

Project BASE

Barrier and Stigma Elimination

Needs Assessment Report



Collaboration between

The Retreat,

Parents for Megan's Law and

Association for Mental Health and Wellness

This project was supported by Grant No. 2012-FW-AX-K002 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

NEEDS ASSESSMENT REPORT TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
INTRODUCTION	7
COLLABORATION PARTNERS	11
HISTORY	16
VISION, MISSION AND OBJECTIVES	16
NEEDS ASSESSMENT GOALS	18
NEEDS ASSESSMENT TIMELINE	19
METHODOLOGY	19
CONSENT	20
AUDIENCE	21
PARTNER AGENCY PARTICIPATION	21
FOCUS GROUPS	24
FOCUS GROUP IMPLEMENTATION	24
PROGRAM PARTICIPANT FOCUS GROUPS	25
STAFF FOCUS GROUPS	26
INTERVIEWS	26
SURVEYS	28
CONFIDENTIALITY	28
MANDATORY REPORTING	29
SAFETY AND ACCESSIBILITY CONSIDERATIONS	29
PARTICIPANT “THANK YOU” GIFT	31
KEY FINDINGS	33
KEY FINDING 1	33
KEY FINDING 2	39
KEY FINDING 3	41
KEY FINDING 4	49
KEY FINDING 5	52
MISCELLANEOUS FINDINGS	54
CONCLUSION	56

Executive Summary

Project BASE (Barrier and Stigma Elimination) is a collaborative partnership between Retreat, Inc., the Association for Mental Health and Wellness (MHAW), and Parents for Megan’s Law (PFML), DBA the Crime Victims Center. The purpose of the collaboration 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 may be living with mental illness.

The collaborative partners of Project BASE will seek to enhance service delivery systems and encourage help-seeking by individuals who are victims of domestic violence, stalking, sexual assault and/or dating violence who may also be living with a mental illness in Suffolk County by identifying and confronting stigma through education and the provision of a universally welcoming, culturally sensitive and comfortable environment.

Collaboration Objectives

- Examine the delivery system starting from the initial contact on multiple dimensions including policies, procedures, personnel, training and client/member perception of the collaborative agencies and incorporate a methodology to promote accessible and welcoming services and programs.
- Examine the operations of each of the collaborative partners in order to benefit from their expertise and implement best practices to create a universally welcoming environment and enhance our responsiveness to the needs of those we serve (clients/members).

- Forge policies and procedures that reinforce trust.
- Promote informed choices with information to combat fears.
- Remove barriers and bridge gaps in service delivery.
- Provide staff with the tools necessary to assist an individual in feeling empowered when seeking help.
- Conduct directed client/member outreach drawn from information derived from focus groups and the shared, collective experience of the partners.
- Treat every individual with respect, compassion and dignity.

Needs Assessment Goals

Throughout this process, Project BASE collected feedback from clients/members, staff and management in order to evaluate staff knowledge of policies and procedures and how they translate into responsive and effective services, and then identified areas for enhancements and improvements within each agency. The collaboration members have discussed ways in which each agency implements services and the mechanisms that will help to measure accessibility and effectiveness of service delivery. The organizations have agreed on the best methods to evaluate current policies, procedures and service delivery to ensure that individuals are receiving holistic, professional and empathetic services by each organization, and have developed goals accordingly. The 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.

Key Findings

Included are findings from focus groups/interviews/surveys:

- **Key Finding 1:** *Agencies all had challenges or barriers to providing clients/members safe and accessible services. There are also concerns about staff safety.*
- **Key Finding 2:** *Staff would benefit from additional knowledge and resources to provide individuals with appropriate and sensitive referrals which address individual needs and desires.*
- **Key Finding 3:** *Staff at all levels need appropriate and focused training support to provide services that respond to individual clients/members in a way that maintains safety and accessibility, reduces stigma and acknowledges the effects trauma may have on behavior and decision making.*

- **Key Finding 4:** *Clients/members would benefit by the current collaboration maintaining ongoing contact to share knowledge and resources.*
- **Key Finding 5:** *Agencies need policies and procedures to provide services which are safe, accessible, and welcoming.*

Conclusions

Through the needs assessment process the partner agencies identified strengths and areas in need of improvement in the collaboration partner agencies and service providers. The feedback of people living with mental illness, domestic violence survivors, sexual assault, dating violence and stalking survivors formed the foundation for the needs assessment. People living with mental illness and survivors of DV, SA, dating violence and stalking, like everyone else, want and deserve to be treated with dignity and respect by service providers. The needs assessment enhanced awareness of the issues and challenges that the agencies must work together to overcome in order to achieve their goals. It also identified many opportunities for expanding and enhancing the capacity to identify best practices and work collaboratively to achieve measurable and sustainable outcomes. For example, there is significant overlap in the services provided by each organization and the reliance upon each other as a trusted source of referral. Through the course of the need assessment it has been determined that the well-intentioned policy of providing multiple referrals to address a client's/member's needs may actually be counterproductive. When a person seeking services is provided with an excessive amount of information it may actually serve as an impediment to seeking services. This is especially true for a person seeking services who may also be living with a mental illness. A

policy wherein the best referrals along with a “warm handoff” to a known representative appears to be a more effective alternative and agencies should strive to accomplish this when possible.

As each collaboration partner becomes better informed of the intersection and trauma-informed approaches that effectively address the needs of the survivors of DV, dating violence, SA and stalking, and who may be also living with symptoms of mental illness, there is tremendous potential for applying this knowledge in the work they do with local and state-wide agencies, councils and task forces. Though these are areas that are outside the scope of this project, the partners look forward to sharing the results of this collaboration.

Introduction

Project BASE (Barrier and Stigma Elimination) is a collaborative partnership between Retreat, Inc. (The Retreat), Association for Mental Health and Wellness (MHAW), 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 the collaboration, each agency has gained a greater understanding of the services provided by one another, as well as further insight into the available services and how they may be enhanced for individuals at the intersection of victimization and living with mental illness. The 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 who may be living with symptoms of mental illness.

The organizations working under Project BASE have steady relationships established before this collaboration. Project BASE has worked 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 were requested to share insight into current practices, and all feedback has been considered and evaluated. Project BASE has also utilized client/member feedback, through the implementation of focus groups, individual interviews and surveys, dependent on a client's/member's comfort level in sharing information regarding their experience in seeking services. The Retreat has worked with the Shelter Director to elicit feedback from women staying in the safe shelter, the counseling and legal advocacy departments for feedback from individuals currently receiving outreach services, and full time

staff as well as volunteers and per diem staff that were not be available to attend formal focus groups. Parents for Megan’s Law have worked with advocates to identify clients/members that were willing to provide feedback regarding their experience in seeking services. Staff have been included in providing feedback, with a focus placed on the advocates working directly with victims. The Association for Mental Health and Wellness has gathered feedback and experience from staff and individuals served in their evaluation process, as well as from individuals in their Careers in Recovery and Wellness Training Program. This program assists those who have received Mental Health services to gain the necessary skills to work as peers. The Association for Mental Health and Wellness is an information and referral center, and as such, is often a point of first contact for people seeking mental health services; the partner agencies have surveyed staff and volunteers in this program to gather feedback about staff readiness to respond to individuals in need. Facilitators of support groups invited individuals who utilize the weekly support groups to participate in a focus group or provide feedback via interview/survey. All information gathered from focus groups, interviews and surveys has been compared, contrasted and evaluated, and will be used to develop a strategic plan for creating meaningful changes within each organization that will improve accessibility of services to individuals who may be living with mental illness or 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 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 experience 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 road map to serve the identified group of individuals and to promote sustainable changes within each organization, 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 individuals, their families and their social systems. 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 also reinforces the dignity and respect of each individual.

