology staff from each agency to determine the best set up situation for participants.

Mobility

Reasonable accommodations will be provided according to the needs of those participating in the focus groups. Each agency will make sure that all entrances to building are accessible to wheelchairs, walkers, or other mobility-assisting device. They will be free of snow or other impediments. Rooms will be set up to allow reasonable space for participants to move about. If members have a personal care attendant or helper they will be allowed to help settle a participant in the room. There will be a separate waiting area designated for these individuals unless it is necessary for the individual to accompany the individual. Individual participants must give their expressed consent for this to occur and the individual will not be considered a focus group participant.

The Project Director will be responsible for overseeing any requested accommodations by program participants. Any requested accommodation that cannot be met will be reviewed with the project team before the participant is turned away.

Brain Injury Association Consumer Interview Phone Protocol

In order for consumers to feel comfortable answering questions the team discussed approaches to solicit information. The team wanted to maintain a consistent approach when working with the consumers over the phone. It was important to not make the consumers adapt to a traditional focus group process. After discussing the pros and cons, the group captured the following guidelines and process for interactions over the phone with the consumers. Because the consumers who will be asked to participate in the interview will vary in age, social economic, race, and other demographics the group wanted to ensure their safety in discussing answers was proactively managed. It is not always apparent that individuals who are served by the Brain Injury Association may be living with the effects of domestic violence. Only those who receive their injury due to an assault are known by the agency but this is only 9% of the individuals currently being served. Additionally, even if the brain injury was not received due to domestic assault, it is not always apparent that there has been or will be abuse in the person's life. As research has indicated, the number of victims of domestic violence is much higher than is usually reported.

Various staff and resource materials were reviewed to determine the best approach to ensure safety when asking the questions.

INTERACTIONS WITH CONSUMERS:

- Treat every caller with respect; speak and listen to the caller as you would like to be spoken and listened to
- Use short, concrete sentences containing basic words
- Speak slowly and clearly; repeat if necessary
- Ask questions one at a time
- Allow extended time for a response
- Check to be sure the caller understands what you are asking/saying by asking them to restate what you just said

PROCESS:

1. Resource Facilitator will solicit participants at the end of a regularly scheduled call. These calls happen at intervals of initial contact (48 hour to 6 weeks post hospitalization), 6 month, 12 month, 18 month, 24 month, and 36 month) They will give the consumer two options:
 - a. Ask the consumers if they would like to stay on the phone and answer the questions. This is for those individuals who do not want to schedule another time.
 - b. Ask consumers if they would like to schedule at another date. They will make the date and time at the convenience of the consumer.
 - c. In addition, the consumer will be offered to speak to a different resource facilitator. This will give them a choice about who they interact with to answer the questions.

Brain Injury Association Consumer Interview Phone Protocol

2. At the time of the phone interview, Resource Facilitator will:
 - a. Review script with the consumer (purpose of grant, mandated reporting, purpose of needs assessment, etc.)
 - b. Note demographic information: name, age, gender, race, time in program/service
 - c. Ask a series of questions to ascertain safety to talk freely by reviewing each of the options:
 - “For the purpose of your safety may I ask if you are alone”?
 - If yes, proceed with questions
 - If no, ask: “if someone were to come into the room or is in the room and can/could hear your conversation would you have any concerns about them hearing your side of the conversation”?
 - Is no, proceed
 - If yes, tell them they may hang up. Resource facilitators will tell them that they will call in 2 hours to check on their welfare.
 - If yes, let them know that they can elect not to answer a question and should be instructed to say “I’ll pass on that question”.
 - Let the consumer know that they can end the call at any time during the conversation: Some phrases that may be used: “thank you for calling, I will talk to you another time,” “I need to go,” etc. Otherwise, let them know they can hang up at any time.
 - Offer to use a code word or phrase of their choosing. When this word or phrase is used then the call would end immediately.
3. Determine the amount of time that the person can speak; tell them that you believe it will take approximately 60 minutes to answer the questions but that the call may end at any time.
 - a. Review that there are a series of questions will be asked that can take from 5 minutes to 15 minutes depending on how much information they feel comfortable with sharing
 - Ask/review:
 - “Do you have this much time to answer the questions?”
 - “Please indicate if you need to stop the interview at any time”
 - “I will periodically ask if you need a break or are okay continuing with questions”
 - b. If there are pauses or the consumer does not speak at a point in the conversation:
 - Ask/prompt:
 - “would you like to answer this question?” Yes/No
 - “I’m here to listen whenever you feel ready”
 - “we can wait a few minutes so you can collect your thoughts”
 - “ would you prefer that we end discussion of this question?” Yes/No
 - c. Ask questions

COLLECTING DATA FROM STAFF, VOLUNTEERS, AND INTERNS

GATHERING INFORMATION

Staff employed by Tubman or the Brain Injury Association of MN will be invited by their respective agency supervisor to participate in a [focus group, interview, survey]. All focus groups/interviews/surveys will be designed to ensure staff confidentiality. All employees will be invited to provide information about the organization in which they work to better understand the processes, attitudes, and linkages within the organization. Additionally, volunteers and interns will be invited to participate in the needs assessment process as part of its unpaid workforce.

FOCUS GROUPS

- Focus groups will be used to bring together groups of 8-10 employees for a moderated discussion utilizing open ended questions. The groups will meet 60-90 minutes.
- All focus groups will be held in organization where the staff member is employed and will be held during regular working hours. Every effort will be made to allow times for the afternoon and evening shift employees from Tubman to participate in the focus groups.
- Each focus group will have a group facilitator, co-facilitator/support person, and recorder.
- Tubman will seek 47 staff, volunteers and interns to participate in the focus groups.
- BIA will seek 55 staff members and volunteers to participate in the focus groups.

INTERVIEWS

Interviews will be conducted for each executive director and other select staff members.

SURVEYS:

- Surveys will be used to collect information from 130 Tubman staff and approximately 200 volunteers and interns in order to increase the pool of individuals who also work with residents/clients (*Appendix M*).
- An introduction of project and invitation to participate in the survey will accompany the survey questions which will be distributed electronically through a survey tool (Survey Monkey).
- Confidential survey responses will be compiled by the project director and presented to the project team for review. All responses will remain confidential in order to solicit open and honest information about the organization.

CONSENT PROCESS

- A passive consent process will be used for employees, volunteers, and interns where they will verbally be asked permission for their individual participation in the focus group or interview. This consent will be sought at the beginning of the conversation. Employees will be instructed that they may leave the focus group or end an interview at any time. Additionally, they will be instructed to share as much or as little information as they feel comfortable with disclosing (*Appendix J*).

COLLECTING DATE FROM STAFF, VOLUNTEERS, AND INTERNS

RECRUITMENT PROCESS FOR FOCUS GROUPS AND INTERVIEWS

- Each staff member will be provided an invitation letter (*Appendix B*), Frequently Asked Questions (*Appendix C*), and Staff Participation Registration form (*Appendix E*).
- Staff may return the materials directly to their supervisor or they may put the information into a self-addressed envelope to the project director.
- Materials will be made available in easily understood language.
- All Participation Registration Forms (*Appendix E*) will be turned into the Project Director who will serve as the point person for keeping track of the forms and accommodation requirements for each focus groups and interview participant. These forms will remain in a locked file cabinet in the project director's office.

Recruiter (supervisor) Responsibilities:

- Discuss the content of the invitation letter (*Appendix B*), Frequently Asked Questions fact sheet (*Appendix C*), and Staff Participation Registration form (*Appendix E*).
- Offer to collect Staff Participation Registration form (*Appendix E*) or provide self-addressed envelope to return form directly to project director.
- Offer the option of participating in a [focus group, individual interview, survey].
- Confirm the date, time, and location.
- Answer any questions the participant may have.
- Turn in completed Staff Participation Registration form to Project Director.

Project Director Responsibilities:

- Will ensure that privacy and accessibility needs are met for each employee, volunteer, or intern.
- Will arrange for rooms and staffing.
- Remind employee the day before the scheduled focus group or interview.

CONFIDENTIALITY

The project team is committed to keeping information learned from employees confidential and to be only for the purposes of informing the project team about each organization's strengths and weaknesses related to this collaborative project. Basic information will be sought from staff, volunteer, intern participants through the Participation Registration form (*Appendix E*) and will be used to clearly understand privacy and accessibility needs for the focus group or interview.

Employees will be instructed with the following guidelines:

- Share information as they feel comfortable disclosing.
- Respect other employee's viewpoints and opinions.
- Not disclose information that is shared within the group.
- Know that there are no right and wrong answers.
- All information will be kept confidential and will be kept in the project director's locked office. The information will not be shared with other staff in the agency.
- All information will be destroyed after the project is completed.
- Information gathered will be summarized in a report and no identifying personal information about employees will be included in the summary.

