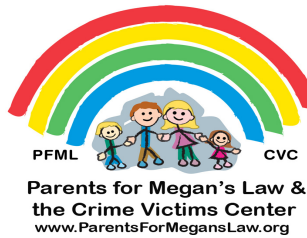


Project BASE

Barrier and Stigma Elimination

Needs Assessment Plan



Collaboration between

**The Retreat,
Parents for Megan's Law and
The Mental Health Association in Suffolk County.**

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Introduction

Project BASE (Barrier and Stigma Elimination) is a collaborative partnership between The Retreat, Inc., the Mental Health Association in Suffolk County (MHAS), and Parents for Megan's Law (PFML), DBA the Crime Victims Center. The collaboration received funding from the Office on Violence Against Women (OVW) in 2012 for a three-year period. Through our collaboration, each agency will gain a greater understanding of the services provided by one another, as well as further insight to the available services and how they may be enhanced for individuals at the intersection of victimization and living with mental illness. Our overall goal is to identify and implement successful and sustainable methods to allow each organization's services to become more accessible to individuals who are victims of domestic violence (DV), dating violence, sexual assault (SA) and stalking, and are living with symptoms of mental illness.

The organizations working under Project BASE have steady relationships, established before the collaboration. Project BASE has completed the Collaboration Charter, outlining past working history, and the collaboration is dedicated to evaluating current policies and procedures to ensure accessible services are offered to those who need them. Project BASE will work closely with staff at all three organizations in order to best evaluate current services and identify strengths and any areas that may need further refinement. Staff and volunteers from all levels will be requested to share insight into current practices, and all feedback will be considered and evaluated. Project BASE will also utilize client feedback, through the implementation of focus groups, individual interviews and surveys, dependent on a client's comfort level and situation in sharing information regarding their experience in seeking services. The Retreat will work with the Shelter Director to elicit feedback from women staying in the safe shelter, the Counseling and Advocacy departments for feedback from women receiving services, and full time staff as well as volunteers and per diem staff that may not be available to attend a formal focus group. Parents for Megan's Law will work with advocates to identify clients that may be willing to provide feedback regarding their experience in seeking services. Staff will also be included in providing feedback, with a focus placed on the advocates working directly with victims. The Mental Health Association in Suffolk County will gather feedback and experience from staff and

individuals served in their evaluation process, as well as from individuals in their Recovery and Wellness Program. This program assists those who have received Mental Health services to gain the necessary skills to work as peers. MHA is an information and referral center, and as such, is often a point of first contact for people seeking mental health services; we will survey staff and volunteers in this program to gather feedback about staff readiness to respond to individuals in need. Facilitators of support groups will invite individuals who utilize the weekly support groups to participate in a focus group or provide feedback via interview/survey. All information gathered from our focus groups, interviews and surveys will be evaluated and used to develop our strategic plan in creating lasting changes within each organization that will improve accessibility of services to individuals with disabilities.

Through this collaborative project, each organization is committed to the process involved in educating one another on mental health, domestic violence, dating violence, sexual assault and/or stalking and to build upon our current service delivery to increase accessibility, and diminish reservations linked with stigma and misconceptions. The partners recognize that each of the above listed experiences can cause someone to face real or perceived discrimination. This can then negatively impact an individual's self esteem and therefore their willingness to seek assistance. Additionally, staff perceptions and biases can influence the referrals provided and delivery of services for individuals in need. The collaboration recognizes that a combination of these factors can make help seeking even more difficult. Through Project BASE, the collaborative partners are dedicated to addressing these issues in a comprehensive, holistic manner, providing adequate training to staff and guiding individuals through the recovery process.

The vision and mission statements for Project BASE will provide each partner with a long term goal to serve the identified group of individuals and to promote sustainable changes within each of our organizations, and in turn influence the larger community. Through cross-training, each organization will develop a deeper understanding of the interplay between mental health and victimization and how this affects the individual, their family and their social system.

Furthermore the collaboration will be better equipped to navigate the complexities that impact service delivery when someone is both a victim of domestic violence, dating violence, sexual assault and/or stalking and is also living with mental illness and will work to provide seamless access to holistic services for these individuals that not only addresses their long and short term needs but reinforces the dignity and respect of each individual.

Through the work done at our collaborative meetings, Project BASE partners agree that initial contacts we make with individuals seeking service is the most important and memorable interaction we have. This initial interaction is often the deciding factor on whether an individual needing services will decide to establish those services. We recognize the importance of representing the mission and values of each agency appropriately. In an initial contact, an individual in need of services may end the conversation knowing they feel comfortable and taken care of, or understood. As a result of trauma, individuals in need may have heightened sensitivity to the sincerity of services being offered to them. It is our goal to determine and provide the most efficacious training and resources to our staff. Through our Needs Assessment Plan, we will target areas to evaluate the policies around how we collect information and conduct initial interviews as well as staff's ability to respond. By identifying areas of need and responding to training needs of our staff who make these initial contacts with individuals, we will help to ensure that appropriate services are offered to those in need, and that careful, researched referrals are provided for any services our agencies are unable to provide. Through the identification of areas for change, we will improve the level of comfort and satisfaction during that initial contact which is imperative in overcoming stigma and will increase a person's willingness to access services.

Project BASE recognizes that perceptions around stigma affect individuals' willingness and timeliness towards seeking services as well as that of the providers offering services. Project BASE also recognizes that training and education can help agency staff to identify any preconceived stereotypes about individuals, and in doing so work to encourage positive person-centered interactions. Project BASE will utilize the data derived from our focus groups/

interview/surveys to ascertain the extent and effect of stigma. Our Needs Assessment Plan will help the agencies recognize where stigma exists among staff and minimize the affect of self-stigma in people accessing services. We also seek to understand how stigma can influence the delivery of services to those in need.

Vision Statement

Our vision is to enhance the service delivery system within Suffolk County that addresses the needs of victims of domestic violence, stalking, sexual assault and dating violence, and who are also living with mental illness in a comprehensive and informed way to confront stigma and foster self-determination and healing.

Mission Statement

The collaborative partners of Project BASE will enhance service delivery systems and encourage help-seeking by individuals who are victims of domestic violence, stalking, sexual assault and dating violence who are also living with a mental illness in Suffolk County by addressing stigma through knowledge and education. We will achieve this by:

1. Examining the belief and value system of the collaborative agencies and incorporate a structure to promote accessible and welcoming services and programs.
2. Integrating and expanding the knowledge and expertise of the collaborative partners in order to strengthen our responsiveness to the individual needs of those we serve.
3. Forging policies and procedures that reinforce trust.
4. Promoting informed choices while combating fears.
5. Removing barriers and bridging gaps to service delivery.
6. Providing staff with the tools necessary to assist an individual in feeling empowered to seek help.
7. Conducting directed client outreach driven by information derived from focus groups and the shared, collective experience of the partners.
8. Meeting every individual with respect, caring and dignity.

Collaboration Members

The Retreat/Lead Agency

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The Retreat is a 501(c)(3) nonprofit organization that provides comprehensive domestic violence services to families in Suffolk County with a particular focus that serves the five East End townships of Long Island, including Southold, Riverhead, Southampton, East Hampton and Shelter Island. Since 1987, it has been the only full-service domestic violence organization (including safe shelter) in the region. The core mission of The Retreat is to provide safety, shelter, and support for victims of domestic abuse as well as to break the cycle of family violence.

The Retreat annually provides services to thousands of individuals and families impacted by domestic violence. It is a safe haven for families in crisis and provides numerous core services to protect, support, and empower victims. These core services include 1) a 24 hour live, bi-lingual hotline that provides crisis intervention, supportive listening, information/referrals and direct access to needed services, 2) individual and group counseling for adults and children, 3) legal advocacy services that explain the legal process, assist clients in obtaining orders of protection and custody, accompany victims to court and provide support during the court process and 4) an emergency shelter that offers housing for 18 women and children for a 90-day length of stay.

The Retreat also provides:

- In-school/Community Education program: Education to help children/teenagers build self-esteem while enabling them to identify and understand how to deal with problem

situations on the playground, in their home, or in dating relationships/Education via workshops and presentations about domestic violence, bullying and dating violence.