Through the work done at the collaborative meetings, Project BASE partners agree that initial contacts with individuals seeking services are the most important and memorable interactions. This initial interaction is often the deciding factor on whether an individual needing services will decide to establish those services. In an initial contact, an individual in need of services should end the conversation feeling comfortable, taken care of and

understood. By identifying areas of need and responding to the training needs of the staff that make these initial contacts with individuals, the agencies will help to ensure that appropriate services are offered to those in need, and that careful, researched referrals are provided for any services the agencies are unable to provide. Through the identification of areas for change, the partner agencies 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 has utilized the data derived from focus groups/interviews/surveys to ascertain the extent and effect of stigma. During the focus groups, one client/member indicated that he felt concerned that he would be viewed "differently" because of his "mental health diagnosis." As a result he was reluctant to access services when he needed them and felt that it was not necessary to disclose his "condition." Additionally, stigma within the focus groups surfaced when a client/member attempted to fractionalize the group by stating that he was "higher functioning" than others. This Needs Assessment Report will help the collaboration identify opportunities for change. We have a better understanding of how stigma and bias can influence the delivery of services to those in need.

Collaboration Partners

The Retreat/Lead Agency

13 Goodfriend Drive

East Hampton, NY 11937

Phone: (631) 329-4398

Website: www.theretreatinc.org

Julie Goble

Project Coordinator

Phone: (631) 591-3350

Email: jgoble@theretreatinc.org

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/members 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 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 directly and through the receipt of DV police reports, 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 case management services, education regarding healthy parenting and healthy relationships to fathers of children 18 years and younger. This program's goal is to provide education and support to fathers who are at risk of committing domestic violence to reduce initial instances of family violence.
- The Structured Help Anti-Violence Re-education Program (SHARP) is an educational program designed to work toward respectful and healthy relationships for people who have chosen hurtful, controlling, abusive, and/or violent behavior toward an intimate partner.
- The Moving Forward 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.

- The Transitional Housing program is helping several families get on their feet after fleeing a DV situation. This program provides assistance for clients with accessing and maintaining safe housing and support services. The program assists with economic and housing goals, housing counseling, financial assistance, advocacy, emotional support, referrals for resources (such as furnishings,) and economic stability through education.

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

100 Comac St.

Ronkonkoma, NY 11779

Phone: (631) 689-2672

Website: www.parentsformeganslaw.com

Kenneth Rau

Controller/Grants Administrator

Phone: (631) 689-2672 x213

Email: KenR@parentsformeganslaw.org

Cynthia Feliciano

Crime Victim & Family Advocate

Phone: (631) 689-2672 ext 227

Email: cynthiaf@parentsformeganslaw.org

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. PMFL 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 or 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 2700 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.

Association for Mental Health and Wellness

939 Johnson Ave

Ronkonkoma, NY 11779

Phone: (631) 471-7242

Website: www.mentalhealthandwellness.org

Tara Larkin-Fredericks, LMSW

Director of Special Projects

Phone: (631) 471-7242 x1347

Email: tfredericks@mhaw.org

Alexis Rodgers, LMSW

Coordinator for Community Outreach and Education

Phone: (631) 471-7242

E-mail: arodgers@mhaw.org

The Association for Mental Health and Wellness (MHAW) is a nonprofit organization located in Suffolk County, NY and was formed in 2014 upon the merger of two of the community's leading mental health organizations, the Mental Health Association in Suffolk and Clubhouse of Suffolk, along with Suffolk County United Veterans. The MHAW 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. By coming together, these two agencies are now able to offer Suffolk County Residents comprehensive services, focusing on both mental health and overall health and wellness. Additionally, MHAW works to give a voice to people and families facing mental health challenges and psychiatric disabilities. While the individual histories of the agencies date back over twenty-five years, they are now looking towards the future. By sharing and strengthening resources that help those facing psychiatric disabilities as well as those experiencing mental health issues for the first time, plus an enhanced focus on serving Veterans, MHAW will be able to better serve all of Suffolk County's residents.

History

These three collaborators have had strong relationships spanning more than fifteen years. Each participating organization has played an active role in increasing community awareness for the need of services, and has worked steadily together to improve referrals to one another. This past year, one collaborator merged with a larger organization, increasing the overall access to individuals in need of services, and to other professionals with similar goals.

The past connections and collaborations of the agencies are the foundation upon which they will build and strengthen the current collaboration to address internal policies and procedures and ensure holistic and comprehensive services are offered to clients who are victims of domestic violence, dating violence, sexual assault and/or stalking and may also be living with mental illness.

Vision, Mission and Objectives

Vision and Mission

Project BASE's 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 may also be living with mental illness in a comprehensive and informed way to confront stigma and foster self-determination and healing.

Objectives

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 that may also be 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 systems 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 confronting 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. Treating every individual with respect, caring and dignity.

Needs Assessment Goals

Throughout this process, Project BASE has evaluated staff knowledge of policies and procedures and identified areas for growth within each agency. The collaboration has discussed ways in which each agency implements 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. The established goals are as follows:

1. Assess staff ability and readiness to respond appropriately, consistently 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 who may also be living 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 identify and address long and short term needs of individuals seeking services.
5. Assess organizational readiness and capability to make changes in priorities, policies and procedures.

Needs Assessment Timeline

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 2014
Needs Assessment Plan	November 2013 - March 2014
Conduct Needs Assessment/Develop Report	April 2014 – December 2015 Includes no-cost extension request
Submission/Approvals	December 2015
Strategic Plan	December 2015 - March 2016
Planning and Implementation:	March - June 2016

Methodology

Through focus groups and data collection, Project BASE has gathered information from individuals accessing services, the Boards of Directors as well as the staff that provide these services.

Consent

Before participating in focus groups, individuals were provided with background information on the collaboration, and informed about the purpose of the focus group and what the agencies were working to accomplish through data collection. All participants were provided with "Frequently Asked Questions" regarding their participation, and all focus groups were successfully held in controlled environments. During focus groups, participants were encouraged to provide generic information, and to be mindful that other participants were not bound by confidentiality. The collaborative partners made every effort to maintain confidentiality by asking participants to acknowledge the intended safety of the group, and agreed to keep all discussions within the confines of the room. The collaborators utilized minimal identifying information on any documentation, but also all documentation recognized that certain situations present limitations to confidentiality, including mandated reporting and safety concerns.