FOCUS GROUP PARTICIPANTS

STAFF

Tubman and the Brain Injury Association of MN intend to gather information from staff, volunteers, and interns from across both agencies to help identify gaps and opportunities for improvement. Understanding what employees know and don't know will help in the creation of strategies to meet their skill building needs, their professional competencies, and most importantly, to help bridge any gaps between what residents and consumers need and what they desire to feel safe and welcomed. This information can then be analyzed to determine strategies which can lead both organizations to a higher level of performance excellence to meet the needs of those they serve.

Tubman intends to distribute an online survey to 130 of its 166 paid employees (90 full time, 25 part-time, and 15 of the 25 on-call). Contract employees will not be included in the survey. In addition, they will distribute the survey to approximately 200 volunteers and interns. Directors will encourage all employees to participate and will give them the time they need to complete the survey. The goal is to obtain results from 55% of this employee population. Forty-seven (47) employees have been identified to participate in focus groups to gain an in-depth understanding of the current environment and share their perceptions and knowledge. The Executive Director will be interviewed separately.

Brain Injury Association of MN will be involving all of their employees (45) in focus groups. In addition, they will be soliciting information from 8-10 volunteers who assist the organization in some capacity. The Executive Director and two (2) Associate Directors will be interviewed separately.

FOCUS GROUP/INTERVIEW COMPOSITION FOR STAFF, INTERNS & VOLUNTEERS

Audience:	# of focus groups	# of people/group	# of interviews	Survey	Facilitator/Co-facilitator	Date	Time
TUBMAN							
Direct service: Crisis Calls/Intake	1				BIA facilitator: Christina Kollman** Tubman co-facilitator: Molly Sever*	TBD	
Women's counselors		22/3					
Resource counselors		10/3					
Interns & volunteers		8/4					
Direct service: Crisis (shelter)	1				BIA facilitator: Wendy Hoffman** Tubman co-facilitator: Katie Kernan*	TBD	
Youth counselors		8/2					
Women's counselors		22/4					
Relief (on-call) staff		28/1					
Interns & volunteers		8/2					
MH therapist		2/2					
Direct service: Sustainability/Stablization	1				BIA facilitator: Pete Klinkhammer Tubman co-facilitator: Mike Stephenson*	TBD	
In-home services		3/1					
Sustainability Support Services		3/1					
Transitional Support		3/1					
MH/CD/contract therapist		?/1					
Childcare staff; support to parent		?/1					
Public Health Nurse		1/1					
Volunteers		8/2					
Legal		16/1					
Non-direct service: Welcome	1				BIA facilitator: Chantel Harpole** Tubman co-facilitator: Karla Skovholt*		
Receptionist		3/3					
Development/Communication		6/3					
Intake/Registration		2/1					
Volunteer/intern manager		1/1					
Maintenance		2/1	1		Jan Williams	5/12/11	
Volunteers/Interns				200			
Staff				166			
Executive Director (Bev Dusso)			1		Jan Williams	5/19/11	3-4:30
Directors: Development/Communications (Jen Polzin); CFO/COO (Christine Brinkman); Human Resources (Gail Burke); Director of Youth & Family Programs (Tamara Stark); Director of Clinical Services (Paula Childers); Director of Residential Programs (Junauld Presley); Director of Legal Services (Nicky Gillett)	1	7/7			Jan Williams * Brenda Westbrook Tubman backup ** Pete Klinkhammer BIA backup	5/19/11	9-10:30

Audience:	# of focus groups	# of people/goal	# of interviews	Survey	Facilitator/Co-facilitator	Date	Time
BRAIN INJURY ASSOCIATION OF MN							
Direct service:					Tubman facilitator: Brenda Westbrook* BIA Co-facilitator: Beatriz Martinez**		
Resource Facilitation + Outreach + Education	1	10/10				5/10/11	10:30-noon
Case Management	1	13/13				5/4/11	8:30-10:00
Non-direct service:	1	9/9			Tubman facilitator: Ceugant Scully* BIA co-facilitator: Chantel Harpole**	5/11/11	8:30-10:00
Development	Focus group with staff from these areas	1/1					
Public Awareness (communications)		1/1					
Administration + intern + volunteer		5/5					
Public Policy		1/1					
Volunteer		1/1					
Managers (development, volunteer, public policy, public awareness, admin, case management (2), resource facilitation, outreach)	1	9/9			Tubman facilitator: Brenda Wesbrook* BIA co-facilitator: Beatriz Martinez**	5/17/11	9:30-11:00
ED (David King)			1		Jan Williams	5/16/11	1:30-3:00
Associate Director Brad Donaldson			1		Jan Williams	5/18/11	10:00-11:30
Associate Director Pete Klinkhammer			1		Jan Williams	5/16/11	10:30-noon
Resource Facilitation Manager Christina Kollman			1		Jan Williams	5/16/11	3:00-4:30
Volunteers	1	8-10			Tubman facilitator: Brenda Westbrook* BIA co-facilitator: Lesley Babb***	TBD	

*Deb Rogg is Tubman backup

**Chantel Harpole for Beatriz Martinez (vice versa)

***Christina Kollman for Lesley Babb

FOCUS GROUP COMPOSITION FOR PARTICIPANTS

CONSUMERS/CLIENTS/RESIDENTS

Tubman and the Brain Injury Association of MN plan to seek information from approximately 110 participants receiving services from their programs. These participants will be residents of Ramsey, Hennepin, and Washington who are in the service area designated for this grant. Each organization will ask individuals to participate in focus groups or interviews. Tubman will seek input from fifty (50) residents/clients and the Brain Injury Association of MN will seek input from fifty (50) consumers plus an addition ten (10) peer mentor volunteers. This number represents approximately 46% of Minnesota's population currently receiving services.

TUBMAN RESIDENTS/CLIENTS

Tubman will be soliciting participants who are current residents from one each of their three shelters. Each shelter houses enough women to conduct a focus group of 8-10 women. In addition, participants will be solicited from current participation in community domestic violence support groups which are held in Ramsey County and Hennepin County. The goal will be to obtain information from fifty (50) individuals.

BRAIN INJURY ASSOCIATION OF MN CONSUMERS

The Brain Injury Association of MN will be soliciting fifty (50) participants from their Resource Facilitation program. Because this service is phone based the participants will be asked at a regularly schedule call if they would like to participate in a phone interview. In addition, approximately 8-10 peer mentors (those individuals who were served in the Resource Facilitation program previously and are now a supportive resource to other individuals who have been affected by a brain injury) will be invited to participate in a focus group at the Brain Injury Association of MN's office.

Audience:	# of focus groups	# of people	Facilitator/ Co-facilitator/support	Date/Time
TUBMAN				
Tubman West shelter	1	8-12	BIA facilitator: TBD Tubman co-facilitator: Harriette Darrough*	4/20/11 @ 1-2:30 4/21/11 @ 7-8:30
Hill Home shelter	1	8-12	BIA facilitator: TBD Tubman co-facilitator: Brenda Westbrook**	4/19/11 @ 1-2:30 4/19/11 @ 6-7:30
Anne Pierce Rogers shelter	1	8-12	BIA facilitator: TBD Tubman co-facilitator: Shantel King*	4/20/11 @ 6-7:30 4/21/11 @ 1-2:30
Sustainability (community) Domestic Violence support group (East location; Maplewood)	1	8-12	BIA facilitator: TBD Tubman co-facilitator: Sara Reigel	5/3/11 @ 7-8:30
Sustainability (community) Domestic Violence support group (West location; Minneapolis)	1	8-12	BIA facilitator: TBD Tubman co-facilitator: Karla Skovholt	5/3 @ 6:30-8:00
GOAL TOTAL		50		
BRAIN INJURY ASSOCIATION				
Peer/Volunteer (BIA consumers who are now supporting other consumers)	1	8-12	Tubman facilitator: Deb Rogg BIA co-facilitator: TBD	TBD
Consumers		50	BIA Resource Facilitation staff (Leslie Babb, Liz Sexton, Jennifer & May Deluhrey)	Over the phone
GOAL TOTAL		60		

* Brenda Westbrook Tubman backup

**Deb Rogg is Tubman Backup

TRAINING PROTOCOL

All staff who participates as a facilitator, co-facilitator/support, or note taker, as well as the directors from each organization, will be required to attend a 1½ hour training to review the needs assessment process for conducting a focus group and interview. Materials will be provided and reviewed in detail.