- Working with local police, The Retreat provides immediate, confidential response and assistance to victims of domestic violence. The Retreat can also provide rape and sexual assault services, children's services, support groups, information and referrals.
- The Suffolk County Fatherhood Initiative, a program that offers both couples and group counseling to fathers of children 18 years and younger. This program's goal is to provide intervention and education to individuals at risk of becoming abusers to reduce initial instances of violence.
- The Structured Help Anti-Violence Re-education Program (SHARP) that is a group setting domestic violence program for men who are abusive to their partners.
- The Job Access Reverse Commute (JARC) program provides education and resources on the local transportation system to staff and clients, and will provide hundreds of low-income, domestic-violence affected individuals in Suffolk County with a higher level of awareness about services clients need in order to be able to maintain sustainable employment, personal self-sufficiency and safety/security.

Parents For Megan's Law, Inc. DBA The Crime Victims Center

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Parent's for Megan's Law (PFML) is a not-for-profit rape crisis and crime victims center located in Suffolk County dedicated to and with a demonstrated history of the prevention and treatment of child sexual abuse and rape, the provision of services to the victims of domestic violence, the provision of services to victims of violent crime, and elderly, disabled and minor victims of all crime. The organization was established in 1997 and it is a local, NY State-Certified

Rape Crisis Center whose mission is to prevent sexual victimization and provide services to sexual assault victims and all victims of violent crimes in Suffolk County. Trained bi-lingual advocates with access to language assistance services provide a full range of case specific services and/or referrals to each victim or surviving family members. PFML is extremely well positioned to add high expertise and specialized applied knowledge and experience in the area of sexual assault, sexual abuse, stalking and dating violence to this project's core activities of policy adjustment. PFML has been recognized for effective Federal grant management for achieving, and often surpassing, stated goals and objectives and nationally recognized for the collaborative implementation of a model program with law enforcement to improve crime victim's access to services. It is also very well situated (with its continual access to victims/survivors) to provide the collaboration with the experience derived from extensive and diverse case experience/promoting effective practices and to benefit strongly from receiving- and then instantly applying- the new knowledge and policy updates that will come from the expertise of the program's other partners.

Parents for Megan's Law's core services include Victim Services, such as 24- hour crisis support and counseling, crisis hotline, legal and medical information/referrals/ accompaniment/advocacy, helping victims file NY State Crime Victim Compensation claims, etc., Prevention Education and Law Enforcement Training among others. To date, PFML has provided over 2,700 sexual abuse and rape prevention workshops to over 100,000 attendees. PFML has demonstrated the ability to successfully partner in many ways, including with culturally specific community organizations and its' large-scale collaboration with the Suffolk County Police Department in 2007 in response to an identified gap in services to victims of sexual assault and violent crime. Working closely with police, PFML established the Crime Victims Center, which has since served as the visible hub of a key service wheel for victims of such abuse.

Mental Health Association In Suffolk County, Inc.

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The Mental Health Association in Suffolk County, Inc. (MHAS) is a nonprofit organization located in Suffolk County, NY and it is dedicated to promoting the mental wellness of local residents by means of support services, education and advocacy. MHAS is the region's "go-to" resource for mental health-related education, advocacy, support for individual (those experiencing mental health disorders and their families), and referral-to-treatment services. With a history of serving this grant's target area since 1955, MHAS is our collaboration's premium resource positioned and eager to anchor the multi-disciplinary partnership in: (1) the necessary knowledge regarding mental health services and (2) enabling maximum access to the target population. The recent merger between the MHAS and Clubhouse of Suffolk, whose mission is to assist people who are affected by mental illness to lead healthy, productive, addiction-free, and socially satisfying lives, will provide this collaboration with increased access to individuals affected by mental illness.

MHAS's role and commitment shall enable this project to succeed and thrive at the highest levels. Although MHAS has served our community for more than 50 years, its knowledge base is continually cutting edge and future-looking, and its practices integrate the best of historic collective wisdom with the newest thoughts and evidence based practices in the field. As such, the information provided to the other partnership members will be the deepest and broadest-in-scope available information regarding working with people with mental health disorders. The MHAS is an affiliate of Mental Health America and the Mental Health Association in New York State, Inc. As such, it is continually connected both proactively and responsively to the field's top experts nationwide, while remaining local in its constitution.

Needs Assessment Goals

Throughout this process, Project BASE is looking to evaluate staff knowledge of policies and procedures, with effectiveness of services through client feedback and identify areas for growth within each agency. The collaboration has discussed ways in which each of our agencies implement services, and the type of information that will help to measure accessibility and effectiveness in service delivery. The following goals outline areas in which the organizations have agreed will best evaluate current policies, procedures and service delivery to ensure that individuals at the identified intersection are receiving comprehensive and empathetic services by each organization. Our established goals are as follows:

1. Assess staff ability and readiness to respond appropriately and confidently to survivors living with mental illness, including considerations of client culture, trauma history and preferences.
2. Assess the ability of partner agencies to provide a welcoming, accessible, safe and responsive environment based upon information received from survivors and people with mental illness.
3. Assess the ability of the partner organizations to collaborate by examining existing, or needed, connections, agreements, policies or protocols as well as barriers to cooperation.
4. Assess policies, procedures and staff ability to address long and short term needs of individuals seeking services.
5. Assess organizational readiness and capability to make changes in priorities, policies and procedures.

Methodology

Audience

Our audience is a combination of staff, agency volunteers and those seeking services at each of our organizations. As our initial contacts with people in need has been identified as an area to focus on, we will gather information from all staff members who act as that first contact within

each agency, including staff and volunteers who answer the phone at the organization. Each organization will also elicit feedback from managers and supervisors who oversee the gatekeepers for the organization who are providing direct service to individuals in need. Executive Leadership and the Board of Directors will be asked to provide data on agency communication and the best ways to implement changes. Collaboration members will also provide feedback to all focus group questions.

Partner Agency Participation

Each of the organizations will be involved in the Needs Assessment Process. The Retreat is comprised of 51 full time employees. For the purpose of these focus groups, The Retreat will engage direct service staff employed at our shelter, direct service counseling staff, and the respective immediate supervisors. The groups will also engage staff in upper management and the Executive Team in order to get a broad picture of how services are actually delivered, and a comprehensive analysis of policies and procedures that are already in place as well as the process to implement new or initiate changes into existing policies.

The Mental Health Association will be targeting feedback from the staff and volunteers who are primarily responsible for the initial contact with the agency. This includes the individuals who handle incoming calls and e-mails to the information and referral program, the intake staff and the facilitators of our community support groups. In addition, feedback will be solicited from the senior staff and Board of Directors. To gain the perspective of participants in our programs and services, we will engage members of our support groups, attendees at our Personalized Recovery Programs (P.R.O.S.) and students in our Recovery and Wellness Training Program. A brief description of each of these programs follows: Support groups provide supportive group counseling services to people living with mental illness and their loved ones; P.R.O.S. offers individual and classroom-based experiences geared toward helping people in recovery to choose, get and keep personal goals for work, education, health, housing and/or social lifestyles at their own pace. The Recovery and Wellness Training focuses on showing consumers how

they may use their personal experience and the knowledge gained in this course to become successfully employed in entry-level human service jobs.

Parents for Megan's Law and the Crime Victims Center will examine the Needs Assessment process on multiple dimensions. Feedback from all staff engaged in interacting during the first contact with persons seeking services will be solicited, including those contacting the agency by telephone, e-mail or in person walk-ins. Additionally, first contacts initiated by the agency to crime victims requesting services through our collaborative partnership with law enforcement will be examined. This will be a bifurcated process wherein not only suggestions for improvement will be sought, but their understanding of and compliance with existing policies and procedures and knowledge of available services assessed. The Board of Directors will also be queried reference policies, procedures and services and on a more ethereal level reference creating a universally welcoming environment with holistic services if resources were not an issue. It is believed that this type of brain storming exercise will assist the agency in establishing realistic goals that can be incrementally attained. To fully understand the perspective of persons accessing services we will engage violent crime victims and elderly, minor, individuals with disabilities and those living with mental illness who have been the victim of any crime in providing an assessment of their experience with the agency. Additionally, feedback will be sought from persons accessing counseling services at the agency. This assessment will, examine if the agency environments are universally accessible and an organization's staff reflect and impart agency values that negate stigma and encourage individuals to seek agency services.

Facilitation Team

Facilitator – The primary role of the facilitator is to coordinate the groups/interviews and to lead the discussions. The facilitator will ensure all paperwork is completed, and manage the agenda and questions for the session.

Recorder – The primary role of the recorder is to keep track and document data from the groups. The recorder will take notes around the different topics that are discussed, and track responses to questions that will be analyzed for data after the group has completed.