The orientation packet and questions for the group was designed to minimize the occurrence of self-disclosure. Prior to each focus group, the collaborative partners cross-referenced the list of attendees and confirmed agency affiliation for each client/member and that they attended the group most appropriate to their experience. Roles within the group were also established prior to beginning the group, and the staff with most familiarity of the clients/members worked as the Floater/Counselor to address any possible concerns as quickly as possible. Methods were established to address any behaviors that were hostile, bullying or demeaning to others in the groups. This did not occur within any of the focus groups, and staff did not need to utilize the established protocol for mandated reporting. Timing for each group

allowed for one hour of discussion and a cushion of fifteen minutes for check-in and distribution of stipends. Procedures for connecting individuals to appropriate staff were also established prior to the start of the group, and the collaboration did utilize these procedures at one point during the data collection period.

Audience

The audience was a combination of staff, agency volunteers and those seeking services at each organization. As initial contacts with people in need have been identified as an area to focus on, the partners gathered 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 has also elicited 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 have been asked to provide data on agency communication and the best ways to implement changes. Collaboration members have also provided feedback to all focus group questions.

Partner Agency Participation

Each of the organizations was involved in the Needs Assessment Process. For the purpose of these focus groups, The Retreat engaged staff employed at the shelter, counseling staff, legal advocates, as well as staff working in other programs, separate from direct service with survivors. The groups also engaged 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.

Association for Mental Health and Wellness

Association for Mental Health and Wellness targeted 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 the community support groups. In addition, feedback has been solicited from the senior staff and Board of Directors. To gain the perspective of participants in the programs and services, MHAW engaged members of the support groups, attendees at their Personalized Recovery Programs (P.R.O.S.) and students in the Careers in 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 Careers in Recovery and Wellness Training focuses on showing clients/members 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

Parents for Megan's Law and the Crime Victims Center garnered feedback from all staff engaged in interacting during the first contact with persons seeking services, including those contacting the agency by telephone, e-mail or in-person walk-ins, as well as members of the

Board of Directors. Additionally, first contacts initiated by the agency to crime victims requesting services through the collaborative partnership with law enforcement have been examined. During this data collection, PFML not only sought suggestions for improvement, but also assessed individual's understanding of and compliance with existing policies, procedures, and available services. Brainstorming exercises involving all staff who may be involved in any first contact with a person seeking services supported by analysis and review by senior staff and the Board of Directors assisted PFML in establishing realistic goals that can be incrementally attained.

To fully understand the perspective of persons accessing services PFML engaged violent crime victims and elderly, minor, individuals with disabilities and those living with mental illness that have been the victim of any crime in providing an evaluation of their experience with the agency. Additionally, feedback was sought from persons accessing counseling services at the agency. The goal of the assessment was to examine if the agency environments are universally accessible, and if staff reflect and impart the agency's values to negate stigma and encourage individuals to pursue services.

The Retreat

The Retreat obtained feedback from individuals at all levels of the agency, including staff members, interns, and volunteers, as well as from clients/members working with different departments and at varying phases of the program. Surveys and focus groups were concentrated on staff members working as the first line of contact for potential clients/members through the hotline, phone calls, and walk-ins at agency offices, in the advocacy, counseling, and Fatherhood Initiative departments, as well as staff working in the

shelter and in the SHARP program. Feedback was also obtained from senior staff and the Board of Directors to provide a comprehensive representation of the agency's current status in serving clients/members at all levels and to assess policies and procedures for safety and accessibility.

Focus Groups

Forming focus groups allowed individuals to expand on information. They shared information freely and built upon what others were saying. This was the case in staff focus groups as well as client/member focus groups. Focus groups allowed facilitators to identify common themes among a group of individuals and receive immediate clarification for any questions. This also allowed the facilitator to ask more detailed questions in order to gather specific data. In some groups, there was a primary speaker, and the collaboration team worked throughout the groups to ensure that anyone who wanted to speak was given the opportunity, and to ensure multiple voices were heard for each particular question.

Focus Group Implementation

The Collaborators utilized three roles within the focus groups:

1. Facilitator – The primary role of the facilitator was to coordinate the groups/interviews and to lead the discussions. The facilitator ensured all paperwork was completed, and managed the agenda and questions for the session.

2. Recorder – The primary role of the recorder was to keep track and document data from the groups. The recorder took notes around the different topics that were discussed, and tracked responses to questions that were analyzed for data after the group was completed.

3. Floater/Counselor – The Floater or Counselor was available throughout the session to assist any individual that was in need of support. The Floater/Counselor monitored body language and offered individuals a place to go if the group became uncomfortable for them. This individual also had access to other staff at the location of the group, and acted as a linkage if an individual needed to speak with someone regarding feelings or concerns while the group was in session.

Program Participant Focus Groups

Five groups were held at MHAW. Three consumer focus groups were held at the two PROS sites in Ronkonkoma and Riverhead. Each focus group had between 7 and 12 participants. Participants were recruited through flyers posted around the building and were encouraged to attend by staff. At the time of the focus groups, clients/members who had expressed interest in participating were reminded that the group was beginning and encouraged to join.

Nearly all clients/members participated actively in the group discussion. In one group held at the Ronkonkoma site, the majority of participants had been attending the agency for several years and required more redirection to discuss their first contact with MHAW. The differences in the resources and needs of the communities (Ronkonkoma/Riverhead) were also apparent in the groups. The Riverhead clients/members discussed lack of services in their area, and more participants also had a forensic background. Overall the groups reported positively

about their experiences with the agency. There was consensus that they felt cared for and accepted. There was also excellent discussion around the needs for better referrals and improved access to supports. Participants cited long wait lists for services both in and outside of the agency.

Staff Focus Groups

Project BASE held staff focus groups at MHAW, Retreat and PFML. All staff ~~were~~ **was** invited, and groups were formed based on roles within the agency (ex: one group consisted of counseling staff, one group of management, and one group of Ancillary Program staff).

Two staff focus groups were held at MHAW. Staff identified many of the same concerns expressed by consumers. The Retreat held five staff focus groups. One staff focus group was held at PFML. During these focus groups many themes arose about policy and procedures, needed training and resources, welcoming environment, and safety.

Interviews

Project BASE conducted two types of individual interviews, staff and client/member. These interviews were conducted one-on-one. During the interviews, the partners had access to agency staff in case assistance was needed. Interviews were completed with both staff and clients/members, based on the preferences of individuals providing information.

The agencies held an open house for clients of The Retreat. Agency advocates helped identify and recruit clients/members to participate in this open house. Advocates were provided a script to work from as they called clients/members to inform them of the open

house to ensure that they were aware of what the interviews were for and who would be interviewing them. Clients/members were asked if they would like to participate and informed of when staff would be at the agency, and the individuals provided their availability during that time for an interview. Two collaborators conducted the interviews and one collaborator greeted clients/members, ensured they had anything they needed if there was a wait and handled gift card distribution. This collaborator was also available if a client/member needed additional support for emotions that may have been aroused during the interview. During one of the sessions, an individual disclosed that she was having a difficult time financially. The partners were able to inform the appropriate staff within the agency and they were able to utilize existing agency resources to provide her with support.