Curriculum Overview

Topic:	Responsible Person:	Time:
Welcome	Executive director	5 min
Introductions	Project director	15 min
Needs Assessment Process Outcomes	Project director	5 min
Process for soliciting participants	Project director	5 min
Process for identifying/soliciting staff	Project director	5 min
Forms	Project intern	15 min
Roles and responsibilities	Project director	5 min
Facilitator script/guidelines	Project director	10 min
Phone protocol for BIA consumers <i>Applies to Resource Facilitation staff only</i>	Christina Saby	10 min
Role play (facilitator/participant)	Project team member	20 min
Wrap up	Project director	5 min
Q&A	All	<u>5 min</u>
		TOTAL 105 min

Documentation:

- Mission, Vision, Values, Goals
- Methods, Target Audiences, and Numbers
- Roles and Responsibilities
- Process for soliciting participants
- Forms
 - Invitation Letter
 - Participation Registration form
 - Fact Sheet
 - Consent form
- Facilitator's Script
- Phone Protocol
- Support Resources

WORK PLAN

TIMELINE:	ACTIVITY:
DECEMBER 2010	NEEDS ASSESSMENT RETREAT
JANUARY 2011	PROJECT TEAM PLANNING
FEBRUARY/MARCH 2011	SUBMIT NEEDS ASSESMENT PLAN TO OVW
MARCH 2011	CONDUCT RECRUITMENT/FACILITATOR TRAINING
APRIL/MAY 2011	SOLICIT PARTICIPANTS CONDUCT NEEDS ASSESSMENT FOCUS GROUPS AND INTERVIEWS
MAY 2011	SYNTHESIZE NEEDS ASSESSMENT FINDINGS
MAY 2011	SUBMIT NEEDS ASSESSMENT FINDINGS TO OVW
JUNE 2011	DEVELOP STRATEGIC PLAN
JULY 2011	SUBMIT STRATEGIC PLAN TO OVW
JULY 2011-JULY 2012	IMPLEMENTATION PHASE ; ACTIVITIES TBD

APPENDIX [MANDATED REPORTING]

VULNERABLE ADULT

In Minnesota, a vulnerable adult is defined in Minn. Stat. 609.232 to mean any person 18 years of age or older who is: (1) is a resident or inpatient of a facility; (2) receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4); (3) receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, and 256B.0653 to 256B.0656; or (4) regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction: (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and (ii) because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment (Subd. 21)

REPORTING OF MALTREATMENT OF A VULNERABLE ADULT

Tubman and the Brain Injury Association of Minnesota are social service agencies and follow the legislation of Minn. Stat. 626.557 REPORTING OF MALTREATMENT OF VULNERABLE ADULTS when any physical, mental or emotion dysfunction impairs the ability to care for themselves. Each agency has a designated mandated reporting officer and procedures in place so that employees are aware of their responsibilities. Employee are mandated reporters and receive training from the state of Minnesota on their responsibilities specific to reporting requirements related to suspected vulnerable adult maltreatment. Employees discuss evidence to support their suspicions with the reporting officer of their organization and also utilize team

members to seek additional perspectives about their concerns. A staff member will encourage an individual to self report as allowed by statute and offer their support in participating in the reporting.

MANDATED REPORTING

Each employee of Tubman and the Brain Injury Association of MN is considered a mandated reporter under Minn. Stat. 626.557, subd. 1 which states that a mandated reporter is any professional or professional's delegate engage in: social services, law enforcement, education, or care of vulnerable adults. The reporting of maltreatment is described in Minn. Stat. 626.557, Subd. 4 which states that a mandated reporter shall make an oral report to the Common Entry Point system (CEP), a county unit responsible for receiving oral reports of suspected maltreatment twenty-four hours per day, 7 days per week. See MN DHS Bulletin #08-25-02 http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_141296.pdf Internal reporting of maltreatment is established for both organizations that conform to licensing requirement. The following process outlines their protocol:

Process:

- Step 1: When an agency staff member recognizes or becomes aware of circumstances of abuse or maltreatment that endangers an individual or another, they notify their agency's mandated reporting officer of the facts to support the necessity to make a reporting of vulnerability and the process of reporting begins. Employees are allowed by statute to report directly to the Common Entry Point system (CEP) if they so choose.
- Step 2: Clients/residents/consumers are encouraged to self-report with or without an agency staff member pursuant to Minn. Stat. 626.557.
- Step 3: In cases where Tubman and the Brain Injury Association of MN are working together to benefit a specific individual they will notify the respective agency of the reporting as a professional courtesy.

APPENDIX [GLOSSARY OF KEY TERMS]

A

Accessible: Easy to approach, enter, operate, participate in, and/or use safely and with dignity by a person with a disability. Areas to consider include attitudinal, programmatic, physical, and cultural.

Accommodation: Modifications or adjustments to a program, service, work environment, or job description that make it easier for a person with a disability to participate in the same manner as other people.

Adaptive equipment: Equipment that someone with a disability or functional limitation will use to adapt to the environment in which they live or work. Adaptive equipment could be a wheelchair, cane, electronic equipment, or other assistive devices.

American Sign Language (ASL): A manual or visual language in which information is expressed through combinations of handshapes, palm orientations, facial expressions, and movements of the hands, arms, and body. ASL is a complete language with its own grammar and syntax, separate from the English language.

American Sign Language interpreter (ASLI): An individual professionally trained in translating between a spoken language and American Sign Language (ASL). In other words, this person interprets what is being said into ASL for someone who is Deaf or hard of hearing.

Assistive technology devices: As used in the Assistive Devices Supplement to the 1990 NHIS, the operational definition of assistive technology includes devices that enhance the ability of an individual with a disability to engage in major life activities, actions, and tasks. These devices assist people with deficits in physical, medical, or emotional functioning.

Auditory/oral: A communication method used by some Deaf and hard of hearing individuals in which listening is the primary means of understanding language and speech is the primary means of expressing language. In addition to listening (through the use of assistive technology such as hearing aids or cochlear implants), individuals watch the speaker for additional information from speech reading, facial expression, and gesture.

B

Brain injury: Injury to the brain caused by an external physical force and not of a degenerative or congenital nature. The injury results in an impairment of cognitive abilities or physical functioning. Additional consequences of the injury may include changes in behavior and/or emotional functioning.

C

Certified Deaf interpreter (CDI): An individual who is Deaf or hard of hearing and is certified by the Registry of Interpreters for the Deaf as an interpreter. In addition to proficient communication skill and interpreter training, the CDI has knowledge and understanding of Deaf culture and community as well as language fluency to help enhance communication.

Cognitive impairment: Difficulty with perception, memory, attention and reasoning skills. Activities of daily living, such as hygiene, eating, household management, community re-integration and many other aspects of day-to-day living are affected by cognitive changes.

Collaboration: According to the Fieldstone Alliance, collaboration is "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone." This relationship includes commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and awards.

Confidentiality: The ethical principle and legal right that a professional will hold all information relating to a client in confidence, unless the client gives consent permitting disclosure or unless disclosure is required by the law.

D

Domestic abuse: Includes: putdowns, keeping a partner from contacting their family or friends, withholding money, stopping a partner from getting or keeping a job, actual or threatened physical harm, sexual assault, stalking, intimidation.

Domestic violence: Behaviors used by one person in a relationship to control the other. Partners may be married or not married; heterosexual, gay, or lesbian; living together, separated, dating and in some cases a personal care attendant.

E F G H J K

L

Legal guardian: Person with legal authority and duty to act on behalf of the ward as a substitute decision-maker to care for personal and property interests of another person.

M

Mandatory reporter: A professional who is required by law to make a report to federal, state, or local agencies when abuse, neglect or violence have occurred. Oftentimes, such reporters include health care workers, welfare workers, teachers or social workers, residential service workers, and law enforcement personnel. Laws vary by state.

Mandatory reporting: All states have mandatory reporting laws, and although the specifics may vary among states, these laws require that certain professional groups report certain cases of abuse and/or neglect to law enforcement, social services and/or other regulatory agencies.

N

O

Open-ended question: Questions that will solicit additional information from the inquirer; broad in nature and requiring more than a one or two word answer.

P Q R

S

Safety Plan: Identifies specific strategies and resources to help individuals try to protect themselves before, during, or after dangerous situations. Safety plans are customized to an individual's or family's situation, and usually address things like securing documents and other necessary items, building support systems, and identifying places to go in a time of crisis.

Shelter: A place where individuals and their children can live in a safe and support environment for a short period of time, usually during a crisis, free of charge. This gives families time to determine their options.

T

Teletypewriter (TTY): A device that allows people who are deaf, hard of hearing or have speech difficulties use the telephone to communicate, by typing messages back and forth to one another. The messages get sent over the phone line, and other person's responses can be read on the TTY's text display.