Floater/Counselor – The Floater or Counselor will be available throughout the session to assist any individual that may be in need of support. The Floater/Counselor will monitor body language, and offer individuals a place to go should the group become uncomfortable for them. This individual will also have access to other staff at the location of the group, and act as a linkage should an individual need to speak with someone regarding feelings or concerns while the group is in session.

Recruitment Strategies

Each member of the collaboration will utilize their own methods to recruit individuals into the focus groups/interviews/surveys. These methods will be based on the best way to communicate with each identified group. The Retreat will utilize staff meetings to inform staff of the process, and provide information regarding the minimum number of participants needed and the type of information we are looking to gather. From the staff meetings, supervisors will follow up with the Project Director regarding any interest shown by their staff, and a schedule of availability from their staff. The Project Director will then provide the supervisors with invitations to the focus groups, and request that RSVPs are returned by the deadline established. If any staff members are interested in the process but unable to attend a focus group, they will be invited to participate in an interview, or to submit a survey with their feedback.

The Project Director will follow up with the Shelter Director, Counseling Director and Advocacy Director to develop a focus group for clients. The Retreat will hold a focus group within the shelter to eliminate any travelling difficulties for participants. The Project Director will maintain communication with the supervisors of counseling and advocacy so that if any willing participants are identified, another focus group can be scheduled. All clients willing to

participate will be given the option to attend a focus group, or complete an interview to best accommodate their comfort level.

Parents for Megan's Law and the Crime Victims Center Collaboration Member Ken Rau will meet with all staff and participate in Board of Directors meetings to inform them of the program and elicit their support and participation. Due to the size of the agency, and the dedication of the personnel, it is anticipated that in person meetings with all staff to access perspectives and related information can be accomplished. Persons receiving services from the agency are accommodated on an individual basis and not in a group setting. Participation of persons accessing services will be achieved through individual in-person contacts, surveys and an attempt to form a focus group will be made through an open house invitation to victims informing them of the purpose being to solicit their feedback on the accessibility, comfort level and suggestions for improvement when accessing services.

The Mental Health Association in Suffolk County's Colleen Merlo will reach out to staff and the Board of Directors to elicit their participation via e-mail and through announcements at meetings. In addition, flyers will be posted in prominent places to recruit staff and volunteers. When staff and/or volunteers are unable to participate in an in-person meeting, surveys will be utilized to gather their perspective. Program staff will be informed of the focus groups and flyers will be made available to hand out to participants of our programs and support groups who are interested in written information and will not place the individual in harms way. When available Colleen or Marisa will be present at the program to announce the group and invite people using our services to participate in the focus groups.

Recruitment Policy

As Project BASE looks to recruit individuals to participate in our focus groups, interviews and surveys, accessibility to participation, understanding of the process and individual safety are of primary concern. Throughout all recruitment methods, individuals will be made aware that the primary purpose is to gather data that will help to make improvements in service delivery for

each organization, and that this is not a means to monitor staff or agency practices in their performance. All potential participants will be informed that participation in this process is completely voluntary. Clients will be informed that after they agree to participate, they are not bound by any obligation and should the group prove to be uncomfortable for them, they are able to remove themselves from the group/process at any time. During initial contact with a participant, staff will ask the individual if they are in need of any accommodations in order to attend the group. Staff will note any request for accommodations at this time, and refer back to these notes once the official RSVP list is in place to ensure all reasonable accommodations are met.

Recruitment of Staff

Each agency will utilize a combination of announcements and email to gain buy-in and participation. Each agency will make announcements at staff meetings regarding the process involved in this data collection, and inform staff of the anticipated start date for these groups. Each collaborative partner will also keep management informed on a more specific level, so that results will show a high participation from the intended groups of staff (shelter, counseling and staff who answer the phone). From these meetings, managers will have the option to either address staff in person, or via email. Each organization will also work to contact the agency volunteers via conversations during volunteer hours, agency email and flyers posted throughout each location in common staff areas. The Project Director will request that all RSVP information is communicated via email to ensure accuracy when developing the group sizes.

Recruitment of Individuals Accessing Services

Project BASE will contact individuals who have accessed services. Project BASE will work to gather information from victims of domestic violence, dating violence, sexual assault and stalking who are living within the Shelter run by The Retreat, as well as some individuals who are receiving counseling and advocacy services from this agency. We will also seek to elicit feedback from individuals involved in support groups, and people enrolled in the Recovery and Wellness Program at the Mental Health Association in Suffolk County, and victims of domestic

violence, dating violence, sexual assault and stalking who are receiving advocacy services through Parents for Megan's Law. With these various groups, we anticipate that we will have a variety of individuals participating who either are victims/survivors or are living with a mental illness. Project BASE will work with each agency in the selection of individuals to ensure participants are familiar with agency practices and minimize the risk of re-victimization through this process.

The focus groups will be closed to the public due to risks of confidentiality and the possibility of disclosure among participants. The collaborative team has discussed and agreed that selecting from individuals familiar with the agency services will better guarantee that these individuals feel safe within the established environment for the groups, and that by narrowing the group questions and recruitment on services the possibility of personal disclosures will be lessened. As the participating individuals will have an established relationship with at least one participating organization, they will already be familiar with agency policies and limits on particular disclosures, and as indicated in the Confidentiality section (see page 20), the collaborative team is confident that utilizing this group will help to minimize disclosures within the group. The Facilitator will offer a review of agency policy at the start of the group as well to ensure the group is fully informed of any limitations to confidentiality. This review will also provide background to the questions being asked, and parameters of the types of responses being sought from participants.

Individuals will be advised that the purpose of the group is to evaluate and improve agency services. Participants will also be informed that all participants will be asked to maintain confidentiality of anything shared during the group, but will be reminded that other participants are not bound by the same laws as staff, and will be advised to be mindful about what they share in the group.

Project BASE also acknowledges that focus groups will not be ideal for every group at each organization. Project BASE will evaluate individual participation and response to invitations for

focus groups before confirming dates and times with the willing participants. Should response be low (less than 4 individuals committed to one group) Project BASE will hold “drop-ins” at the designated location. Staff will schedule extended time with the organization to be in their location when individuals are accessing services. Individuals will be informed prior to the date, and will be invited to meet with collaboration staff to complete an interview. Light refreshments will be provided for the individuals accessing services, and individual rooms with white noise machines will be available to ease any concerns about confidentiality. Project BASE expects that this type of alternative option will increase the amount of feedback we are able to gather for our data collection. Project BASE will also utilize this model should the actual attendance at a group be less than 4 individuals despite the verbal attendance commitment.

Information Sources

Existing Information:

As our collaborative work continues, the evidence of a need to address gaps in services for individuals who are living with mental illness, and are also a victim of domestic violence, dating violence, sexual assault and stalking continues to grow. Through our discussions of services and attempts to narrow our scope for this project, we continue to see evidence that mental illness is extremely prevalent on Long Island, and many crimes are underreported, and often times victims do not receive necessary services or benefits to which they are entitled. This information is evident in readily available resources, such as samhsa.gov, omh.ny.gov and even local county websites.

The incidents of domestic violence and sexual assault are prevalent in Suffolk County, NY. Nationally, statistics indicate that 1 in 4 women will experience domestic violence, and one in 6 women will experience sexual assault. According to RAINN, sexual assault refers only to an attempted or completed rape.¹ In 2010, the population of Suffolk County was 1,493,350 individuals and 758,682 were women.² Based on national statistics, we can extrapolate that

¹ <http://www.rainn.org/get-information/statistics/sexual-assault-victims>

² <http://www.usa.com/suffolk-county-ny-population-and-races.htm#PopulationbyGender>

approximately 189,670 women on Long Island were victims of Domestic Violence, and 126, 447 women were victims of Sexual Assault. RAINN also indicates that the majority of sexual assault cases are never reported to police, accounting to 54% of incidences.³

According to the Office of Mental Health 2011 PCS Report, a total of 9,469 individuals in Suffolk County are living with a Severe Mental Illness, or Severe Emotional Disturbance. Of this number, 4,555 are women.⁴ Also, according the NYS Department of Health, counties throughout New York State were surveyed in 2009 to track how many adults felt that they experienced fourteen or more days within the past month in poor mental health. The scales ranged from 6.3 to less than 10.1%; 10.1 to less than 12.0 percent and finally 12% or more. Suffolk County reported that 13.1% of adults reported that that they had poor mental health for fourteen or more days during the last month. This study indicates the concern for mental health within our county as Suffolk falls into the category with the greatest percentage of individuals claiming they are experiencing extended mental health concerns.⁵

