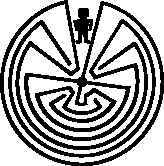
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**Appendix 1**

**Recruiter Training Script and Commitment Form**

This script is used by individual partner organization representatives to enlist the support of staff in recruiting client participation in the needs assessment.

**Supplies Needed:**

* *Client Training Recruitment Script and Commitment Form*
* *Client Needs Assessment Participation Card*
* *Client Needs Assessment Information Form*
* *Pencils or pens*

**Introduction**

Good morning/afternoon. Thank you so much for being here today and for agreeing to be a part of our Needs Assessment recruitment process. Today’s training will provide specific details about Greenville Partners in Action, the purpose of the needs assessment, confidentiality, safety risks and concerns, and the reasons why we are recruiting select audiences for the needs assessment process.

**History and Purpose**

Greenville Partners in Action is a three year project funded in October 2009 by the Department of Justice, Office on Violence against Women’s Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities. The project is a partnership and collaboration of three organizations, the Julie Valentine Center (formerly the Greenville Rape Crisis and Child Abuse Center), the Greenville Mental Health Center and Safe Harbor. These organizations have united to create a sustainable cultural change in the representative organizations that reflects integrity, compassion, and respect for adult individuals with mental illness who are victims of domestic or sexual violence.

The Needs Assessment process will help our organizations identify ways we can make our services better and more accessible for individuals with mental illness who have experienced domestic and/or sexual violence who are seeking help. Everyone participating in the Needs Assessment will be asked to answer questions regarding policies, the quality of services, accessibility, knowledge, and attitudes. Participants will have opportunities to make recommendations for improvements in the following areas: 1) *Policies and Procedures*; 2) *Gaps and Barriers,* and 3) *Knowledge and Attitudes*.

**Value of Participation**

The task of recruiting individuals for our needs assessment is a very important element to Greenville Partners in Action. It is crucial that we include all audiences that would be beneficial to our needs assessment. This will enable us to obtain wide and diverse responses on how we can enhance services at our organizations for individuals with mental illness who have also experienced domestic and/or sexual violence. We want you be a part of the recruitment process because of your expertise and your position in the organization and are inviting you to recruit your clients to participate in a focus group.

The clients of each partner organization have a unique and personal understanding of their specific experiences as either a victim of sexual and/or domestic violence or an individual with mental illness. Clients are the "experts" at knowing what services are accessible, responsive and effective. Clients have knowledge of procedures and attitudes of various organizations that make them feel safe and respected or stigmatized and disrespected. Your clients can give us information we need to help us make changes within the organizations that will reduce or eliminate barriers and provide access to individuals with mental illness who have also experienced domestic and/or sexual violence.

**Logistical Information**

Each focus group will have an average of 3 to 8 participants. GPIA is limiting the size of the focus group to: 1) increase opportunities to get useful information, 2) allow every person the opportunity to speak and to be validated; and 3) to have any questions answered during the 90 minute focus group session.

Individual interviews will be offered to clients who may not feel comfortable participating in a focus group. You will be given the pre-arranged interview dates to schedule a participant who may wish to have an interview option rather than the focus group.

All clients will be offered a $25 Walmart gift card as incentive to participate in a focus group and will be given gift card upon registration at the focus group regardless of completing their participation in the group. Clients who opt for an individual interview will also be offered the $25 Walmart gift card.

**(The individual partner recruiter representing either Safe Harbor, Julie Valentine Center or the Greenville Mental Health Center, will relay the following information about their organization during this phase of the recruitment process):**

**The Julie Valentine Center and Safe Harbor** have determined that all clients who come to the centers for support group services or individual counseling services will be invited to participate in this project.

**The Greenville Mental Health Center** has selected four areas of concentration within the organization to participate in this project. Due to the size of the organization, GPIA has chosen to narrow the focus of GMHC participants. Clients will be recruited from each of the following departments; Rehabilitative Psychosocial Services, Case Management, Senior Adult Services, and the Homeless Program and given the opportunity to participate in the project. These departments were chosen for the following reasons: because the clients from the programs consistently/regularly participate and because the partner representatives have better access to the clients, familiar with other community resources, easy to contact for participation.