U

V

Video Relay Service (VRS): A free service for Deaf and hard of hearing individuals that enables anyone to conduct video relay calls with family, friends or business associates through an interpreter via a high-speed Internet connection and a video relay solution (or VRS call option).

W X Y Z

Dear PARTICIPANT:

You are invited by [Tubman/Brain Injury Association of MN] to participate in a [focus group or an interview] to help collect information that can be used to improve services to individuals such as yourself.

Tubman and Brain Injury Association of MN are working together to help make a difference in the lives of the people they serve, which is why your voice is important to us. Questions will be asked are to find out information about the services and programs provided by [Tubman/Brain Injury Association of MN], along with finding out how people access the services. This project is looking at how Tubman and the Brain Injury Association of MN can tailor their services to meet the needs of individuals who are living with the effects of brain injury and domestic violence. We do not need to gather personal experiences relating to domestic violence and brain injury.

In order to figure out where changes are needed, team members from Brain Injury Association and Tubman have begun to gather information through a Needs Assessment process. The information will be collected through focus groups, interviews, and surveys run by staff from both agencies.

Your experience with [Tubman and Brain Injury Association of MN] will be used to develop a better system for meeting the needs of people with brain injury who have experienced domestic violence.

Please review and complete the attached Participation Form and return to the staff member who is reviewing this information with you. As a participant [Tubman only], you will receive a \$20 gift card as a token of our appreciation for your time.

Thank you. We greatly appreciate your time, voice, and willingness in helping us reach our goal of meeting the needs of all the individuals we serve.

Sincerely,

[Tubman and Brain Injury Association]

Dear STAFF/VOLUNTEER/INTERN:

As you are aware, Tubman and the Brain Injury Association of MN are collaborating to determine how to best meet the needs of individuals at the intersection of domestic violence and brain injury. In order to determine where changes are needed, team members from the Brain Injury Association and Tubman have begun to gather information through a Needs Assessment process. You are invited to participate in a [focus group/interview/survey] to provide additional information that will help inform the services and programs and make a difference in the lives of the people you serve.

The goal of the collaboration is for both agencies to respond effectively to the needs of people with brain injuries who have experienced domestic violence. By hearing from you and others, we hope to gain perspectives about how services are currently being provided to these individuals and where there are opportunities for future changes. In particular, our goals are too:

- Ensure early identification and response to brain injury and domestic violence within each organization.
- Provide barrier-free access to all services offered by each agency.
- Enable individuals to choose their approach to living with the effects of domestic violence and brain injury.
- Determine professional knowledge and skills needed to work with individuals dealing with domestic violence and brain injury.
- Engage in a team-based approach to take advantage of what each agency has to offer for the betterment of people who have experienced domestic violence and brain injury.
- Provide an accessible, safe, and welcoming environment that meets both the staff and the needs of those individuals served.

Your experience with [BIA and Tubman] will be used to develop a better system for meeting the needs of people with brain injury who have experienced domestic violence. We greatly appreciate your time and willingness to help us reach our goal of meeting the needs of all the individuals we serve.

Please review and complete the attached Participation Form and return Jan Williams, project director, via e-mail jwilliams@tubman.org or 612.767.6693. Thank you for your participation!

Sincerely,

[Tubman and Brain Injury Association]

What is the purpose of this project?

Brain Injury Association of MN and Tubman have received money from the Office on Violence Against Women to work together to meet the unique needs of individuals living with the effects of domestic violence and brain injury. A team is figuring out how to best meet the unique needs of individuals and also how to prepare staff to help meet those needs. In order to be able to develop a plan of action we need information to help understand what improvements will help clients and consumers of both agencies. We are getting this information through focus groups, interviews, and surveys where we will ask as a series of questions.

In order to create positive changes, we need to hear from many people so that is why your voice is so important to this project. We are asking staff, volunteers, interns, residents, clients, and consumers to help us understand what is needed and then work to create meaningful strategies to make a difference in people's lives. The people served by both agencies can help staff understand what they need and what is the most effective to support them in their recovery. Staff, volunteers, and interns can help identify what they need in order to help support the people they serve each day.

Why are we asking you to participate?

Because you have used our services we value your opinion. We want to ask you questions regarding safe, accessible, and welcoming services so that we can understand and improve our programs and service so that you and others that will be served in the future have what they need.

How do you benefit from participating?

Tubman residents and clients will receive a \$20 gift card for taking time to answer the questions. **[this sentence will be pulled out for BIA consumers]**. The Brain Injury Association of MN and Tubman will have the opportunity to improve the quality of their services based on the information you provide. Your opinion matters and will go a long way towards benefitting others who will use the services in the future.

How will we protect confidentiality?

No names or details of who you are will be recorded in the focus groups or interviews. Also, your name will not be used in any report.

Why is a registration form necessary?

The registration form must be filled out by everyone to help with planning and scheduling the focus groups and interviews. The form provides us with information on any special needs you may have in order to attend. The registration form will be shredded after the project is completed.

Who will conduct the Interviews and Focus Groups?

A specially-training staff member from Tubman or the Brain Injury Association of MN will ask the questions in the focus groups and interviews. There will also be another person taking notes and recording the information so that we do not miss any information said during the focus group or interview. We will also be an additional staff member available in case anyone needs assistance or support.

[PARTICIPATION REGISTRATION FORM]

Thank you for your willingness to participate in a focus group. Please complete the information below and return this form back to the person who gave it to you. This information will remain confidential. We look forward to meeting you soon, thank you for your willingness to help us improve our services and programs!

Name: _____ **Date:** _____

Preferred method to reach you?

Phone #: _____ **Is it safe to leave a message:** Yes: No:

Email: _____

Other Contact Name: _____ **Phone #:** _____

The best time to reach you: _____

Do we have your permission to record during the focus group? Yes: No:

WHAT ARE YOUR NEEDS IN ORDER TO PARTICIPATE IN A FOCUS GROUP?

___ Transportation

___ Alternate Format For Printed Materials:

___ Child Care:

___ Braille

of Children: _____

___ Large Print

Ages: _____

___ Help with Reading

___ Listening Device

___ Personal Care Attendant

___ Interpreter: *language:* _____

___ Food/Dietary Considerations (*describe*): _____

Other safety considerations (*describe*): _____

Staff member reviewing this form with participant: _____

Phone #: _____

DATE, TIME, AND PLACE OF YOUR FOCUS GROUP:

Date: _____ Time: _____

Place: _____ Contact Name: _____

Would you like to be contacted the day before as a reminder? Yes: No:

-
- Participant declined copy of form.
 Participant received a copy of form.

STAFF PLEASE COMPLETE THIS INFORMATION:

The following information is requested to help understand the demographics of the individuals served.

Gender: Female Male

Race: White Black/African American Hispanic or Latino
 Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
 People of two or more races

Age of participant: _____

Number of Family Members in Household: _____

Time in Program: _____ days _____ weeks _____ months _____ years

[STAFF PARTICIPATION FORM]

Thank you for agreeing to participate in an employee, intern, volunteer focus group. Please fill out the information below and return to Jan Williams, Project Director, via e-mail: jwilliams@tubman.org, or drop in mailbox at either agency. If you have any questions please call Jan at 612.767.6693

Employee's First Name: _____ Date: _____

Agency: ___ Tubman ___ Brain Injury Association

Email: _____ Work Phone #: _____

Best time to reach you: _____ May we leave a message? Yes: No:

Do we have your permission to record during the focus group? Yes: No:

ACCESSIBILITY/SPECIAL CONSIDERATION:

___ Alternate Format for Printed Materials ___ LARGE PRINT ___ Other: _____

___ Listening Device

___ Food/ Dietary (*Describe*): _____

___ Other (*Describe*): _____

DATE, TIME, AND PLACE OF FOCUS GROUP

Date: _____ Time: _____

Location: _____ Contact: _____

I, _____, agree to participate in a focus group with Tubman staff where I voluntarily agree to answer questions. The answers I give to each question will remain private and will be used only to help Tubman learn more about my needs which can then help others who use services.

We agree to keep things private:

- We will use your first name only to keep your identity private.
- You can share however much information you feel comfortable with discussing.
- Since this is not a support group we ask that you not share deeply personally information.
- We ask that you not share what is said in the group to others outside of the group.
- We will collect some information from you such as your age, gender, race, time in program but it will only be used to understand who is seeking services.

We encourage respect and openness:

- We wish for everyone to respect one another. We realize that everyone has different viewpoints and opinions.
- Allow each person to be heard even when they may have a different style.
- Be thoughtful in the use of your words to limit any misunderstandings or offending someone.
- There are no right and wrong answers.