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a survey averaging responses from 2005-2010 found that among adults aged 18 and older in the NY – Northern New Jersey – Long Island metro service area, 6.2% or 850,000 adults experienced a major depressive episode within the past year.⁶

There are other studies that explain the facts around mental illness, and the discrimination and stigma that unfortunately are associated with it. According to a study presented by SAMHSA, there is a common belief that mental illness and violent behavior are linked, and that the individual living with mental illness is more often the perpetrator of violence rather than the

³ <http://www.rainn.org/get-information/statistics/reporting-rates>

⁴

<http://bi.omh.ny.gov/pcs/Summary%20Reports?pageval=SMIðnicity=0&gender=2®ionname=52&yearval=2011>

⁵ www.health.ny.gov/prevention/prevention_agenda/indicators/county/suffolk.htm

⁶ <http://www.samhsa.gov/data/nsduhmetrobriefreports/nsduh-metro-new-york.pdf>

victim of violence. This belief is fed by media and dramatization through movies and television, where individuals living with mental illness are often portrayed to be the perpetrator of violence, or to have extreme reactions to stimuli. This leads to individuals avoiding interaction with those who are living with mental illness, or in not addressing mental health concerns in service delivery. With the type of attention that comes around this issue, our collaboration understands that staff within our own organizations may carry some of these beliefs and attitudes to the performance of their job duties. The truth of the situation is that individuals who are living with mental illness are significantly more likely to be victims of violence, than to perpetrate the violence. Specifically, individuals living with SMI such as schizophrenia, bipolar disorder and psychosis, are “2.5 times more likely to be attacked, raped or mugged than the general population”.⁷

According to the National Institute of Mental Health, the prevalence of mental illness in the United States is significant. During the course of a year, as compared to the 2004 census report, more than 57 million Americans are affected by one or more mental disorder. These can affect individuals of any age, income, race, or culture. The National Institute of Mental Health indicates that over 50% of those living with a mental health condition never ask for help due to stigma, lack of information, and cost/insurance coverage.⁸

The National Institute of Mental Health also indicates that certain mental disorders are more prevalent in women than in men. For example, Major Depressive Disorder is more prevalent with women than men, and women attempt suicide two to three times as often as men. Women are also three times more likely than men to develop Anorexia or Bulimia, and seventy-five percent more likely to have a binge eating disorder.⁷

The National Institute of Mental Health reports that in 2012, there were an estimated 9.6 million adults in the United States with severe and persistent mental illness (as defined in the

⁷ <http://promoteacceptance.samhsa.gov/publications/facts.aspx>

⁸ <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#Intro>

glossary of the Collaboration Charter). This number represents 4.1% of all US adults.⁹ The National Institute of Mental Health has also published a study indicating that more than ¼ of individuals living with mental illness have been victims of violent crime within a year, which is 11 times higher than the general population. More unsettling statistics indicate that the annual incidence of violent crime within the sample of individuals living with mental illness is 4 times higher than the general population. More specifically, depending on the type of violent crime, these rates jump from 6 to 23 times higher than the general population.¹⁰

With the number of women in our area living with mental illness, and paired with the number of women who are victims of domestic violence and sexual assault, the statistics indicate that the possibility of those living in the area that fall under both categories is significant. Also, as indicated in the data, the underreporting statistics for both violent crime and mental health diagnosis indicate that the need is much greater than the available data indicates.

New Information:

Through our focus groups and data collection, Project BASE will gather information from individuals accessing services from all three participating organizations as well as the staff that provide these services. We hypothesize that the facts listed under our Existing Information section (see page 16) will be reflected through our findings, and that participants will be able to provide the collaboration with insight into how to better reach community members and to make our services as accessible and welcoming as possible to our identified population. The new information will compel the collaboration to ensure each organization evaluates their current policies and procedures toward establishing and delivering services to improve the effectiveness of our processes.

⁹ http://www.nimh.nih.gov/statistics/SMI_AASR.shtml

¹⁰ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1389236/>

Consent and Confidentiality

Before participating in focus groups, individuals will be informed of the agenda for the group, and the expected outcomes from any participation. All participants will be given a packet consisting of Frequently Asked Questions (Attachment D) at the start of the focus group and the Facilitator will review this along with the group purpose, and individuals will be offered a chance to ask any questions they may have. As indicated in the Recruitment section, the staff conducting the recruitment of individuals will also review the Frequently Asked Questions during the recruitment process. During focus groups, the collaborative partners will make every effort to maintain the confidentiality of each focus group participant. Participants will be asked to acknowledge the intended safety of the group, and agree to keep all discussions within the confines of the room. All documentation from the focus groups will reflect minimal identifying information to maintain confidentiality. Our partnership recognizes that certain situations may present limitations to confidentiality, including mandated reporting and safety concerns.

The collaborative partners recognize that through events such as focus groups, the possibility of participants wanting to share personal, vulnerable experiences is likely. Our orientation packet and questions for the group have been designed to minimize the occurrence of self-disclosure. Prior to each focus group, the collaborative partners will cross-reference the list of attendees to confirm agency affiliation for each participant and that they are attending the group most appropriate to their experience. As agency clients will not be mixed within the focus groups, the agency with the most familiarity within the group will either act as the floater/counselor, or establish a notification system to the floater/counselor in the group so that if a situation should arise that requires immediate intervention, the floater/counselor will easily be made aware that the shared information needs to be immediately addressed. Should a participant exhibit behavior that is hostile, bullying or demeaning to others in the groups, they may be asked to leave the group and the floater/counselor will assist them in meeting with appropriate staff to discuss their feelings. In most instances, the group plans not to remove individuals from the group, but should minor instances occur that indicate a cause for concern, staff will follow up

with that individual during the distribution of stipends to determine if further intervention is necessary. In the event that a participant shares information that any collaboration member deems necessary for follow-up, and based on the type of information shared, the floater/counselor will either escort the individual from the group and connect them with appropriate staff to handle the current situation, or re-address during the distribution of stipends. Timing for each group will allow for one hour of discussion and a cushion of 15 minutes for check-in and distribution of stipends. Procedures for connecting individuals to appropriate staff will be established prior to the start of the group, and all participants will be informed of the group rules, and that staff may want to follow up individually with participants at the conclusion of the group for clarity of responses. Should a participant decide independently to leave the group while it is still in session, the Floater/Counselor will leave with them to ensure that they are connected to appropriate staff, or confirm their desire to leave the facility.

The collaborative team has decided that all focus groups will be held in controlled environments. The team has determined that there will always be three members of the collaborative present during a focus group to assist an individual in accessing appropriate individuals or services if necessary through a warm hand off and determine if there exists an immediate need for intervention via connecting the individual to an emergency contact or treatment provider. Project BASE will also utilize any pre-established relationships one partner may have with a particular individual in the consideration of how to best intervene.

Individuals participating in the interview process will also receive an Orientation Packet comprised of group-specific Frequently Asked Questions. These participants will be informed that while information is being documented, this information will be kept within the collaboration and identifying information will not be utilized in the creation of the Needs Assessment Report. Collaborative staff will apply a random identification number to the participant rather than including their name on the interview form. The collaborative partner conducting the interview will discuss confidentiality and mandated reporting during the

orientation, and will inform each participant that they are able to stop the interview at any time. Stipends will be provided at the conclusion of the session, regardless as to whether or not each question has been addressed. Should a participant decide that they would like to switch their participation to a survey (although not ideal for the data gathering process) they will be informed that this information will also be kept only within the collaboration.

Stipends

At the start of each group for participants receiving services, the Facilitator will distribute the orientation packet, inform the group of how long the meeting is expected to last, and that stipends for participation will be distributed at the conclusion of the group. Due to varying locations for the groups, and desire to provide individuals with stipends that will be useful to them, the collaboration is working to secure generic credit card gift cards. Collaboration staff will have individuals sign a receipt for agency files that indicates they received the gift card.

As indicated on the FAQ, individuals participating in the Interview process will be informed at the start of the process that they will receive their stipend at the conclusion of the meeting. Collaboration staff will have the individual sign a receipt for agency records. If an individual requests an interview instead of a focus group during the recruitment phase, collaborative staff will discuss the length of the interview and stipend value during that time. If the individual originally signed up for the group but indicated they were more comfortable in an individual setting, collaborative staff will inform them about the questions that will be asked and their ability to end the process at any time.