**The Client Recruitment Process**

Now I will talk about the actual recruitment process.

* Two weeks prior to the focus group, during an individual counseling, case management, or group session, introduce the project to your client(s) following the *Client Recruitment Script*. (Handout script.)
* We ask that you provide information at this Needs Assessment Recruitment Meeting both verbally and in writing. You will be given a *Client Needs Assessment Information Form (CNAIF)* to provide to your clients. This form will have in it:

1. A description of the project;
2. The needs assessment goals and process;
3. Expectations of focus group participation;
4. The time and date of the focus group meeting/s;
5. Confidentiality policies and the mandated reporting process.

* To ensure the safety of participants, we ask that you collect the CNAIF at the end of the recruitment meeting in case it is not safe for them to take it home with them.
* Next, we ask that you hand out a 3"X 5" *Client Participation Card (*pass sample card around*)* to potential recruits during the Recruitment Meeting. Participation Cards will include space for individuals to write their first name only and a space for participants to indicate special needs or accommodations. The cards will have a note to clients of the option of an individual interview. Once the client has filled out the Participation Card you will collect it and give it to your organization’s representative who will then give it to our Project Director to keep in a locked file cabinet at the Safe Harbor.
* After the initial recruitment meeting, give each client you initially recruited a verbal reminder at regular individual treatment or support group sessions of the date and time of the focus group. You will not know which clients have chosen to participate, so a general reminder will help to keep their choice confidential.

Are there any questions so far?

Now that we have covered an overview of Greenville Partners in Action and the purpose and process of the needs assessment, I would like to go over a few other important points.

**Confidentiality and Safety Information**

Confidentiality is something that is very important to all of the Greenville Partners in Action organizations. Each of the collaborative partner organizations has policies regarding client confidentiality that are mandated by State law or determined by Federal or State funding sources. Based on these values and policies, the Partnership agrees not to share any identifying information about any clients served by our organizations. No personal information will be collected from participants for the needs assessment other than first names and special accommodation requests*.* Organizers need this information to provide adequate supplies and support to participants.

All potential participants in the Needs Assessment will be informed that any identifying information will be kept confidential. Even recruiters will not know which clients are participating. The decision of the client as to whether to participate will in no way affect the services they are provided through each organization. Their responses, opinions, perspectives and discussions will remain anonymous and will ultimately shared in the Needs Assessment Report, with staff of the project, Vera advisors, our grant manager with OVW and other key personnel and stakeholders.

Before, during and following the focus group meetings, GPIA will encourage all participants to respect each other's confidences. The facilitator for all focus group meetings will address confidentiality guidelines prior to each focus group and ask participants to agree by nodding their heads to the guidelines presented. Participants will also be asked not to reveal personal information they have not already shared with others. GPIA acknowledges that opinions and discussions about each of the partner organizations may be sensitive in nature. Services to clients will not be affected by their participation in the needs assessment or their observations and feedback during the needs assessment.

As a part of the confidentiality policy of our partnership, mandated reporting will be discussed with the participants before the focus group or interview begins. Greenville Partners in Action have made a conscious effort to create questions that should not elicit any personal information outside of the experiences with organizations as an individual with mental illness or victim/survivor of domestic or sexual violence. If at any time a participant feels uncomfortable or needs one-on-one support, the facilitator will give them the option to be counseled by a support staff provided. Please understand the support person will be a mandated reporter and will follow procedure to report any abuse or neglect to a child or vulnerable adult to the proper authorities. Your *Client Recruitment Script* will have this information outlined for the client.

Are there any questions about the process, recruitment information or safety of your clients? **(Answer questions here.)**

Please complete the *Recruiter Commitment Form* if you are willing to help us recruit clients from your organization. (Safe Harbor, Julie Valentine Center, or Greenville Mental Health Center).