Use of information:

- We will keep all information private. Notes and recordings will be kept in a locked office. They will not be shared with any outside agency or individual.
- All information will be destroyed 90 days after the project is completed.
- Information gathered will be reviewed and put into a report. Again, your name or any information about you will not be included in the report. We will only be summarizing what is said by all people. You are welcome to receive a copy of this report.

I have reviewed the above information and understand what is expected.

Signed: _____

Dated: _____

[PARTICIPANT CONSENT FORM]

I received a gift card valued at \$20 from Tubman in appreciation of my time while participating in a focus group/ interview to inform the project's needs assessment process.

Signed: _____ **Dated:** _____

I request that my gift card be mailed to me at the following address:

Address: _____

City: _____ **State:** _____ **Zip:** _____

I request that my gift card be held for me and I will pick up on *(date)* _____ at *(location)* _____.

Phone Protocol

***Anything typed in RED is to be said to the consumer

INTERACTIONS WITH CONSUMERS:

- Treat every caller with respect; speak and listen to the caller as you would like to be spoken and listened to
- Use short, concrete sentences containing basic words
- Speak slowly and clearly; repeat if necessary
- Ask questions one at a time
- Allow extended time for a response
- Check to be sure the caller understands what you are asking/saying by asking them to restate what you just said

PROCESS:

1. Resource Facilitator will solicit participants at the end of a regularly scheduled call. These calls happen at intervals of initial contact (48 hour to 6 weeks post hospitalization), 6 month, 12 month, 18 month, 24 month, and 36 month)
State/Ask: Tubman and Brain Injury Association of MN are working together to help make a difference in the lives of the people they serve. We would like to ask you if you would be willing to answer some questions so we can learn more about how we can tailor our services to meet your needs as well as others.

- a. Ask: Would like to stay on the phone and answer some questions? Otherwise, we can schedule a different date or time.
This is for those individuals who do not want to schedule another time.
- b. If they want to schedule at a different date/time: What date and time would work for you?
Make the date and time at the convenience of the consumer.
- c. Ask: Are you comfortable speaking with me or would you like to speak to a different resource facilitator?
This will give them a choice about who they interact with to answer the questions.

2. At the time of the phone interview, Resource Facilitator will read the following:

Thank you for your time and willingness to share information. Before we get started: [you will be asking a series of questions to ascertain the consumers safety to talk freely]

- “For the purpose of your safety may I ask if you are alone”?
 - If yes, proceed with questions
 - Ask: “if someone were to come into the room or is in the room and can/could hear your conversation would you have any concerns about them hearing your side of the conversation”?
 - Is no, proceed
 - If yes, “you may hang up at any time and I will call in 2 hours to check on you”.

- If yes, “if you do not want to answer a question you can just say pass”.
 - Let the consumer know that they can end the call at any time during the conversation: Some phrases that may be used: “thank you for calling, I will talk to you another time,” “I need to go,” etc. Otherwise, let them know they can hang up at any time.
 - Offer to use a code word or phrase of their choosing. When this word or phrase is used then the call would end immediately.
3. Determine the amount of time that the person can speak; tell them that you believe it will take approximately 30-60 minutes to answer the questions but that the call may end at any time.
- a. Review that there are a series of questions will be asked that can take from 5 minutes to 15 minutes depending on how much information they feel comfortable with sharing
- Ask/review:
- “Do you have this much time to answer the questions?”
 - “Please indicate if you need to stop the interview at any time”
 - “I will periodically ask if you need a break or are okay continuing with questions”
- b. If there are pauses or the consumer does not speak at a point in the conversation:
- Ask/prompt:
- “would you like to answer this question?” Yes/No
 - “I’m here to listen whenever you feel ready”
 - “we can wait a few minutes so you can collect your thoughts”
 - “ would you prefer that we end discussion of this question?” Yes/No

Read the following Consent, Confidentiality, & Safety information:

I will now be going over some information regarding consent and confidentiality.

- Share however much information you feel comfortable with discussing.
- You do not have to participate unless you want to and can hang up at any time.
- You are volunteering your time to be a part of this process.
- We will keep all information you share private.
- Notes will be kept in a locked office and will not be shared with any outside agency or individual.
- All information will be destroyed 90 days after this project is completed.
- Information that is gathered will be reviewed and put into a report.
- Your name or any information about you will not be included in the report. We will only be summarizing what is said by people.
- You are welcome to receive a copy of the final report if you would like.

Do we have your permission to ask questions?

Staff member initial box to indicate permission granted.

Mandated reporting information must be reviewed

During the discussion today you will be sharing information. As an employee of BIA I am required to report any of the following circumstances to the department of human services as required by Minnesota state law (statute 626).

- When you or someone you know is being abused or harmed.
- When you or someone you know is intending to hurt themselves or someone else.
- When a child is being abused, neglected or maltreated.
- If someone is taking advantage of you or someone else because of a disability.

This law is to protect the health and well-being of people. If I feel that the information you share needs to be reported I work with you to report the information directly. We can provide you with the number and contact information if you would like to choose this option. Otherwise, if you choose not to report the information, then it is the state law that I must report what information was learned during the course of the conversation.

** If there is a disclosure, follow BIA's mandated reporting protocol.

Do you have any questions before I start asking questions?

Ask the following questions: [you are welcome to type the answers into this document or you may modify the document to make room and write in the answers].

1. What is the best way for us, or any other organization, to help individuals such as yourself living with the effects of a brain injury learn or get information about services?

- Can you describe a time where you got information. What was done/said?
- If materials were provided to you were they helpful and understandable? If yes, what made them helpful/understandable? If no, what made them problematic?
- What should organizations be doing to let people with a brain injury or other disability know about their services?

2. How do you go about finding assistance/services from those who provide a service you need?

- Where do you look for this information? [Web, brochure, ask someone]
- Did you get the information you needed? yes/no Describe what information.
- Does someone help you do this? Who is the person? Describe how they helped you?
- Whether you or someone else helped you, did you get what you needed? yes/no Describe what you got that you needed.
- Did you feel safe discussing your situation? What was said or done that helped you feel safe?

3. How do organizations help you feel welcomed [cared about, greeted, pleasant, appreciated, respected, received]?

- What do we or others do to help you feel welcome?
Prompt: Did they say something? Did they treat you a certain way? Look? Feel?
- How did staff recognize or understand your strengths or abilities?
 1. How did show you they understood your needs?
 2. Was the staff member aware of what was going well for you?

3. Did they respect that you didn't need help in that area?

Prompt: Did you bring it up? Did they ask you about things that were going well and things that weren't going well?

- What other things helped you to feel more welcomed?
- Was the building accessible? Were you able to get around the building? Could you find your way around okay? Were there signs directing you? People to help you?
 1. If yes, what made it accessible?
 2. If no, what made it inaccessible or difficult?
- If you had a special need or accommodation did someone help you get what you needed?
 1. If not, what were the barriers or difficulties?
Prompt: communication, memory, physical, emotional, fear, unease, etc.
- What else about the building, neighborhood, space in building, security or staff helped you feel welcome?

4. What do organizations need to know when working with someone living with the effects of a brain injury?

- What do they need to know about brain injury?
- How can staff best assist someone with a brain injury?
- What kinds of accommodations or considerations are the most helpful?
- What do staff need to know to help you access services from other organizations?

5. Is there anything you want to tell us that would help you or someone living with the effects of a brain injury get what they need from organizations in the community?

Concluding Statement

Thank you for taking the time to give us valuable information during this process to improve our services and programs. Do you have any questions for me? Is there anything I can support you with? Again, your participation was very much appreciated and will go a long way in the betterment of our services provided for you and others. You are going to help us make a difference!

COMPLETE THE FOLLOWING INFORMATION: [ASK IF INFORMATION IS NOT AVAILABLE IN THE DATABASE]

NAME OF CONSUMER: _____ **Age:** _____

Date of Interview: _____ **Resource Facilitator Name:** _____

Gender: Female Male

Race: White Black/African American Hispanic or Latino
 Asian American Indian/Alaska Native Native Hawaiian/Other Pacific

Islander

People of two or more races

Number of Family Members in Household: _____

Time in Program: _____ days _____ weeks _____ months _____ years

Consumers of the Brain Injury Association of MN

- 1. What is the best way for us, or any other organization, to help individuals such as yourself living with the effects of a brain injury learn or get information about services?**
 - Can you describe a time where you got information. What was done/said?
 - If materials were provided to you were they helpful and understandable? If yes, what made them helpful/understandable? If no, what made them problematic?
 - What should organizations be doing to let people with a brain injury or other disability know about their services?