Disbursement of stipends will not be contingent on any level of participation from an individual, but will be provided to all of those who take the time to attend the group. While participation is strongly encouraged, and necessary for the collaborative team to gain insight into areas that are in need of change, the team also recognizes that the circumstances may affect each participant differently and affect their level of open participation.

Safety And Access Considerations

Safety and access for individuals to access our focus groups as well as our agencies are a top priority. To ensure safety for participants, all focus groups will be held in a familiar location to these individuals. For the Retreat, a focus group will be held within our agency shelter so that women living within the shelter will not have to alter their routine in order to participate. The Project Director will communicate with the Shelter Director to find out the schedules of the women staying in the shelter so that the group is offered at a convenient time.

All other individuals that are asked to participate through all participating agencies will be offered a focus group to be held in one of our counseling offices, or at a collaborative agency during their scheduled attendance times, whenever possible. The collaborative partners have developed a plan to facilitate participation for those who cannot access a focus group or who does not typically interact with our agencies in groups. These individuals will be able to complete an interview or survey based on their comfort level. Timing preferences will be considered for these individuals as well in order to maximize attendance at all groups. All staff groups will be held at the agency during normal working hours so that staff will not need to make alternative arrangements in order to be able to participate.

The collaboration recognizes that there is always a risk that an individual may not comply with the rules established for the groups, or that individuals may feel uncomfortable as they are participating. The collaboration has discussed safety in multiple aspects of our plan to handle data collection and will ensure that participants are informed of the purpose of their participation, as well as their ability to discontinue their involvement at any time. The collaboration is committed to having adequate staff at each group to allow participants an opportunity to safely leave the environment and be connected to another individual that is trained to assist them should they require immediate intervention. The collaboration is dedicated to recording each participant's statements accurately, and will be referred to appropriate staff if further assistance is necessary at the conclusion of the group. Even though these interactions will be in a primarily group setting, the collaboration team is committed to

recognizing each participant as an individual and adjusting the program as much as possible to accommodate individual needs.

Training Plan

Project BASE team members have determined that the need to develop formal training materials will not be necessary to complete the outreach nor the information gathering. All distribution of information will come directly from the primary members of the collaboration, who are all not only involved in the implementation of the focus groups, but have been involved in the development plan for every step, and can respond to questions or provide direction. The collaboration team is committed to delivering the same messages to all participants invited to our focus groups by standardizing all materials, developing a script, providing a FAQ sheet, etc. The team members will be the primary contact for collaborative information within their respective agencies, and will relay all recruitment information to appropriate staff. As collaborative staff meets with agency supervisors to explain the recruitment process, collaborative information regarding the focus groups, including the entire orientation packet will be made available for their reference. Project BASE staff will communicate with one another should any concerns arise, and work together to address any unexpected barriers throughout the recruitment process. The team will ensure the Project Director is aware of feedback from each organization, and response to the scheduling of a focus group. The Project Director will act as the facilitator for all groups to help ensure all information delivery is standard, and will be the primary contact for any issues or concerns that arise.

Work Plan

Award of Funds	October 2012
New Grantee Orientation	January 2013
Collaboration Charter	March 2013-September 2013
Approvals/ Submission	October 2013
Narrowing your Focus Memo	October - November 2013
Needs Assessment	November 2013 - March 2014
Conduct Needs Assessment/Develop Report	April – May 2014
Approvals/Submission	June 2014
Strategic Plan	July- September 2014
Planning and Implementation:	September 2014-September 2015

These deliverables are identified in Strategic Plan.

Examples:

- Assessment Tools and Reports
- Education and Outreach Materials
- MOUs and Inter-Agency Agreements
- Policies and Protocols
- Promotional Materials
- Training Curriculum and Supporting Materials

Appendix (Needs Assessment Tools)

Attachment A

Questions For Retreat Staff, volunteers, interns:

- A. Was there ever a time when you were working with an individual whom you thought might be experiencing mental illness.
 1. What made you suspect that this could be a factor in the situation?
 - a. Did the individual disclose the information to you?
 - b. Did you ask about it, or probe for more information?
 - c. Are you confident that you could successfully provide the necessary support and linkages to this individual?
 2. Does the Retreat have a procedure to screen for mental illness?
 - a. What would improve this procedure?

- B. We are aware that victims of domestic violence have complex needs. Tell us about your ability to address both their long and short term needs.
 1. Does the intake/screening process consider client culture, history and preferences?
 - a. Are there policies and procedures in place that encourage or discourage this?
 - b. Are there other barriers that may prevent you from addressing long-term needs? (billing, insurance coverage, etc).
 2. Have you received training around how services can affect an individual's network of providers? (ex. Documentation of certain things could affect services elsewhere if there was consent to share the info or if the information is subpoenaed by the court system).
 3. Do you receive cross-training from other staff who have attended trainings, or other community providers?
 4. What is the agency process or policy in providing referrals?
 - a. When you provide a referral are you confident that the agency you are referring to is equipped to meet the needs of the individual?
 - b. Do you have a contact person at the agency you are referring to?
 - c. Are you confident when you make referrals?
 - d. Is there any mechanism to know how the referral worked out?
 5. Are you made aware when policies change within this organization?
 - a. What would improve the current method?

Questions For PFML Staff, Volunteers, Interns:

- A. Was there ever a time when you were working with an individual whom you thought might be experiencing mental illness.
 - 1. What made you suspect that this could be a factor in the situation?
 - a. Did the individual disclose information?
 - b. Did you ask about it or probe for more information?
 - c. Are you confident that you could successfully provide the necessary support and linkages to this individual?
 - 2. Does PFML have a procedure to screen for mental illness?
 - a. What would improve this procedure?

- B. We are aware that crime victims living have complex needs. Tell us about your ability to address both their long and short term needs.
 - 1. Does the intake/screening process consider client culture, history and preferences?
 - a. Are there policies and procedures in place that encourage or discourage this?
 - b. Are there other barriers that may prevent addressing long-term needs? (billing, insurance coverage, etc).
 - 2. Have you received training around how the services you provide affect an individual's network of providers? (ex. Documentation of certain things could affect services elsewhere if there is consent to share the information, or if documentation is subpoenaed by the court system).
 - 3. Do you receive cross training either from other staff who have attended trainings or other community providers?
 - 4. What is the process/policy in providing referrals?
 - a. When you provide referrals are you confident that your referral will fulfill the need of the individual?
 - b. Do you have a contact person at the agency that you are referring to? Are you confident that the referral will be successful (Is there a mechanism to track this)?
 - c. What would make you more confident in this process?
 - 5. Are you made aware when policies change within this organization?
 - a. What would improve the current method of communication?

Questions For MHA Staff, volunteers, interns:

- A. Was there ever a time when you were working with an individual whom you thought might be experiencing domestic violence.
 - 1. What made you suspect that this could be a factor in the situation?
 - a. Did the individual disclose information?
 - b. Did you ask about it or probe for more information?
 - c. Are you confident that you could successfully provide the necessary support and linkages to this individual?
 - 2. Does MHA have a procedure to screen for domestic violence?
- B. We are aware that individuals living with MI have complex needs. Tell us about your ability to address both their long and short term needs.
 - 1. Does the intake/screening process consider client culture, history and preferences?
 - a. Are there policies and procedures in place that encourage or discourage this?
 - b. Are there other barriers that may prevent addressing long-term needs? (billing, insurance coverage, etc.)
 - 2. Have you received training around how services can affect an individual's network of providers? (ex. Documentation of certain things could affect services elsewhere if there was consent to share the info).
 - 3. Do you receive cross-training either from other staff who have attended trainings, or other community providers?
 - 4. What is the process/policy in providing referrals?
 - a. When you provide referrals are you confident that the referral you are providing will suit the individual's needs, or that the agency/services are accurate?
 - b. Do you have a contact person at the agency that you are referring to?
 - c. What would help you to become confident in these areas?
 - d. Is there any mechanism to know how the referral worked out? (follow-up, etc).
 - 5. Are you made aware when policies change within this organization?
 - a. What would improve the current method of communication?

Questions For Retreat Clients:

- A. Think of when you initially reached out to the Retreat for assistance and tell us about your initial impression of services.
 - 1. Were you greeted in a friendly, welcoming manner?
 - 2. Were you as comfortable as possible in the initial interaction?
 - 3. If you needed any accommodations to complete the process, were these accommodations met?
 - 4. Were you satisfied with the procedure to establish services within this organization?
 - 5. Did you feel your needs were being met as you discussed your needs with the Retreat representative?
 - 6. Did you feel your personal preferences were considered when determining your services/placement, etc?
 - 7. Is there anything you feel could have been improved in the process?