Overall, this was a successful event as the collaboration was able to gather an abundance of information in a short time. There were a total of nine participants over a two hour span. Within this group, some clients/members participated in only one agency program, and some had been or were currently involved in multiple programs. A few individuals had been working with the agency for some time, and some were new clients/members.

Collaborative staff conducted interviews at the shelter in a similar way. The Project Director scheduled the dates along with collaborative input and, through contact with the Shelter Director and the shelter staff, assisted facilitators with recruitment. Shelter staff was also able to help provide translation services when necessary. The population within the shelter is often changing, and this allowed the collaboration to access many individuals in different stages of seeking services.

Surveys

Surveys were completed only by staff at organizations, specifically staff that worked the night and weekend shift of the shelter, upper management and board members. The surveys were anonymous, ensuring that they felt free to be honest and open with their answers. The feedback was mostly positive. Overall, the information gathered in the surveys mirrored the data collected at the staff focus groups.

Confidentiality

Project BASE staff addressed confidentiality throughout the data collection process. At the start of focus groups, participants were reminded that group members are not under the same requirements as staff. Staff advised individuals to focus on general comments regarding initial access to services instead of sharing individual situations and circumstances.

Individuals were provided receipts for stipends earned through participation, and these receipts were only handled by program staff. Participants were also informed that while notes were taken by the staff, no names would be associated with any comments to maintain confidentiality.

At the end of focus groups, facilitators provided business cards to each participant so that any personal or individual information/circumstances could be shared confidentially with program staff.

During individual interviews, staff confidentiality procedures were strictly followed. Program staff described mandated reporting procedures so that the participant was aware of the type of information that requires immediate intervention. Participants were assured that

all other information would remain confidential and that they could end the process at any time.

Mandatory Reporting

Information gathered has been collected confidentially. The responses have been noted, and linked to the specific group participants are in, but did not have identifying information linked to them.

As a requirement for this grant, partners let participants know about any exceptions to keeping what was said confidential. Each of the organization's 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 as well as any statements that indicate a specific and significant threat to harm oneself or someone else.

Safety and Accessibility Considerations

Safety and open access for individuals to attend the focus groups as well as the agencies were top priorities. To ensure safety for participants, all focus groups were held in a location familiar to these individuals. For the Retreat, a focus group was held within the agency shelter so that women living within the shelter would not have to alter their routines in order to participate. The Project Director communicated with the Shelter Director to find out the schedules of the women staying in the shelter so that the group was offered at a convenient time.

All other individuals that were asked to participate were offered a focus group that was held in one of the counseling offices, or at a collaborative agency during their scheduled attendance times whenever possible. The collaborative partners facilitated participation for those who could not access a focus group or who does not typically interact with the agencies in groups. These individuals were able to complete an interview or survey based on their comfort level. Timing preferences were considered for these individuals as well in order to maximize attendance at all groups. All staff groups were held at the agency during normal working hours so that staff did 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. Participants were informed of the purpose of their participation, as well as their ability to discontinue their involvement at any time. The collaboration was 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 was dedicated to recording each client/member's statements accurately, and they were referred to appropriate staff if further assistance was necessary at the conclusion of the group. Even though these interactions were primarily in a group setting, the collaboration team was committed to recognizing each client/member as an individual and adjusting the program as much as possible to accommodate individual needs.

Participant “Thank You” Gift

At the start of each group for participants receiving services, the Facilitator distributed the orientation packet, informed the group of how long the meeting was expected to last, and distributed compensation for participation at the conclusion of the group. Due to varying locations for the groups and desire to provide individuals with gift cards that will be useful to them, the collaboration worked to secure generic credit card gift cards. Collaboration staff had individuals sign a receipt for agency files that indicates they received the gift card. While participants were not required to sign the receipt, collaborative staff explained to participants that this was for agency financial records and that gift cards would not be distributed until after the conclusion of the group.

Individuals participating in the interview process were informed at the start of the process that they would receive their compensation at the conclusion of the meeting. Collaboration staff had the individual sign a receipt for agency records. If an individual requested an interview instead of a focus group during the recruitment phase, collaborative staff discussed the length of the interview and compensation value during that time. If the individual originally signed up for the group but indicated he/she was more comfortable in an individual setting, collaborative staff informed him/her about the questions that would be asked and his/her ability to end the process at any time.

Disbursement of the gift-cards was not contingent on any level of participation from an individual, but was provided to all of those who took the time to attend the group. While participation was strongly encouraged and necessary for the collaborative team to gain insight

into areas that are in need of change, the team also recognized that the circumstances may have affected each client/member differently and affected his/her level of open participation.

Key Findings

- **Key Finding 1: Agencies all had challenges or barriers to providing clients/members safe and accessible services. There are also concerns about staff safety.**

Participants, especially at the Retreat shelter, reported a feeling of safety while being on agency property. The feeling of trust and security in the staff was reported at all collaborative agencies. The staff was considered knowledgeable, caring, and attentive. However, the procedure for safely contacting potential new clients is a concern to some clients at The Retreat. It may be harmful to them to be contacted by mail, phone, or email by a domestic violence agency. One client/member interviewed disclosed that after a police report was made, her husband intercepted a letter sent by The Retreat. Subsequently, he assaulted her and she was treated at the hospital. This situation could have been much worse. The policy has since been changed to mandate that trained advocacy staff review all police reports and determine the level of safety for contact. After advocacy staff have reviewed the police reports and made determinations, interns and volunteers then may make phone calls or send letters following the advocate's instructions.

Security for clients and staff is also a safety concern. MHAW has an open door policy. All the doors to the facility are accessible at any time during business hours. This gives a feeling of welcoming and approachability to the clients; however, it is also a safety concern. Anyone can enter the building for any reason at any time services are available. MHAW has policies and

procedures in place for de-escalation should a situation escalate, and staff are trained on this policy.

In comparison to MHAW's open door policy, PFML and The Retreat have a controlled access policy. Although having locked doors may seem like a barrier to services, safety still needs to be maintained. Having policies and procedures in place to ensure safety for all but still being respectful to client/member needs can be accomplished. It is important to know which staff and participants are in the building in case of an emergency evacuation, power outage, or if someone comes into the facility who should not be there. A system needs to be put into place and procedures need to be followed for the safety of participants as well as staff.

Parents for Megan's Law attempts to balance maximizing staff and client/member safety with maintaining a universally welcoming environment. A number of factors were considered, including staff and client/member surveys, prior to implementing the current policy. The door to the waiting room and access is gained via pushing an alert button which prompts the response of trained staff "greeters". These personnel, many of whom are bi-lingual, welcome the client/member, make a preliminary determination if the client/member is in crisis and either immediately accompanies them to a victim services advocate, brings them to a client/member intake room or requests they wait until a victim service advocate is available. Prior to leaving any client/member in the waiting room they are offered water or a beverage and asked, "Do you need anything?" Policy is to try to not keep clients waiting more than 10 minutes. If a delay is encountered a staff member will check in with the client/member, apologize and advise the client/member how long it will be before the advocate is available.

This policy has proven effective. Staff report feeling safe and clients report satisfaction with the service provided.