- 2. How do you go about finding assistance/services from those who provide a service you need?**
 - Where do you look for this information? [Web, brochure, ask someone]
 - Did you get the information you needed? yes/no Describe what information.
 - Does someone help you do this? Who is the person? Describe how they helped you?
 - Whether you or someone else helped you, did you get what you needed? yes/no Describe what you got that you needed.
 - Did you feel safe discussing your situation? What was said or done that helped you feel safe?

- 3. How do organizations help you feel welcomed [cared about, greeted, pleasant, appreciated, respected, received]?**
 - What do we or others do to help you feel welcome?
Prompt: Did they say something? Did they treat you a certain way? Look? Feel?
 - How did staff recognize or understand your strengths or abilities?
 1. How did show you they understood your needs?
 2. Was the staff member aware of what was going well for you?
 3. Did they respect that you didn't need help in that area?Prompt: Did you bring it up? Did they ask you about things that were going well and things that weren't going well?
 - What other things helped you to feel more welcomed?
 - Was the building accessible? Were you able to get around the building? Could you find your way around okay? Were there signs directing you? People to help you?
 1. If yes, what made it accessible?
 2. If no, what made it inaccessible or difficult?
 - If you had a special need or accommodation did someone help you get what you needed?
 1. If not, what were the barriers or difficulties?Prompt: communication, memory, physical, emotional, fear, unease, etc.
 - What else about the building, neighborhood, space in building, security or staff helped you feel welcome?

- 4. What do organizations need to know when working with someone living with the effects of a brain injury?**
 - What do they need to know about brain injury?
 - How can staff best assist someone with a brain injury?
 - What kinds of accommodations or considerations are the most helpful?
 - What do staff need to know to help you access services from other organizations?

- 5. Is there anything you want to tell us that would help you or someone living with the effects of a brain injury get what they need from organizations in the community?**

Resident/Clients of Tubman

1. **How did you find out or get information about the services available to you?**
 - Who helped you find the information?
 - Who do you go to for information?

2. **Tell us some of the things that made you feel safe enough to tell someone about your situation? What helped you feel safer when you told someone about your situation?**
 - What kinds of things should a person say or do?
 - What questions should I or others ask you that would make you feel safer in sharing your story/experience to better understand how to help you?
 - What else could Tubman have done to make you feel safe?

3. **Think about a time when you had a good experience in getting help from an agency?**
 - What made it a good/positive experience?
 - What was said or done?
 - How was confidentiality or your privacy addressed?
 - What other suggestions do you have for making things better when someone goes to an agency for help or services?

4. **How do organizations help you feel welcomed [cared about, greeted, pleasant, appreciated, respected, received]?**
 - What do people from that organization do to help you feel welcome?
 Prompt: Did they say something? Did they treat you a certain way? Look?
 - How did staff recognize or understand your strengths or abilities?
 - How did they let you know that they understood your needs?
 - Was the staff member aware of what was going well for you?
 - Did they respect that you didn't need help in that area?
 Prompt: Did you bring it up? Did they ask you about things that were going well and things that weren't going well?
 - What other things helped you feel more welcomed with an organization?
 - Was the building accessible? Were you able to get around the building? Could you find your way around okay? Were there signs directing you? People to help you?
 1. If yes, what made it accessible?
 2. If no, what made it inaccessible or difficult?
 - If you had a special need or accommodation did someone help you get what you needed?
 1. If not, what were the barriers or difficulties?
 Prompt: communication, memory, physical, emotional, fear, unease, etc.
 - What else about the building, neighborhood, space in building, security or staff helped you feel welcome?
 - What else about the setting, environment or staff helped you feel welcomed?

5. **What do staff member's need to know when working with individuals in your particular situation?**
 - What do they need to know that would help them serve you better?
 - What kinds of accommodations or consideration are the most important?

FOCUS GROUP/INTERVIEW QUESTIONS

Staff (service providers) of Tubman

1. Think about a time where you assisted someone you felt may have had a disability.
 - a. What questions did you ask to learn more about the disability? What kinds of information did they share with you? What allowed them to disclose their disability to you?
 - b. How comfortable were you asking about accommodations or providing services to an individual?
 - c. How do you learn about what they needed? Describe how you determined that an accommodation was needed based on what was shared/learned? If they didn't let you know they needed an accommodation, why do you think that is?
 - d. At what point was the need for an accommodation recognized? At intake, during stay, etc.
 - e. What policies, procedures, processes, information guided you in making a particular accommodation?
 - f. Do you feel you had the knowledge, skills and confidence to provide services? Do you feel like you are able to meet the individual's needs?
 - g. Describe some of the trainings you have had that have helped you to provide services to someone with a disability.
2. Describe the approach you use when working with someone you believe may be living with the effects of a brain injury.
 - a. What did you observe? What specific behaviors or symptoms do you see in individuals living with the effects of a brain injury?
 - b. How do you learn about what they needed? Describe how you determined that an accommodation was needed based on what was shared/learned? If they didn't let you know they needed an accommodation, why do you think that is?
 - c. What have you done to encourage people to discuss their brain injury? If they don't tell you, what have you done to get more information about their specific situation?
3. Once you learn your client has a specific disability or a brain injury, what are the next steps?
 - a. What kinds of things do you think about?
 - b. As a result of this thinking, what steps do you take terms of goal planning and safety planning? Is this in line with Tubman's value of a people centered/strengths based approach? Describe what this looks like when helping define goals.
 - c. What have you found to be the most effective when working with someone with a disability and/or brain injury? Describe practices/approaches you believe are effective. Describe the specific impact and/or result?

- d. What would limit your ability to meet the individual's needs based on current practices, laws, guidelines, processes – or other type of barrier?
 - e. How do you address these barriers? What do you do? Who do you talk to?
4. What improvements would you suggest for Tubman and the Brain Injury Association to make in order to better serve residents/clients?

FOCUS GROUP/INTERVIEW QUESTIONS

Staff (service providers) of Brain Injury Association

1. Think about a time where you assisted someone you felt may be dealing with domestic violence/are currently experience domestic violence.
 - a. How did you modify your approach to meet their needs?
 - b. What process did you follow to determine their situation?
 - c. What policies, procedures, information guide you?
 - d. When did you recognize domestic violence?
2. If you have not had a situation, why do you think that is?
 - a. Would you feel comfortable talking about abuse? Why or why not?
 - b. How prepared do you feel in handling disclosures of abuse?
 - c. Is inquiry about situations encouraged within your organization?
 - d. How would you go about getting more information?
3. Describe your approach when working with someone who may be living with the effects of domestic violence.
 - a. Why do believe they are dealing with domestic violence currently or may have been affected by domestic violence (what do they say/do)?
 - b. Do they tell you? If yes, why do you think they have disclosed? If no, why do you think they did not share the information?
 - c. What have you done to encourage people to disclose? If they don't tell you what do you do to get them to discuss their situation?
4. Once you learn about domestic violence, what do you do?
 - a. How do you respond? What kinds of things do you think about?
 - b. How comfortable were you asking about domestic violence? Did you feel prepared to meet the individual's needs?
 - c. Is your response in line with BIA's value of a people centered/strengths based approach? If yes, describe what you do or say to help the individual.
 - d. What do you believe works the best?
 - e. What do you think gets in the way of helping an individual?
5. What types of ques do you receive from the individual that would prompt you to probe further (words, actions, etc.) when working with someone affected by domestic violence?
 - a. Describe specific barriers when working with an individual with a domestic violence?
 - b. What do you do to try to remove the barriers?
6. Describe how BIA supports your success in your position.
 - a. What training or professional development is provided to help you understand domestic violence?
 - b. What policies help you with your job?

- c. What types of tools or other resources assist you so that you can assist others?
 - d. Do you feel you had the knowledge, skills and confidence to provide services? Do you feel like you are able to meet the individual's needs?
 - e. Describe some of the trainings you have had that have helped you to provide services to someone with a disability.
7. What kinds of things could your supervisor, co-worker or other staff at BIA do or provide to support you in your work? Are you supported by the various policies, supervisors and agency?
 8. What relationships exist with other agencies to help you work with individuals with a domestic violence? Describe the agency and what they provide. Do you have suggestions for strengthening these partnerships?
 9. Do you know about Tubman? Have you worked with them? What works? What can be improved? How can they help support your work?
 10. What do you want domestic violence service providers to know about serving individuals living with the effects of a disability in general and brain injury specifically?
 11. How does change happen at BIA? What is the decision making process? How are policies and practices created/changed? How are you communicated with? What works? What doesn't?
 12. What improvements would you suggest to better serve residents/clients?