- B. Think of what your initial needs were when you contacted this agency.
 - 1. Were you able to receive services or referrals for your initial needs?
 - a. Did you feel safe during this process?
 - b. Was staff respectful of your needs?
 - 2. Did you request assistance, or discuss future goals?
 - a. If so, did you feel you were able to receive services or referrals in a timely manner?
 - b. Was the staff knowledgeable about other services available to you that were not offered at this agency, as well as where to access them?

- C. Think about how you felt after your services were established.
 - 1. Were you able to provide feedback on the process?
 - a. If so, what methods were used to provide this information?
 - b. If not did you want to provide feedback?
 - 2. Were any processes changed during your time receiving services?
 - a. If so, how were these changes communicated to you?
 - b. Were you able to provide feedback then?

Questions For PFML Clients:

- A. Think of when you initially reached out to PFML for assistance and tell us about your initial impression of services.
 - 1. Were you greeted in a friendly, welcoming manner?
 - 2. Were you as comfortable as possible in the interaction?
 - 3. If you needed any accommodations to complete the process, were these accommodations met?
 - 4. Were you satisfied with the procedure to establish services within this organization?
 - 5. Did you feel your needs were being met as you discussed them with the PFML representative?
 - 6. Did you feel your personal preferences were considered when determining your services?
 - 7. Is there anything you feel could have been improved in the process?

- B. Think of what your initial needs were when you contacted this agency.
 - 1. Were you able to receive services or referrals for your initial needs?
 - a. Did you feel safe during this process?
 - b. Was staff respectful of your needs?
 - 2. Did you request assistance, or discuss future goals?
 - a. If so, did you feel you were able to receive services or referrals in a timely manner?
 - b. Was the staff knowledgeable about other services available to you that were not offered at this agency, as well as where to access them?

- C. Think about how you felt after your services were established.
 - 1. Were you able to provide feedback on the process?
 - a. If so, what methods were used to provide this information?
 - b. If not, did you want to provide feedback?
 - 2. Were any processes changed during your time receiving services?
 - a. If so, how were these changes communicated to you?
 - b. Were you able to provide feedback then?

Questions For MHA Clients:

- A. Think of when you initially contacted MHA for assistance and tell us about your initial impression of services.
 - 1. Were you greeted in a friendly, welcoming manner?
 - 2. Were you as comfortable as possible in the interaction?
 - 3. If you needed any accommodations to complete the process, were these accommodations met?
 - 4. Were you satisfied with the procedure to establish services or obtain referrals within this organization?
 - 5. Did you feel your needs were being met as you discussed them with the MHA representative?
 - 6. Did you feel your personal preferences were considered when determining your services/referrals?
 - 7. Is there anything you feel could have been improved in the process?

- B. Think of what your initial needs were when you contacted this agency.
 - 1. Were you able to receive services or referrals for your initial needs?
 - a. Did you feel safe during this process?
 - b. Was staff respectful of your needs?
 - 2. Did you request assistance with or discuss future goals?
 - a. If so, did you feel you were able to receive services or referrals in a timely manner?
 - b. Was the staff knowledgeable about other services available to you that were not offered by this agency, as well as where to access them?

- C. Think about how you felt after your services were established, or after you received your referrals.
 - 1. Were you able to provide feedback on the process?
 - a. If so, what methods were used to provide this information?
 - b. If not, did you want to provide feedback?
 - 2. Were any processes changed during your time receiving services?
 - a. If so, how were these changes communicated to you?
 - b. Were you able to provide feedback then?

Questions For Retreat Managers:

- A. Think of the required trainings your staff attend as a part of their position.
 - 1. Do you feel there is a variety of training opportunities for staff so that they are equipped to adequately address client needs and not just one focus of their needs?
 - 2. Are staff required to attend a certain amount of trainings?
 - a. If so, is the amount based on a yearly requirement, or only initial upon hire?
 - 3. Do you feel staff are aware of gaps in services within Suffolk County?

- B. Think of the process individuals must go through in order to establish services at The Retreat.
 - 1. Do you feel the process offers a welcoming and safe environment to individuals?
 - 2. Do you feel any parts of our intake process are “accessibility oriented”?
 - 3. Are there clear policies and procedures for staff to follow in establishing services with an individual?
 - a. Do staff have access to these policies?
 - 4. Are resources and referrals accessible to staff in the event they encounter a need that The Retreat is not equipped to address?
 - a. If so, are these resources updated?
 - b. How often?
 - 5. Are staff encouraged to focus on the primary emergency, or to consider long-term goals of the individual?

- C. Think of how policies and procedures are established and implemented within this organization.
 - 1. Who is able to make changes to policies and procedures?
 - a. Who is then able to implement them?
 - b. Is there a point person?
 - c. Do you have a way to convey needed changes that you encounter?
 - 2. How are staff notified once the changes have been made?
 - a. Do they have access to the new policies and procedures?
 - 3. Is there a time frame for approval of agency changes?
 - 4. Are staff able to provide input or feedback to agency changes?

Questions For PFML Managers:

- A. Think of the required trainings your staff attend as part of their position.
 - 1. Do you feel there is a variety of training opportunities for staff so that they are equipped to adequately address client needs and not just one focus of their needs?
 - 2. Are staff required to attend a certain amount of trainings?
 - a. If so, is the amount based on a yearly requirement, or only initial upon hire?
 - 3. Do you feel staff are aware of gaps in services within Suffolk County?

- B. Think of the process individuals go through in order to establish services at PFML.
 - 1. Do you feel the process offers a welcoming and safe environment to individuals?
 - 2. Do you feel any parts of our intake process are “accessibility oriented”?
 - 3. Are there clear policies and procedures for staff to follow in establishing services with an individual?
 - a. Do staff have access to these policies?
 - 4. Are resources and referrals accessible to staff in the event they encounter a need that PFML is not equipped to address?
 - a. If so are these resources updated?
 - b. How often?
 - 5. Are staff encouraged to focus on the primary emergency, or to consider long-term goals of the individual?

- C. Think of how policies and procedures are established and implemented within this organization.
 - 1. Who is able to make changes to policies and procedures?
 - a. Who is then able to implement them?
 - b. Is there a point person?
 - c. Do you have a way to convey needed changes that you encounter?
 - 2. How are staff notified once the changes have been made?
 - a. Do they have access to the new policies and procedures?
 - 3. Is there a time frame for approval of agency changes?
 - 4. Are staff able to provide input or feedback to agency changes?

Question For MHA Managers:

- A. Think of the required trainings your staff attend as part of their position.
 - 1. Do you feel there is a variety of training opportunities for staff so that they are equipped to adequately address client needs and not just one focus of their needs?
 - 2. Are staff required to attend a certain amount of trainings?
 - a. If so, is the amount based on a yearly requirement, or only initial upon hire?
 - 3. Do you feel staff are aware of gaps in services within Suffolk County?

- B. Think of the process individuals go through in order to establish services and obtain referrals at MHA.
 - 1. Do you feel the process offers a welcoming and safe environment to individuals?
 - 2. Do you feel any parts of our intake process are “accessibility oriented”?
 - 3. Are there clear policies and procedures for staff to follow in establishing services with an individual, or in providing referrals?
 - a. Do staff have access to these policies?
 - 4. Are resources and referrals accessible to staff in the event they encounter a need that MHA is not equipped to address?
 - a. If so are these resources updated?
 - b. How often?
 - 5. Are staff encouraged to focus on the primary emergency, or to consider long-term goals of the individual?

- C. Think of how policies and procedures are established and implemented within this organization.
 - 1. Who is able to make changes to policies and procedures?
 - a. Who is then able to implement them?
 - b. Is there a point person?
 - c. Do you have a way to convey needed changes that you encounter?
 - 2. How are staff notified once the changes have been made?
 - a. Do they have access to the new policies and procedures?
 - 3. Is there a time frame for approval of agency changes?
 - 4. Are staff able to provide input or feedback to agency changes?

Question For Executive Leadership at The Retreat:

A. Think of the process of establishing and implementing policies and procedures within this organization.

1. What is the process to make and implement decisions within the organization?
 - a. Is the process Board supervised, or can changes be made without Board input?
2. What is the time frame for approval of agency changes?
3. How are staff notified of the changes? Are they provided written documentation of the changes?
4. Is there a mechanism to receive feedback from staff regarding change?
5. Do you see any barriers that we may face to implement the needed changes?