Participants had reported concerns about accessing services. A major concern about accessing services for people who report a history of mental illness is the misconceptions and lack of knowledge about mental illness. Lack of knowledge can create misconceptions about mental illness. Participants reported this occurring at other organizations prior to finding services at MHAW. Project BASE staff learned that participants sometimes felt they were not being listened to and not being taken seriously. This can create misunderstandings and stereotypes resulting in fear-based behaviors, such as relapse and discontinuation of services. Participants reported feeling this way with other service providers they have engaged with in the past.

A secondary concern for participants is barriers for victims receiving services related to their lack of awareness and knowledge of DV and SA services that are available. While seeking mental illness services, they are not always asked questions about experiences with DV or SA. Clients and staff would benefit from increased informational outreach and training on what DV and SA is and the services that are in the community that can assist them.

Agencies must be mindful that their clients may not have other supports available during the evening, weekends, and holidays when offices may not be open or may have limited services available to clients. MHAW clients reported gratefulness that the agency was open and available to them during holidays. The Retreat offices are closed on holidays according to the agency's holiday schedule; however, support services for clients are still available in the form of the 24 hour bilingual hotline and normal shelter services. Clients at The Retreat are also

informed about the upcoming holiday schedule prior to the date, and preparations are made accordingly to accommodate clients' needs, such as moving appointments or rescheduling. Parents for Megan's Law offers a 24 hour bilingual emergency hotline and advocacy services via phone or mail.

One client/member described a problem with The Retreat not offering counseling and advocacy services during evening hours. This has been an ongoing request from clients outside of surveys; clients often work the same hours the agency is open and are unable to take time off for appointments. The issue is compounded by the nature of the services; advocacy clients are often also attending court proceedings as well, and must take time off for those, while the counseling format generally requires clients to find one hour per week in their schedules to attend. Some attempts have been made in the advocacy and counseling departments to accommodate clients' needs. The advocacy department utilizes court time to accomplish other tasks with clients, such as completing paperwork. Because the client/member is already present for court proceedings, this does not require the client/member to take more time off work to complete these activities with staff at the office. However, this accommodation has its own limitations; clients may feel rushed, may be frequently interrupted, or may not be able to freely discuss issues in the court atmosphere which does not promote confidentiality. The counseling department has also attempted to provide some evening and early morning hours as staff are available for clients who cannot incorporate counseling into a regular workday schedule, but these accommodations are not always feasible. Several clients also noted that The Retreat counseling department is not currently offering group counseling. One client/member identified this service as being instrumental for her healing and stated, "I

couldn't have gotten the divorce without the help of The Retreat and the group." Another client/member stated that all of her needs were met with the exception of offering group counseling. PFML provides therapy services outside of normal business hours by appointment to address client's/member's needs.

All of the collaboration partners strive to accommodate specific client/member needs while providing services. Clients at MHAW reported that the agency has provided for their medical needs, including accommodating dietary restrictions for diabetics. The Retreat shelter also makes efforts to accommodate health needs for clients. During the hotline and intake process, specific information is gathered regarding current health status, medical needs, medications, and allergies for potential new clients. These needs are then taken into account when providing services for these clients. Due to the nature of the work and issues encountered, staff safety could be enhanced by first aid training protocol.

One of the biggest barriers to accessing services encountered by PFML staff is lack of transportation. Available public transportation is limited and the use of taxi cabs is too expensive for many clients. The problems with transportation are exacerbated for those living with a mental illness that may not have a reliable support system in place. PFML has attempted to address the situation by opening a satellite office that is close to public transportation. This endeavor has met with moderate success; however, it does not adequately address the core issue of making services conveniently available to those needing them when they need them. The agency has incorporated a model where services are available to those needing them outside of normal business hours or to accommodate their access to transportation. Although every request cannot always be accommodated the discussion presents an opportunity to

reinforce the agency's concern and willingness to help, discuss alternatives, and provide viable referrals to accommodate unique situational needs.

Staff presentation is important in maintaining the image of each agency, both within the agency as well as in the larger community. Each collaborative partner has a staff dress code specific to its function, needs, and client/member base, and this also varies within agencies by department. PFML utilizes a "business professional" dress code, which maintains client/member perception of staff as professionals, establishes boundaries, and enhances staff performance. PFML implemented the professional dress code in order to promote positive first impressions and an image of professionalism and competency, and to establish trust with clients. Staff at The Retreat maintain a "business casual" dress code; however, this varies amongst departments. Due to the rigors of daily tasks at the shelter, staff are not required to dress in "business casual" and instead utilize a "casual" dress code, while staff in the advocacy department must frequently utilize "business professional" dress due to their roles in the court system. These variable requirements by department allow for flexibility based on function, and can enhance client/member experience and comfort as well as the perception of other individuals outside of the agency. MHAW also requires "business casual" and "casual" dress codes for staff dependent on the function of the department in which they work.

Similarly, office atmospheres at each agency must provide clients with comfort in addition to safety, both in presentation and in function. The feedback received from clients about this was overwhelmingly positive. Clients at MHAW reported feeling very comfortable with staff and the office environments, describing it as welcoming and inviting. MHAW has an agency culture that encourages staff to engage and intermingle with clients to provide

inclusion. A client/member for The Retreat described enjoying the "community atmosphere." However, another client/member requested a receptionist to greet clients at the Riverhead office as they enter the building.

PFML has striven to make the office environment not only professional, but welcoming. The waiting area has comfortable seating with information on the services provided available as well as a play area and toys for children. Handicap access is a major consideration. The site of the facility was chosen in part due to the first floor location and ease of access from the street and parking area. Therapy and intake rooms are designed and decorated to not only ensure confidentiality but convey a warm and professional atmosphere. Many child victims look forward to coming to the "toy room" where they feel free to draw, build or play with their favorite toys while in therapy.

Organizations need to assess their ability to provide safe and accessible services in a systematic way, and have tools to address these issues. All of the partner agencies are addressing safety in a manner appropriate to their agencies and their client's/member's needs. The agencies are also providing the most accessible services possible with their limited resources, and they continue to strive to improve and broaden access to their services.

- **Key Finding 2: Staff would benefit from additional knowledge and resources to provide individuals with appropriate and sensitive referrals which address individual needs and desires.**

Improving referrals made to other service providers is a priority for all collaborating agencies. Staff may become complacent in delivering services. For example, staff may provide

internet referrals to individuals in need, not knowing if the individual is computer literate or has limited abilities to follow up on information given in this manner. This is a barrier that individuals will not be able to overcome easily. If staff is more familiar with the information given they may be able to verbally express what is on the list or have another way of providing services. By staff sharing knowledge and information, staff have more of a comprehensive understanding of services available, and therefore may have greater success in linking individuals to appropriate services.

Also, each collaborative agency will benefit from creating, reviewing and/or updating current screening tools to help The Retreat and PFML identify individuals in need for mental health resources, and MHAW to identify if individuals are in need of services regarding domestic violence, dating violence, sexual assault and/or stalking.