INTERVIEW QUESTIONS

Executive Directors – Tubman and BIA

1. How does [Tubman/BIA] proactively recruit, hire, and evaluate staff, board members, volunteers, and interns in terms of their ability to effectively serve individuals affected by [domestic violence/brain injury]?
2. How do you support staff in their work? What types of training does the agency provide to staff to enhance their knowledge and skills? What types of training are available for management staff to coach and lead employees?
3. Are there policies on violence against women with disabilities who are living with the effects of domestic violence/sexual abuse? How are accommodation requests handled with the agency? How does the agency respond to disclosures?
4. What is [Tubman/BIA] biggest strength in serving serve individuals affected by [domestic violence/brain injury]? Where do you see the benefit in your approaches?
5. Where do you see opportunities to enhance services jointly between Tubman/BIA? What benefit or improvements do you think this collaboration will have on those served? How important is this initiative compared to others?
6. Which changes do you believe would have the greatest impact in your organization serving individual with [disability/brain injury/domestic violence]?
7. What would it take to effect these changes? [time, people, money] How are resources allocated? Describe the budget process and how financial decisions are made?
8. How is change handled within the organization? What is the decision-making process? How are policies and procedures created/changed/implemented? How are employees empowered to act? How do you engage employees? How to you encourage 2-way communication?
9. Describe your partnerships with other organizations that serve at the intersection of DV/disability. How long has your organization worked together? What types of barriers have you encountered? What would make the relationship stronger? How has it benefited those you serve?
10. How do you measure success or positive outcomes for those individuals served by your organization? Describe what metrics you use to determine outcomes. Describe how you gain information from participants and what you do to improve your services/programs?

This interview will also include questions that may arise after staff and/or participant interviews and focus groups.

INTERVIEW QUESTIONS

Staff (non-direct service) – Tubman and BIA

Communications/Sustainability/Receptionist/Intake

1. How do you primarily communicate with individuals internally and externally (in person, over the phone, email, through others)? How do you make decisions about a particular communication approach? How do you measure or evaluate its effectiveness?
2. Describe the process for preparing materials that are sensitive to people who have DV/BI? What kinds of things do you consider? [content, approach, etc.] Are there things you would like to know more about?
3. Do you have materials available in alternative formats (print, web)? How did you identify that you needed materials in other forms? What process do you utilize to create new material and determine that it meets the needs for a variety of audiences?
4. When you interact with an individual either on the phone or in person what would alert you to the fact they may be living with the effects of [brain injury/disability/domestic violence]? How do you know? Do they tell you? What behaviors/symptoms do they exhibit?
5. How do you assist people to feel safe when you interact (front desk/phone/in person)? How do you make people feel like the environment/services are welcoming? Do you have suggestions for improving how people could feel safe or welcomed/accessible?
6. Do you receive training to understand these issues? How are you equipped to handle difficult conversations or interactions with individuals? [policies/procedures, guidelines, information, etc.] What could you use to feel equipped and confident to interact with individuals?
7. How do you pass along and share information to other staff within the organization that increases their knowledge and also contributes to a good outcome with a client/consumer?
8. What improvements would you suggest to improve communication, accessibility and a welcoming environment both for staff and clients/consumers?

INTERVIEW QUESTIONS

Staff (maintenance) – Tubman only

1. What types of issues arise with accommodations for individuals served at Tubman? How are they brought to your attention? What is the process to making the accommodation? Do you seek permission from someone? (who) What policies, procedures, information is in place to guide you? Do you have time or money restrictions to implementing any accommodation?
2. What kinds of safety concerns do you have for your organization, staff and individuals served? Are their guidelines to workplace safety (fire, emergency, security, injury, etc.)
3. What improvements do you think could make residents feel safer? What specifically do you think makes residents feel safe? If you have a suggestion for improvement to the safety of the organization how would the idea get processed? Supervisor, committee?
4. Describe how do you become aware of changes need to improve safety or accessibility? What policies or procedures, guidelines, audits, licensing requirements, etc. are in place to support the changes?
5. What types of training or information to do receive to assist you in your position? What types of resources or support are available for you to implement safety or accessibility modifications? Are there things that could make your job easier? Describe.

FOCUS GROUP/INTERVIEW QUESTIONS

Staff (managers/directors of BIA & Tubman)

1. What guide you (policies, procedures, practices, processes, trainings) to manage and coach your staff to identify the needs and abilities of persons living with [brain injury/domestic violence]? Do you find them effective? What could be improved?
2. How confident do you feel in providing support to the staff you supervise? Describe what enhances the supervisor/employee relationship and what gets in the way.
3. How do these guidelines encourage and facilitate learning by employees to understand the full scope of the person's abilities and needs? How are they implemented throughout the organization? How are staff's competencies measured?
4. Describe how you provide an environment that allows for learning about co-occurring disorders? [training, communication, resources, practices, etc.] What is done? Is it effective? What suggestions do you have for improvements?
5. What opportunities do you see for collaboration between BIA and Tubman? Describe the benefits will it bring to employees and residents/consumers?
6. Describe some of the current challenges with your organization. How are they managed? Described some of the current opportunities within your organization. What makes these opportunities beneficial to those you serve?
7. How support do you feel by your organization?
8. Describe activities and measures that support a person centered, safe and welcoming environment that encourages and facilitates disclosure of brain injury/domestic violence?
9. How does change happen in your organization? What is the decision-making process? How are policies and practices created/changed? How are decisions made regarding hiring, improving performance, or letting staff go?

Introduction Overview

- Introduce yourselves
- Express appreciation for participant's time and willingness to share information
- Briefly explain the type of questions that will be asked will be to used to improve services, policies, and practices
- Review the benefit of gathering the individuals together is to get information for a report that will be used to develop strategies to improve services

Introducing Staff

There are three of us staff members participating in the discussion today. Again, my name is ___[facilitator]___ and I will be leading our discussion, along with asking you different questions about our agency. Please remember there is no right or wrong answers to the questions. We are here to make our services better for you, so any input you give us will help us provide you with quality services.

___[co-facilitator/support person]___ is here to help if you need anything during our discussion, and to assist me if I need any help.

___[intern or project director]___ is the recorder. She will be note taking and tape recording the information you are giving us. Everything you say is private. It is important we capture all important information in order to improve our services for you. As a reminder from the registration form, our discussion today will be recorded on tape in case we have missed anything in our note taking. Again, we will not record your name, any description of you, or identify any information about you.

Do we have your permission to continue while recording the session? Thank you for your permission to record this session.

The focus group will last anywhere from 60-90 minutes. The restrooms are located ___[indicate location]___. Feel free to use the restrooms, get up an stretch or grab some snacks at any time.

Consent, Confidentiality, & Safety

I will now be going over some information regarding your consent, confidentiality, and safety.

- You are volunteering your time to be a part of this process. You do not have to participate unless you want to. Your help is very much appreciated.
- A variety of questions will be asked about services offered by Tubman. You may or may not choose to answer any question.
- At anytime you may change your mind about participating in this discussion and are free to not answer a question. If you would prefer to discuss our services at another time, please let one of us know.
- You will receive your gift card whether you stay through the entire conversation, leave early, or choose not to answer a question.

[Refer to handout with the following information]

We agree to keep things private:

- We will use your first name only to keep your identity private.
- You can share however much information you feel comfortable with discussing.
- Since this is not a support group we ask that you not share deeply personal information.
- We ask that you keep information shared in this focus group private.
- We will collect some information from you such as your age, gender, race, time in program but it will only be used to understand who is seeking services.

We encourage respect and openness:

- We wish for everyone to respect one another. We realize that everyone has different viewpoints and opinions.
- Allow each person to be heard even when they may have a different style.
- Be thoughtful in the use of your words to limit any misunderstandings or offending someone.
- There are no right and wrong answers.

Use of information:

- We will keep all information private. Notes and recordings will be kept in a locked office. They will not be shared with any outside agency or individual.
- All information will be destroyed 90 days after the project is completed.
- Information gathered will be reviewed and put into a report. Again, your name or any information about you will not be included in the report. We will only be summarizing what is said by all people. You are welcome to receive a copy of this report.

Mandatory Reporting

During the discussion today each of you will be sharing information. As an employee of [Tubman/BIA] I am required to report any of the following circumstances to the department of human services as required by Minnesota state law (statute 626). This law is to protect the health and well-being of people and it states that the following circumstances must be reported.

When you or someone you know is being abused or harmed.

- When you or someone you know is intending to hurt themselves or someone else.
- When a child is being abused, neglected or maltreated.
- If you are disabled by a cognitive impairment (brain injury) or other disability and someone is taking advantage of you.
- If you know someone who is disabled by a cognitive impairment (brain injury) or other disability and someone is taking advantage of you.