B. Think of how services are established within The Retreat.

1. Is the initial contact designed to be welcoming and accessible to individuals seeking services?
2. Are the policies around establishing services inclusive of addressing concerns outside of the scope of this agency?
3. Does the organization have established relationships with other community providers to ensure appropriate referrals, and are staff aware of these relationships?
 - a. Is there a place that they can access this information?

Questions For Executive Leadership at PFML:

- A. Think of the process of establishing and implementing policies and procedures within this organization.
 - 1. What is the process to make and implement decisions within the organization?
 - a. Is the process Board supervised, or can changes be made without Board input?
 - 2. What is the time frame for approval of agency changes?
 - 3. How are staff notified of the changes?
 - a. Are they provided written documentation of the changes?
 - 4. Is there a mechanism to receive feedback from staff regarding change?
 - 5. Do you see any barriers that we may face to implement the needed changes?

- B. Think of how services are established within PFML.
 - 1. Is the initial contact designed to be welcoming and accessible to individuals seeking services?
 - 2. Are the policies around establishing services inclusive of addressing concerns outside of the scope of this agency?
 - 3. Does the organization have established relationships with other community providers to ensure appropriate referrals, and are staff aware of these relationships?
 - a. Is there a place that they can access this information?

Questions For Board Leadership at MHA:

- A. Think of the process of establishing and implementing policies and procedures within this organization.
 - 1. What is the process to make and implement decisions within the organization?
 - a. Is the process Board supervised, or can changes be made without Board input?
 - 2. What is the time frame for approval of agency changes?
 - 3. How are staff notified of the changes?
 - a. Are they provided written documentation of the changes?
 - 4. Is there a mechanism to receive feedback from staff regarding change?
 - 5. Do you see any barriers that we may face to implement the needed changes?

Think of how services are established within MHA.

- 1. Is the initial contact designed to be welcoming and accessible to individuals seeking services?
- 2. Are the policies around establishing services inclusive of addressing concerns outside of the scope of this agency?
- 3. Does the organization have established relationships with other community providers to ensure appropriate referrals, and are staff aware of these relationships?
 - a. Is there a place that they can access this information?

Attachment B

Recruitment Script for Survivors, People living with Mental Illness, Staff, Volunteers and Interns:

Introduction:

Hi, my name is *(name)* and I'm the *(title)* for *(agency affiliation)*.

Overview of the Needs Assessment

I wanted to ask you for your help with a project called Project BASE (Barrier and Stigma Elimination). This project is a collaborative effort among three organizations, The Retreat, Inc., Parents for Megan's Law, and the Mental Health Association of Suffolk County to evaluate current services, and make improvements to ensure accessibility for individuals who are victims including those who are living with mental illness.

The Retreat – is a domestic violence services agency located on the East End of Long Island, providing shelter, counseling and advocacy services to victims of domestic violence, dating violence, sexual assault and stalking. This organization also provides community and school education programs around recognizing and preventing domestic violence, as well as a program to help men overcome struggles to become better fathers, parenting classes, couples counseling, and a batterers intervention program.

Parents for Megan's Law – is a not-for-profit rape crisis and crime victims center located in Suffolk County dedicated to and with a demonstrated history of the prevention and treatment of child sexual abuse and rape, the provision of services to the victims of domestic violence, the provision of services to victims of violent crimes and elderly, disabled and minor victims of all crimes. The organization provides 24-hour crisis support and counseling, crisis hotline, legal and medical information/referrals/accompaniment/advocacy, helping victims file NY State Crime Victim Compensation claims and trainings such as Prevention Education and Law Enforcement training among others.

Mental Health Association in Suffolk County – is a nonprofit organization located in Suffolk County, NY and it is dedicated to promoting the mental wellness of local residents by means of support services, education and advocacy. MHAS is the region’s “go-to” resource for mental health-related education, advocacy, support for individuals, and referral-to-treatment services. In 2013, MHA merged with Clubhouse of Suffolk and Suffolk County United Veterans to better meet community needs.

These organizations came together under the award of a three-year federal grant from the Office on Violence Against Women. This grant provides an opportunity for each organization to learn from one another, and develop a collaborative partnership that will allow each of the organizations to offer the best possible services to victims who are also living with disabilities.

We are looking to conduct information seeking sessions, or focus-groups, to gather data regarding accessing services within each of these organizations. We are asking individuals to either participate in a focus group, a one-on-one interview, or complete a survey to provide us with feedback that will allow us to evaluate our policies and procedures and ensure that future services are accessible and welcoming to those in need. The data gathered will be utilized to create a Needs Assessment Report that will be shared within each participating organization so that changes are prompted to happen. Participation in these forums is voluntary, and your personal information will remain confidential. We will not ask any specifics about your personal circumstances or experience, but instead on agency policies and practices that you have experienced throughout your relationship with the organization.

Attachment C

Facilitation Script

Check-In Process

As participants arrive to each focus group, the Facilitator will individually meet with each individual to take their name to ensure they are provided with any accommodations that may have been requested. At this time, the Facilitator will also ask the individual to complete the attendance card and will provide the participant with the Orientation packet so that they can begin to look it over as others arrive. The facilitator will also make each participant aware of the layout for the room, and where any refreshments are.

At the start of each group, the Facilitator will thank the participants for coming to the group.

Introductions and Overview:

Welcome to the Project BASE focus group. My name is [insert name] and I will be leading the conversation today. Thank you so much for taking the time to participate.

For individuals accessing agency services:

The goal of our conversation today is to find out from you what you think is helpful when you are trying to access services within your community. We are specifically interested in your initial contacts with organizations and how the initial conversation and environment can affect the request for services.

For staff, volunteers, interns:

The goal of our conversation today is to find out from you what procedures exist within the organization and how communication happens to individuals who are first seeking services from the organization. We are also looking for insight and suggestions you may have for us to improve services for individuals with disabilities who are also victims of domestic violence, dating violence, sexual assault and stalking. The disability focus for our group is on individuals living with mental illness.

For all:

I would like to provide you with an overview of our collaboration and what has brought us together today. Project BASE is a collaborative partnership between The Retreat, Parents for Megan's Law and the Mental Health Association of Suffolk County. Our collaborative name is an acronym for Barrier and Stigma Elimination, and our goal is to identify ways we can improve our agency policies and procedures to help limit or eliminate barriers that individual face as they are seeking services.

This collaboration is conducting a needs assessment in order to identify current procedures as well as what can be improved to make our initial contacts with individuals as welcoming and accessible as possible. We are holding focus groups and interviews with individuals accessing services, as well as staff on all levels, including board leadership. With your feedback, we will create a report of areas that are in need of improvement and a plan on how we can begin to implement changes within each organization. We are asking you to provide your input on what is working well within this organization, and what you feel we could do better for those who are accessing services.

Again, my name is [Insert name] and I will be facilitating the questions for today's discussion. I would also like to introduce the other members of the collaboration that are in the room today.

This is [insert name], who will be acting as a floater in today's group. He/She will be available to provide any overall help in case anyone has a specific need during today's group. Please do not hesitate to ask for any assistance you need, including if you would like to leave the room. [Insert name} will also be acting as our counselor for today. Although our focus will not be the discussion of specific, personal experiences, if at any time you are uncomfortable, please feel free to let us know. [insert name] is available throughout the group for discussion, or linkage to an agency staff before, during or after the group if you would like to speak with staff in private.

Please do not hesitate to ask for any assistance you may need.

This is [insert name] who will be taking notes throughout the group. He/She will be taking notes about suggestions and comments made during today's group. Although [insert name] will be taking notes throughout the course of the conversation, [insert name] will not be recording anyone's name with comments or including any identifying information in the notes.

For Interviews:

My name is [insert name] and I will be the facilitator asking you questions today. I will be taking notes during our discussion, but want to assure you that identifying information will not be included in these notes. All of our notes from our focus groups and interviews will be grouped together in order to gain a better understanding of strengths and weaknesses and will help to initiate change, but will not be linked to any individuals.

General Housekeeping:

If at any point during our conversation, you feel you would like to leave, you are free to do so. Restrooms are located [insert location information here]. If you are in need of assistance throughout the conversation please let [For group: insert floater name; for interview, insert me] know and we will do our best to accommodate your need.