**Collect *Commitment Forms.***

I will be available if you have any additional questions or suggestions about our recruiting strategy if you have some thoughts about this process in the next few days.

Thanks so much for your interest and support. We appreciate your assistance.

**Recruiter Commitment Form**

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**.............................................................................................................................**

**Recruiter Commitment Form**

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 2**

**CLIENT RECRUITMENT SCRIPT**

**Introduction**

The *Client Recruitment Script* will be used by a trained representative from each of the three partner organizations. This script can be used for each of the three partner organizations using the descriptions included in the text to identify the specific population targeted by the recruiter. Clients may be recruited individually following counseling sessions, or in a group setting following a group meeting at their respective organizations.

**Supplies needed:**

* *Client Needs Assessment Information Form*
* *Client Focus Group Participant Card*

I would like to take a moment to invite you to participate in a needs assessment focus group that will assist our organization provide better services to:

**(Name the population here: 1) sexual assault survivors, 2) domestic violence survivors, or 3) individuals who are impacted by mental illness.**

This opportunity will allow you to give feedback from your unique lens as a client of this organization. We want to find out what your needs are and what your expectations are when you are seeking help and services. All the responses from the many groups and individuals participating in the project will be put together (anonymously) in a final *Needs Assessment Report* that will help us make changes that are needed in our community.

I will now give you some information about this project. You can follow along with me as I provide you more information about our project, our goals, and information about confidentiality and mandated reporting. I will collect the information sheets after we have reviewed the information together.

**(The recruiter will now pass out the *Client Needs Assessment Information Form*).**

Does everyone have a copy of the *Information Form*? Great. Let’s first look at the Description of the Project.

**(Recruiter will now read the Description of our Project from the Needs Assessment Information Form).**

Are there any questions about what we have gone over so far? Ok, let’s move onto the Goal section.

**(Recruiter will now read the goal section of the information form).**

Are there any questions about the goal of the project section? As you can see, you are a very important part of this project and you have the ability to effect the change that needs to be made in Greenville County. We would greatly appreciate your participation in this needs assessment project. But before you make a decision to participate or not, I would like to explain to you our Confidentiality Policy and the Mandated Reporting policy that will be followed by every member of the project.

The Confidentiality Policy of the project is similar to that of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of your organization). Confidentiality is extremely important to every member of this project. At no time will any identifying information be used, other than your first name. When we write up our Needs Assessment Report, all the feedback we get from every participant will be included anonymously. We are only using your first name as a way to identify any special accommodations you may need in order for you to be comfortable participating in the focus group. We ask all the participants in the needs assessment focus groups to keep confidential all information shared within the group during the focus group meeting.

The questions you are asked will pertain to *your* experiences involved in receiving assistance and services from our organizations that will provide the project members information that will assist them in reaching the goals for the project which is making our organizations more accessible to individuals seeking help. You will *never* be asked about any personal experience you have had regarding abuse, trauma or mental illness.

We know that we can't absolutely guarantee that everything will be kept confidential by participants, but we can guarantee that the project members will keep all that is said in the focus groups confidential, except for special circumstances involving safety, which I will explain shortly. There are legal limitations to the confidentiality that members of the project can keep.

Please review the section marked *Limits to Confidentiality* with me. **(The recruiter will now read the Limits to Confidentiality section of the information form).** Are there any questions regarding the limits of our confidentiality?

Ok, I am now going to pass out a *Client Focus Group Participation Card*. This card will allow for you to tell the project coordinators if you would like to participate in the focus group. The participants in your focus group would all be clients of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Greenville Mental Health, JVC, or Safe Harbor). We will be asking you questions in the group setting about your experiences and thoughts about your ability to seek and take advantage of services from our organizations. The information gathered from these groups will be extremely helpful to our partner agencies in deciding the types of changes that need to be made to become more responsive and accessible to clients. Your assistance will also provide us with an opportunity for change throughout Greenville County and beyond. None of your answers will compromise or effect the services you currently receive at any organization in Greenville County.