Having a system in place to ensure viable referrals are given to clients is a necessity. The expectation could be that the agencies will directly connect clients with other providers whenever possible unless the service recipient does not want this assistance. Directly connecting clients could involve calling the other provider together. This will provide a sense of comfort and safety for the client/member when he/she needs to be referred to another agency to receive services that are not offered at the referring agency. Key staff can function as liaisons with the other referring organization to assist clients in accessing services and making referrals. The clients are looking for more of a warm hand-off. This shows the clients warmth and respect. It also builds rapport between the agencies.

Organizations need to assess how referrals are made, how information is shared and how new policies and procedures are learned. While the partners strive to provide appropriate

and sensitive referrals to their clients/members, they also acknowledge that problems may occur. Updating screening and intake tools and revising current policies and procedures to include warm hand-offs for clients/members could reduce the occurrence of inappropriate or ineffective referrals.

- **Key Finding 3: Staff at all levels need appropriate and focused training support to provide services that respond to individual clients/members in a way that maintains safety and accessibility, reduces stigma and acknowledges the effects trauma may have on behavior and decision making.**

Initial contact with any client/member can set the tone for the professional relationship. For many clients, that first phone call is very difficult to make. The voice on the other end of the phone needs to be engaging, helpful, knowledgeable and comforting. During the client/member interviews, some clients/members disclosed that the initial phone call was very difficult. They were not sure what to say or what services were available to them. After the conversation started it was reported that they felt helped and put at ease. However, the first few moments of getting the conversation started and the uncertainty of what to say made the initial call uncomfortable. During the process of conducting the interviews, the collaborators learned the importance of the way phones are answered. PFML's procedure is to say "How may we help you?" when answering the phone. This lets the caller know that they are there to assist him/her and are open to helping. This is something that can be incorporated to the other

collaborating agencies to provide accessibility to the agencies' services by making the clients feel at ease and welcome through the first encounter with a helpful, welcoming tone and spoken word over the phone.

Additional needs may arise after the initial contact with clients has occurred, including the need for referrals to the partner agencies. During the staff focus groups at MHAW, staff identified a need for realistic and personalized referrals for consumers who may be experiencing DV, SA, dating violence and stalking. Staff also identified a need for training to assess risk and better identify and engage consumers regarding discussions of these topics. They discussed a need for additional training to help identify and engage those clients, as well as better screening/assessment at the point of intake. 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.

Staff administering services to clients following their initial contacts with the agencies may encounter barriers related to the client's/member's perceived stigma. PFML staff have reported that during intakes some clients expressed concerns about the stigma associated with being a "victim," needing help and/or being viewed or treated differently as a result of the crime (especially sexual assault/domestic violence), sexual orientation (LGBT) or living with a disability (cognitive and/or physical). Stigma presents a real and present barrier to persons seeking services which unfortunately may have been reinforced through life experiences (discrimination, bullying, and/or harassment) and in previous interactions with law enforcement and/or public/private service organizations. PFML recognizes and believes that the issue of stigma as a barrier to accessing and continuing services is real and is best addressed

during the initial welcoming contact/intake. As part of the intake victim services advocates make their role clear and what a person accessing services can expect; fair, compassionate, comprehensive, professional treatment, services and/or referrals, reasonable accommodations (attempting to address previous barriers and taking advantage of available supports), confidentiality, and providing choices that empower a person to be involved at all stages in the decision making process.

In addition to their perception of stigma, individuals in need of services may have heightened sensitivity as a result of trauma. "Trauma-Informed Care" training was mentioned several times during the staff focus groups as something staff would be interested in learning more about, especially the supportive services teams. There are a number of definitions of trauma informed care. The collaborative partners discussed not only their understanding of trauma informed care, but ideally what we hoped to achieve through training and implementation. The following captures the agreed upon concept:

“Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...that emphasizes physical, psychological, and emotional safety for both providers and survivors...and, that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Hopper, Bassuk & Olivet, 2010, pg. 82).

Through the collaborative partner's experience, research and discussion it was decided that the need to differentiate between Trauma Informed Care and Trauma Informed Treatment was necessary and organizational training goals formulated accordingly. The following encapsulates the distinction, “Although often confused, *Trauma Informed Care* and *Trauma*

Specific Treatment are two different, although related, concepts. Trauma Informed Care takes into account knowledge about trauma into all aspects of service delivery; however it is not specifically designed to treat symptoms or syndromes related to trauma. Trauma Specific Treatment, on the other hand, is evidence based and best practice treatment models that have been proven to facilitate recovery from trauma. Trauma Specific Treatments directly address the impact of trauma on an individual's life and facilitate trauma recovery- they are designed to treat the actual consequences of trauma. All trauma specific treatment models should be delivered within the context of a relational approach that is based upon the empowerment of the survivor and create the feeling of safety". (Alameda County Trauma Informed Care).

Although training and familiarizing staff with the above concepts may be a long term goal the collaborative partners believe Trauma Informed Care's emphasis on both the emotional safety of both survivors and service providers is an essential component in contributing to the provision of holistic and sustainable services. Additionally, incorporating Trauma Specific Treatments is seen to be a methodology that could enhance and accelerate a survivor's recovery, and again a worthwhile training goal.

Additionally, clients have expressed concern about what they perceived in initial contacts as varying degrees of consistency and efficacy of staff assistance. One client/member at The Retreat shelter expressed feeling that nighttime and weekend staff "could be more available" and that they act "bothered by questions" from clients. Agencies could benefit from evaluating current policies and procedures relating to basic training of staff on interacting with clients and staff duties across all departments to ensure quality and consistency of services provided.

Staff at all of the partner agencies have also expressed a need for additional training to help identify and engage clients, as well as better screening/assessment at the point of intake. This finding will allow each organization to evaluate current training policies as well as “refresher” policies to ensure staff are able to receive updated training on a regular basis. Agencies will then be able to evaluate the staff members that will most benefit from “Trauma-Informed Care” education and plan trainings accordingly.

Despite this identified need for training, the collaboration partners recognize that the agencies may be limited in their ability to provide this to staff. Agencies may struggle with providing services with limited resources, and additional training costs could add a significant burden on an already strained budget. Additionally, costs for travel and lodging for traditional in-person trainings can also be prohibitive, and the loss of even a single staff member for a day of training puts a burden on other staff who are then required to maintain that staff member's workload in addition to their own. Consequently, management staff may have to choose to send a smaller number of staff to be trained, or may have to choose only one of several possible trainings due to these constraints. Training opportunities also may have limited availability; they may not be offered at the time an agency needs them, or needed topics may not be covered.

While staff members do attend trainings on a regular basis, this information is not always effectively shared amongst the other staff. Improving information-sharing procedures was a common theme among staff members in the collaborating agencies during the needs assessment. Many staff members are sent on trainings or participate in webinars; however, the information attained during the trainings is not generally shared with the rest of the staff.

These practices can restrict the flow of knowledge and information that could be beneficial to the rest of the staff, and may prevent staff members from accurately servicing clients simply because there is no sharing of information. While cross training may be an expectation within each organization, the practice of sharing gained knowledge is not always compatible with staff scheduling. Many trainings are now available online and can be accessed at any time. A method of sharing this information would benefit agencies by increasing awareness of the availability of this information for all staff.