Our process to handle a situation such as the ones described above will:

- If one of us in the room feels that the information you share needs to be reported we will ask to speak to you in private after the focus group or interview.
- At that time we will work with you to report the information directly. We can provide you with the number and contact information if you would like to choose this option.
- Otherwise, if you choose not to report the information, then it is the state law that one of us must report what information was learned during the course of the conversation.
- We will talk with you as long as needed to do the right thing to protect you or someone else.

Are there any questions?

We are now ready to begin our focus group. We ask that you share as much information you feel comfortable with, what you teach us will help improve our services.

Begin asking focus group questions – see list of questions

Concluding Statement

Thank you for taking the time to give us valuable information during this process to improve our services and programs. If you would like any additional information or need someone to talk to, please ask one of us before you leave and we will be glad to help. Again, your participation is very much appreciated and will go a long way in the betterment of our services provided for you and others. You are going to help us make a difference!

Thank you for your help.

Both organizations have a vast network of support resources for their consumers, residents and clients. The following organizations and phone numbers will provide the basic resources available in the event of a participant having a immediate need during or following a focus group or interview. This is by no means an exhaustive list and other resources can be identified by either agency.

Tubman 612.825.1000
Brain Injury Association 612.378.2742

IMMEDIDATE DANGER

911

Crisis Connection (24-hour hotline)
Client counseling, suicide prevention,
family abuse prevention, mental health
counseling, referrals

612.379.6363

Crisis Intervention Center (HCMC)
Psychiatric emergencies

612.347.3161

ElderCare Rights Alliance

952.854.7304

GLBT Domestic Abuse Hotline (24 hour)

612.822.0127

Greater Minneapolis Crisis Nursery (24 hour hotline)

612.591.0100

Suicide Prevention (24 hour hotline)

612.347.2222

Sexual Violence Center (24 hour hotline)

612.871.5111

Sexual Assault Resource Services (24 hour)

612.347.5832

Tubman Crisis Phone line (24 hour hotline)
Access to shelter availability and other resources

612.825.0000

C.O.P.E. Adult Crisis Mobile Team (Hennepin)

612.873.2011

H.S.I. Adult Mobile Crisis Team (Washington Co)

651.777.4455

Ramsey County Mobile Crisis Team

651.771.0076

Vulnerable Adult/Child Protection Reporting

Ramsey County

651.266.4012 (day)
651.291.6795 (evening/weekend)

Hennepin County

612.348.8526 (day/evening/weekend)

Washington County

651.430.6484 (day)
651.291.6795 (evening/weekend)

Record your overall impressions and reactions to the group discussion:

What was surprising to you?

What are the key learning's from this focus group?

What are the key themes developed from this focus group?

Identify *what went well*; *what went wrong*, and *what can be changed* to make future focus groups more successful:

Record the general mood of the focus group:

Survey Questions for Tubman Staff, volunteers, interns

[to be deliver via Survey Monkey]

Tubman and the Brain Injury Association of MN are collaborating to determine how to respond effectively to meet the needs of people with brain injuries who have experienced domestic violence. In order to determine where changes are needed, the project team needs to gather information as part of a thorough Needs Assessment process.

You are invited to participate in this process by answering the following questions. By hearing from you and others, we hope to gain perspectives about how services are currently being provided to individuals and where there are opportunities for future changes.

It is expected that the questionnaire will take approximately 20-30 minutes of your time. Thank you in advance for your input! Please respond by xx.

The following information is collected to understand the various groups of individuals and will help in synthesizing the responses.

Position: ___staff ___volunteer ___intern

of hours worked weekly: ___20-40 ___less than 20

of years of experience in your field: ___0-5 ___5-10 ___10-15 ___20+

Time in position: ___Less than 1 year ___1-3 years ___4-9 years ___10+

Division/Service area: ___Shelter ___Transition/Sustainability ___Legal ___Youth/family
___Clinical (Mental Health and/or Chemical Health) ___Administration (communication, development, finance, HR, maintenance, etc.) ___other: _____

Degree: ___yes ___no

Licensed/ Certified: ___yes ___no

CLIENT/RESIDENT CENTERED QUESTIONS

1. What would you say is the most significant barrier for the majority of those you serve?
 - Housing
 - Chemical Dependency
 - Mental Health
 - Poverty
 - Health condition
 - Disability
 - Other: _____
2. Describe the most effective way to allow a resident/client to tell you their story? _____
3. How do you identify a client/resident's strengths? (rank in the order of most effective)

- Ask specific questions
 - Observe behaviors
 - Let conversation unfold with no pre-determined structure
 - Other (describe): _____
4. After a client/resident shares their strengths, how do you apply that knowledge to create a goal plan and a safety plan?
 - Describe the steps in preparing the plans: _____
 - What do you find the most effective in creating the plans?
 5. Do you know how to accommodate a cognitive disability [injury to the brain]? ___yes ___ no
 - If yes, describe any accommodations you have made for a client/resident: _____
 - What was the most helpful in providing services to this resident/client: (describe): _____
 - If no, why do you think you have never come across someone with a cognitive disability? Describe: _____
 6. List disability agencies that you have worked with to help better serve a resident/client? _____
 7. In a few sentences, please indicate the most important thing a disability provider should consider when working with someone living with the effects of domestic violence? _____
 8. What type of training or professional development have you been given to help you understand brain injury/cognitive disability or disabilities in general? Describe: _____
 9. When working with individuals with a brain injury or other disability, what types of support (tools, policies, guidelines, trainings, procedures, resources, processes) would help you better serve the individual? Check all that apply and describe what would be helpful in your work:
 - Training - type: _____
 - Policy – type: _____
 - Process (guidelines/procedures)– describe: _____
 - Resources – define: _____
 - Communication – describe: _____
 - Tools – describe: _____
 - Other _____
 10. If you had an idea for a new policy, procedure, guideline, practice, tool, resource, how would you go about introducing the idea:
 - Tell my supervisor
 - Bring it up at a division meeting
 - Bring it up at a staff meeting
 - Other: _____

VULNERABLE ADULT

The grant between Tubman and the Brain Injury Association of MN requires that there is a shared understanding of how mandated reporting is handled in each agency for individuals who are thought to be vulnerable adults. When working at the intersection of domestic violence and brain injury it will be important to identify any conflicts between the agencies in their practices and approaches. The

following questions will help the project team understand what everyone does or doesn't know about this topic. This grant only applies to adults and therefore, children are not included.

11. In 2 sentences, give a definition of a vulnerable adult: _____
12. How has Tubman trained you in your legal obligations/requirements of Minnesota law to report instances of abuse or neglect of (or by) a vulnerable adult? Describe: _____
13. What would trigger the Tubman process for reporting a vulnerable adult? Describe: _____
14. Who do you generally consult if you have reason to believe that someone is a vulnerable adult?
 - Co-worker
 - Team lead
 - Supervisor
 - Legal
 - Other: _____
15. What specific steps do you follow to meet the State of Minnesota's legal mandated reporting requirements? Describe: _____
16. Would you say that the legal reporting requirements line up with Tubman's ethical decision making methodology? Yes ___ No ___ If no, describe the differences: _____

STAFF CENTERED QUESTIONS

17. If you are responsible for teaching someone else within the organization some new information, what combinations do you believe is most effective in sharing information? (choose up to 3)
 - Lecture and role play
 - Lecture and scenarios/case studies
 - Lecture and videos
 - Role play and scenarios/case studies
 - Role play and videos
 - Videos and scenarios/case studies
18. What do you find the best method to determine competencies of those you have taught new information (their understanding and application)?
 - Take a test
 - Review with others
 - Observation
 - Other: _____
19. What do you find the best method to determine your competency (understanding and application) with learning new material?
 - Take a test

- Practice
- Review with others
- Other: _____

20. Of the following choices, where do you anticipate that the most meaningful learning could occur (check all that apply)

- Staff meeting
- Staff Retreat
- Staff seminar/workshop
- Program or team meeting
- Leads meeting
- Case Review meeting
- Conference
- Curriculum delivered online at your own pace
- Lunch 'n learn
- Off site (retreat, conference, workshop)
- Other: _____

21. Describe the steps/process that you utilize to share information about a resident/client with other staff within Tubman? _____

22. What method do you feel is most effective for sharing information with co-workers, supervisors, or others within Tubman? _____

23. What process, tool, approach, etc. could be used to share information that is not currently in wide-spread use across the agency? _____

24. What 3 words describe the necessary attributes and/or behaviors that you would expect to see in a colleague that shows good ethical decision making abilities? _____

25. Share any insights or suggestions related to serving individuals at the intersection of domestic violence and brain injury: _____