Included in our Orientation Packet is information on consent, mandatory reporting, confidentiality and safety. If you have any questions, please do not hesitate to stop me and ask. The questions will cover a variety of topics, and you may choose to answer or not answer any of the questions. We will not be asking any information that is specific to your experience in accessing services, but instead will be focused on general policies and procedures that exist within the organization. Our focus is to ask you what worked well as you accessed services and what did not work as well so that improvements can be made. If you feel you would like to discuss a specific example of abuse, as a reminder we have [insert name] here who can link you to a counselor within the organization.

Information gathered today will be collected confidentially. Your responses will be noted, and linked to the specific group you are in, but it will not have your identifying information linked to it. We want your honest feedback to improve our services, whether your experience was positive or not.

As a requirement to this grant, we must let you know about any exceptions to keeping what you say confidential. Each of our organization policies abide by the NYS Mandated Reporting Law, and any information discussed about abuse to an individual under the age of 18 must be reported.

This also includes any statements that indicate a specific and significant threat to harm yourself or someone else. Again, if a report is needed, you will be informed.

For focus groups only:

We ask that you respect the privacy of others as a participant in this group. Please do not talk about anything that is said in our conversation after you leave today. We want everyone to feel free, and safe, to share their ideas. Please remember that we cannot ensure that your peers will keep what is said confidential after you leave here today, and therefore we encourage all of you to be mindful of what you choose to share. If you are uncomfortable sharing any information in the group, but feel that it is beneficial to our goals, please feel free to let any one of our collaborative staff know at the conclusion of the group and we would be more than happy to have a further discussion with you.

We ask that everyone show respect to their peers as the discussion is happening regardless of whether or not you are in agreement. We also ask that you allow an individual to finish speaking before taking your turn. It is our goal to allow everyone who wants to respond to a particular topic have that opportunity.

All of the information we gather will be compiled into a final report. This report will identify areas of strength and weakness within the organization so that we can implement changes to make our agencies as welcoming, safe and accessible as possible. This report will remain with our collaboration, and will be submitted to our funding source, the US Office on Violence Against Women, as well as our technical support for this grant program, the Vera Institute of Justice.

Attachment D

Frequently Asked Questions (FAQ) **Staff Version**

1. What is Project BASE?

Project BASE stands for “Barrier and Stigma Elimination” and is a collaboration group comprised of three community based organizations: The Retreat, Parents for Megan’s Law and the Mental Health Association in Suffolk County. The collaboration was formed to help each of the organizations learn from one another, and improve each of our services that are being offered to community members to eliminate stigma around victimization and mental illness.

2. Who is a part of this project?

A representative from each organization has been a part of the group since October, 2012 and has been meeting for about a year to develop a plan to train one another and evaluate each of our services.

3. What is the purpose in evaluating services?

To ensure individuals seeking services feel comfortable, and are treated with respect and dignity in a universally welcoming environment.

4. Who is being asked to participate?

We are seeking feedback from individuals who have received services, and all levels of staff within each organization including volunteers and interns.

5. Why is my feedback important?

Our collaboration recognizes that your experience with the agency provides you with specific knowledge on how our agency provides services and will allow us to evaluate how information is transferred through the agency and then delivered to the individual in need. Our connection to one another (agencies) will also allow us to train one another on specialties that our immediate staff may not be well-versed on, and this will better enable our staff and services to be more productive for individuals in need.

6. What are the expectations of my involvement?

It is the collaboration's hope that you will share openly about your experience within the organization with a focus on the initial contacts individuals have with the organization. We understand that sometimes individuals may be able to better express themselves in a different format. If you feel more comfortable specifically in another format please notify a collaboration member and we will make every effort to accommodate you.

7. Are my responses confidential?

Yes. Your information will not be recorded with identifying information, and only situational information will be included in the report. Your direct responses will not be shared outside of this group.

8. How will my information be used?

As a part of our grant process, the collaboration will be compiling a report based on the feedback we receive from you and other participants. This report will be viewed by the agency management to help initiate policy changes within that organization. Our report will identify how well we achieve our goal of treating individuals with respect and dignity as well as to identify what we do well and what we can do better to make our organization a universally welcoming environment.

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6. What are the expectations of my involvement?

It is the collaboration's hope that you will share openly about your experience within the organization with a focus on your initial contact to the organization and about how well your needs were met.

As you know, you get only one chance to make a good first impression. We would like to know honestly what we can do to make our first impression better. We hope you will give us your time and the benefit of your experience to accomplish this goal. We understand that sometimes individuals may be able to better express themselves in a different format. If you feel more comfortable specifically in another format please notify a collaboration member and we will make every effort to accommodate you.

7. Are my responses confidential?

Yes. Your information will not be recorded with identifying information, and only situational information will be included in the report. The focus group will utilize the same limits to confidentiality as this agency, and a collaboration member will work with you directly should there be any concern around information shared within the group.

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9. What if I lose my stipend/gift card?

Once we distribute the gift cards at the end of the group, you are responsible to keep it safe. We will not be able to replace a lost or stolen gift card.

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Attachment E

Focus Group Attendance Card:

Location: _____ Date: _____

Print Name: _____

Sign Name: _____

Attachment F

RSVP Form

Participant Name	Group Type	Date/Time	Stipend?

Attachment G

Receipt for Gift Card

I acknowledge receipt of a gift card for my participation in providing feedback to Project BASE regarding my experience in accessing services at either The Retreat Inc., The Mental Health Association in Suffolk County or Parents for Megan's Law.

Name: _____

Gift Card Description: _____

Amount: _____

Signature: _____

Attachment H

Retreat, Inc. Staff Survey

Thank you for participating in this survey. We are working to gather information around the initial contacts individuals make with our organization when they are in need of assistance. Please think of a time when you were initially working with an individual and you thought they could be experiencing mental illness:

1. What part of the interview made you think the individual may have a mental illness? (ex: specific info provided by individual, did they state something that caused you to ask for more information?)

2. Are you confident in your abilities to assist someone with mental illness? Why or why not?

3. Does the Retreat have a procedure to screen for mental illness? Are you aware of the process?

4. Do you have feedback to provide regarding this procedure?

Please think about the complex needs victims of domestic violence are faced with. The next series of questions are about your confidence and ability to address both long and short term needs of an individual.

1. Does the intake/screening process at The Retreat consider client culture, history and preferences? If so, how?

2. Have you encountered barriers in the intake process? Please provide examples.

3. Have you received training around how documentation in our agency could affect an individual in other service areas? Are you aware of circumstances that could cause our records to be legally shared?

4. Do you receive cross-training from other staff who have attended trainings, or from other community providers?

5. What is the agency process or policy in providing referrals?

6. Are you confident that the referrals you are providing are up to date?

7. Are contact names listed in our referral guide?

8. Are you aware when policies change within the organization? Do you have any suggestions or feedback regarding how policy change is communicated?

Please use the section below to provide any other information you may have around intakes, referrals and policies that you feel will be helpful in our endeavor to improve accessibility of our organization.

Attachment I

Client Interview Form (Generic)

Think of a time when you initially reached out to (Organization) for assistance, and tell me about your initial impression of services:

1. How did you feel during your initial interaction? Were you comfortable?

2. If you needed any accommodations, were they met? Please indicate what accommodations were needed.

3. Were you satisfied with the procedure to establish services? Did you feel your needs were being met through the process?

4. Did you feel your preferences were considered through the process? Do you have any suggestions for improvement of the process?

5. Think of what your initial needs were when you contacted the agency. Were you able to receive services/referrals based on these needs?

6. Was this done in a timely manner? Did you feel staff was knowledgeable about the services available to you that were not available at this organization, as well as where you could access them?

7. Think of how you felt after you established services. Were you able to provide feedback during the process? If so, how were you able to do this? If not, did you want to provide feedback?

8. Were any processes changed during the time you were receiving services?

9. Is there anything else about your experience you would like us to be aware of as we work to improve agency services?

Attachment J

Debriefing Form

Team Debriefing Form:

Immediately following the focus groups, the Facilitator, note taker and counselor will take part in a debriefing session, using the template below as a guide:

Group:

Date:

Time:

Location:

Facilitator:

Note Taker:

Counselor:

of Participants:

Notes about key points. Indicate any issues that led to an animated group response, or any conflict/tension that was experienced:

Memorable Statements:

Collaborative Response:

Themes Identified:

Conflict or Tension:

What were the impressions and reactions to group discussion? Note any responses that were surprising to the group and any that were expected.

Did the collaboration gain any new information from this group?

Did the group run smoothly, or were there bumps? Suggestions for next group?