Addressing cultural sensitivity of staff is another training challenge. One staff member at MHAW reported that, while cultural considerations are "on [our] mind," they do not have "formalized practices." Agencies and the individuals they serve could benefit from the development and implementation of comprehensive formal training of staff on culturally sensitive practices. In addition to training of staff, agencies should also incorporate the goal of cultural sensitivity into the larger organizational vision through employing staff representative of the communities we serve. Providing bilingual services for clients is also an essential component. These reduce the potential for stigma and enhance the universally welcoming atmosphere.

"For Workers serving crime victims, dealing with trauma is a daily occurrence, on that can be emotionally costly for the worker. This is particularly true when it comes to dealing with Secondary Traumas resulting from witnessing the traumatic responses of another. Secondary Trauma has the potential to trigger a helper's own trauma history, resulting in their reliving traumas from their past as they attempt to intervene in the current trauma of the person before them. When Secondary Trauma becomes sustained, this begins to be thought of as

Compassion Fatigue which potentially affects the effectiveness of the worker, as motivation suffers triggered by their own trauma, find it difficult to perform the duties required of their position” (NYSCASA – Self Care for Victim Service Providers, 2012).

Staff and supervisors at all agencies should be aware of the signs of "compassion fatigue," also known as vicarious traumatization or secondary traumatic stress (STS), and agencies should have systems in place to address it in order to minimize its negative effects on staff and clients. Supervisors at PFML are cognizant of and received limited training on the signs of "compassion fatigue," and intervene when symptoms such as excessive sick leave, poor self-care involving appearance or hygiene, conflicts with other workers, apathy and failure to complete work assignments in a timely fashion present themselves. PFML management is committed to ensuring the safety and well-being of all staff. Unfortunately in a non-profit agency the responses are often limited by resources and continually shifting demands that are often dictated to obtain funding. PFML responds informally to signs of "compassion fatigue." PFML supervisors meet regularly with staff and afford them the opportunity to discuss work issues that may be either positively or negatively impacting them. Time off policy is very flexible allowing staff the opportunity to decompress and pursue recreational opportunities or be with family. The office environment is set up so as to encourage interaction so that staff can observe and support one another. "Compassion fatigue" is an area however that requires more training and a formalized organizational response plan. It is important to recognize and be aware of the "human aspect," and to have a team approach in dealing with the effects. Attention also needs to be given to internal stigma within organizations, wherein staff may be more accepting of clients presenting with a particular issue but not as accepting of coworkers with the same issue.

Agencies must work to encourage staff to humanize each other, and acknowledge that staff are also people who may encounter the same problems that clients present with and deserve to be treated in the same way, with respect and compassion.

Additionally, the partner agencies have benefits in their health care plans that include mental health care for employees; it is important that agencies ensure staff members know agency policies, are aware of their benefits and feel comfortable utilizing them. Agencies must also address self-care with staff, and encourage staff to take measures to care for their own physical and mental health. Supervision for staff by managers should be utilized as a method of debriefing staff who may be secondarily encountering traumatic circumstances, and agencies should maintain an open-door policy for supervision, wherein staff can seek out this assistance at any time. Considerations must still be made for client/member confidentiality in compliance with regulations and agency policy. The Retreat utilizes supervision, both formal and informal, for staff to discuss problems as they arise and address them to minimize or prevent compassion fatigue. The managers also have open-door policies for staff to approach them at any time. MHAW, similar to the other collaborating agencies, acknowledge the importance of self-care for staff. MHAW stresses the importance of collaboration among staff as a team model and encourages staff to utilize supervision.

Recognition of Compassion Fatigue by all victim services agencies would afford the opportunity for cross training and the development of a mutually beneficial (for staff (health and wellbeing) and management (enhanced performance and efficiency) evidence based best practice model to address the issue.

Organizations would benefit from looking at the current level of trainings and how the information is shared amongst staff. Additional trainings and resources about trauma would also benefit the collaborative agencies. The partners recognize that agencies may encounter difficulties with implementation of an effective method for sharing information, and that they may not be able to provide additional trainings due to cost. While there is not a quick solution, each agency could implement a policy that addresses the agency's individual training needs, after analyzing the cost/benefit ratios and balancing the training needs with service provision. Methods could be constructed to triage information in such a way that appropriate staff receive the most useful and effective information. Utilizing online trainings such as webinars would allow agencies to access continued training and materials at low or no cost, and would significantly reduce the burden on other staff. Additionally, agencies could develop a methodology for shared feedback on completed trainings between the partners, wherein staff review the trainings they attend for the benefit of their coworkers and the staff at the partner agencies.

- **Key Finding 4: Clients/members would benefit by agencies collaborating to create a network of helping professions.**

Agencies may operate in silos, although they know that clients often are interacting with other agencies, or that clients may benefit from or need other services. Agencies were not always able to connect successfully with other professionals regarding appropriate and complete referrals. Over the past few years, each collaborative agency has worked to participate in community task forces and collaborations to help build bridges between

organizations. There is a great benefit to agencies collaborating and cooperating together as this leads to the successful sharing of resources, comparison of policies and procedures and sharing the latest research information attained. The staff feel like they are part of something larger and this gives staff a sense of community. Although similar agencies may have some services in common, most agencies offer different services. Collaboration allows for agencies to have a greater understanding of what other services are available within the community and therefore be able to serve individuals in need by giving referrals with a real understanding of what services the referred agency provides.

Staff seem most concerned with being able to give a referral that they felt comfortable and competent giving. In some cases, staff were searching Google and the internet to find a referral. This is not the type of referral that staff felt comfortable giving, but wasn't aware of any other options. The office referral guide is often outdated and no longer comprehensive. During the staff focus groups, staff expressed a need for "better referrals," described as those that allowed for a warm hand-off and that clients would be able to utilize with minimize any barriers. They also identified that maintaining a referral/resource list is a difficult task given their other job duties. Warm hand-offs are also time consuming and may have boundaries due to confidentiality issues. One group discussed the possibility of calling a referral contact at another agency with the client/member sitting with you and simply saying "I have a client/member here that would like to discuss your services with you," and passing the phone to the client/member.

Each agency could provide support to the other collaborative partners through offering in-house trainings on services, and/or by supplying services for clients/members in-house at the

other agencies on a regularly scheduled basis. These would allow for a force multiplication of resources, wherein each agency would potentially access significantly more resources for their clients/members with little to no cost for themselves. The partner agencies would also benefit from cross-inviting to outreach events, allowing the partners to make connections and more fully participate as an ongoing collaborative group.

Additionally, the partner agencies could benefit by sharing agency materials between the partners. The collaborative partners acknowledge that there is a potential for positive inter-agency interactions and significant client/member benefits through distributing agency materials to each of the partner agencies' locations. The availability of these materials would allow staff to provide information concurrently with a referral, and would also allow individuals accessing services to self-refer to the partner agencies without disclosing a need.

Agencies collaborating more fully to create a system for warm hand-offs would benefit clients/members and agencies. By continuing to maintain and expand the collaborative relationship, the partners can provide more holistic services to their clients/members. This could be achieved by continuing to maintain presences on local task forces, providing cross-training and in-house services at the partner agencies, offering materials about the partner agencies at each agency's office locations, or by having cross-agency functions. Each agency could benefit from examining, and establishing goals for potentially implementing, best practices from the other agencies in order to provide the most effective services to the clients/members.

- **Key Finding 5: Agencies need to change policies and procedures for assessing clients/members, for referrals as well as trauma-informed care.**

Through the Needs Assessment, the collaborators have targeted areas to evaluate the policies around how information is collected and how initial interviews are conducted, as well as staff's ability to respond.

MHAW has identified a need to improve their initial screening (intake) for domestic violence and criminal victimization. Currently the assessment asks consumers if they have any history of violence. The assessment of the current victimization consists of a single question: "Do you have any concerns about your safety at this time?" MHAW also would like to improve their referral and follow-up processes for victims. At the current time staff document in the electronic health record when a referral is made. There is no formal follow-up regarding these referrals and all follow-up is dependent on consumer self-report. Although outside the scope of this project, as each collaboration partner becomes better informed of the intersection and trauma-informed approaches that effectively address the needs of the survivors of DV, dating violence, SA and stalking, who may also be living with symptoms of mental illness, there is tremendous potential for applying this knowledge in the work they do with local and state-wide agencies, councils and task forces. The findings of this needs assessment will be used to develop a strategic plan that will move the collaboration into the implementation phase for achieving the collaboration goals.

During the staff focus groups, it was discussed that the intake forms at The Retreat and PFML ask a question about mental health history, but without self-disclosure staff are left with only their experience to rely upon. Staff also commented on the appreciation of trainings but

would like cross-training from one department to the other departments so there is information sharing and communication.

New policies and procedures are usually shared from the managers of a particular department to the staff of that department either in person or via email. This works well for most departments. During a staff focus group, it was disclosed that this does not always happen and staff feels out of the loop and confused. This leads to a feeling of being disconnected and the possibility of incorrect information being given to participants of the agency. Reviewing the agency process to disseminate information, and re-informing current staff would help to eliminate this communication gap

Currently there is no mental health screening during the intake procedures of The Retreat or PFML. There is also no DV or SA screening at MHAW. There is a simple self-assessment mental health screening tool that could be incorporated into the Retreat's intake process. Since it is a self-screening tool, if the client/member does not wish to participate it is something that can be done on his/her own time. This tool is simply a guide to see if further assessment for mental health concerns should be done. PFML does not feel that a mental health screening is appropriate during their intake procedure, due to the fact that many clients are the victims involved in a criminal case which may be going to court and all documents that PFML have could potentially be subpoenaed. A mental health screening evaluation might shine a negative light on the clients causing them to be stigmatized. MHAW would benefit by incorporating a DV and SA screening tool into their intake process. This would give a wider view of the history of the client/member and open doors for the client/member to be able to receive services they may not have been addressed otherwise.

Refining policies and procedures around the intake process, assessing clients/members, and trainings that all levels of staff receive would increase staff effectiveness in meeting the needs of their clients/members. Agencies could review current policies and update them to be more holistic and trauma-informed.

Miscellaneous Findings

1. Agencies operating within the confines of grants and private donations may encounter barriers to providing holistic services due to the constraints of funding. Several clients at The Retreat reported feeling "dropped" by the advocacy department, or that in order to be prioritized they had to initiate contact and leave multiple messages. This could be due to a lack of adequate staffing and a large caseload for current staff. The advocacy department has seen a nearly 40% increase in case load over the past 3 years; however, funding does not allow for a similar increase in staffing, which may decrease the amount or quality of services each client/member receives. Similarly, Parents for Megan's Law has experienced an over 50% increase in the demand for crime victim services due to the implementation of a new protocol developed in collaboration with law enforcement that ensures victims are made aware of available services in close time proximity to their victimization. This increase has not been accompanied by the increase in resources necessary to continue to maintain the level of services the agency strives to provide and will eventually impact upon service delivery if not addressed. Staff members at all of the partner agencies continue to strive to provide quality services with limited resources.

2. In addition to issues of funding, agencies sometimes are forced to struggle with benchmarks established by programs overseeing grant funding who may not have conceptual understandings of what the agencies do. Agencies must show client/member numbers to obtain additional funding, but the numbers may not directly correlate with efficacy of services or the amount of time necessary to be dedicated to the unique circumstances presented in each case. It is a fact that some cases are more labor intensive than others and require the dedication of varying amounts of agency resources, including those beyond personnel, to address. Similarly, the required goals that must be met in order to maintain funding or obtain renewals of funding may not be commensurate with the amount of funding being awarded or be predicated upon factors beyond each agencies control such as the number of domestic violence victims. This can significantly impact upon the continuity and quality of services provided.
3. Through the Needs Assessment process, the agencies have recognized that some ancillary services offered to individuals receiving core services are important to be maintained. Participants have shared the benefits of having educational programs, such as “Hope Heels” at The Retreat, a financial education program, that provide even more enhanced skills than the core services. There is a need within the clients that are served to attend educational programs that enrich their lives. We cannot be sure which small difference will make a large impact on the lives of clients.
4. Feedback has indicated that clients/members are generally satisfied that if they are in need of accommodations to access services, such as certain foods being provided for diabetics or coordination necessary to access transportation for persons with special

needs. Specific accommodations are situationally addressed by agency staff to ensure that each client/member has to access and feels comfortable accessing necessary services.

5. While some formal opportunities for clients/members to provide feedback to the collaboration partners do exist, they have expressed that these are not always available to them. The Retreat offers surveys to clients regularly to evaluate services and define areas of potential improvement in both the advocacy and counseling departments. A shelter client/member requested that this process be implemented at The Retreat shelter as well. PFML incorporates follow-up calls with appropriate clients approximately six months after termination of services. Selectively random surveys are also offered on an informal basis at the last contact. This is conducted on a case by case basis, due to the level of trauma experienced by some clients. Agencies should establish policies and procedures to provide clear, confidential, and frequent methods for clients to give feedback on agency services in order to identify barriers and gaps in services, and should incorporate the feedback provided as appropriate. MHAW has no official procedure to obtain client/member feedback after services have been discontinued.

Conclusions

By conducting a thorough needs assessment the partner agencies have been able to achieve the collaboration goals and have a better understanding of clients' needs along with any barriers to service delivery. The gained insight has formed a roadmap for strategies to improve each agency's provision of universally welcoming, culturally sensitive and holistic

services, conscious of and designed to empower clients/members and minimize the real or perceived impediments resulting from stigma. Throughout this process, Project BASE has looked to evaluate staff knowledge of policies and procedures, examine effectiveness of services through client/member feedback and identify areas for growth within each agency. Moving forward, the collaborative goals include maximizing training and education for staff to not only ensure they receive current updates on important topics, but also to make sure training procedures are cost effective and suitable to staff scheduling. Each participating organization has also expressed the importance of utilizing inter-agency surveys on an ongoing basis to be able to track progress over time, and ensure that as needs change, the agencies are able to accommodate the needs of individuals accessing services. All organizations are also in agreement to explore more education around cultural competency, to help ensure staff are well educated in serving any individual that may contact each agency for services.