Please take a look at the *Participation Card* that has been passed out. The date and time of your focus group is noted at the bottom of the card. This is the *only* date and time that a focus group is being offered for this particular group. Please consider your availability on this date and time before making your decision to participate. There is also a section on the card that provides space to write any accommodations you may need in order to participate in the focus group. This would include any information that we may need in order to ensure that you could participate comfortably. Accommodations may include but are not limited to the need for larger print copies of any written material, enhanced listening devices, wheelchair accessibility, etc. If you need any of these types of accommodations, please include this information in the space provided.

The card also has a place for individuals to check who would like to provide feedback but who do not feel it is safe for them to share their experiences or thoughts in public or in a group setting. We do have a limited number of individual interview time slots that can be made available to anyone who does not feel safe in a group setting. If you would prefer this option, please see me after the meeting.

Everyone who agrees to participate in the focus group will receive a $25.00 gift card to Walmart. The card will be given to you when you arrive at the focus group meeting. We will also provide snacks and drinks during the focus group. The focus group meetings will last from 60 to 90 minutes depending on the size of the group. So if you choose to participate, please be prepared to stay for the whole session.

Child care will not be provided during the focus group. If you need a personal care attendant, or a family or friend comes with you, they are welcome, but will be asked to wait for you in another room. The only people that will be allowed in the room that the focus group is taking place will be the members of the project team and the participants in the focus group.

If you are interested in helping us identify opportunities to help you and other clients, please fill out your *Participation Card* so we can prepare an adequate amount of materials for the meeting. If you are interested in participating, please check the *"Yes"* box and provide us your first name. If you are not interested in participating, please check the *"No"* box. That is all you will need to do and leave the card on the table. If you need any accommodations, please provide that information for us in the space provided. Once you have completed the card, please turn it over, and leave it on the table.

While you are completing the cards, I will collect the Information Forms that I passed out earlier. Please pass those up to the front of the room. I will be available after the group has ended to answer any final questions about the focus group. If you would feel more comfortable asking questions after the group you may contact me by phone at ( recruiter's phone number) or via email at (recruiter's email here).

Thank you all so much for allowing me to present this information to you today and we hope to see you in the near future!

**Appendix 3**

**Client Needs Assessment Information Form**

**Description of our project**

Greenville Partners in Action (GPIA) is a three year project funded in October 2009 by the Department of Justice, Office on Violence against Women. The project is a partnership and collaboration of three organizations located in Greenville, South Carolina that have united to improve response to adult individuals with mental illness who are victims of sexual and/or domestic violence. The three partner organizations are Julie Valentine Center (formerly the Greenville Rape Crisis and Child Abuse Center), the Greenville Mental Health Center and Safe Harbor.

**Our goal**

The needs assessment will help our organizations identify ways we can make service better and easier to use for individuals seeking help. Everyone participating in our needs assessment will be asked to answer questions regarding policies (rules), the quality of services (how good the services are), accessibility (how easy services are to use), knowledge (what they know) and attitudes (way of thinking). Participants will have opportunities to make recommendations for improvements in these areas: 1) *Policies and Procedures*; 2) *Gaps and Barriers,* and 3) *Knowledge and Attitudes*.

As clients, you are the "experts" at knowing what services work, are easy to use, and what can be improved! Your information will be very value to Greenville Partners in Action and will lay the groundwork for change.

**Participant Confidentiality**

Each of our partner organizations has policies regarding client confidentiality.

The Partnership will not share any identifying information about any clients served by our organizations or any information about staff participating in the needs assessment. All references in the final Needs Assessment Report will be anonymous. In other words, no names will be used. You won't need to give us any personal information other than your first name on the Participation Form. Your name is needed to confirm your attendance and to let us respond to any special accommodations you might need.

**Limits to Confidentiality:**

1. If you reveal that you intend to harm yourself or someone else, it is required by law that the authorities have to be notified. If you tell us you want to harms yourself, Greenville Partners in Action staff will call an ambulance to transport you to a local hospital for evaluation. If it is someone else you want to harm, Greenville Partners in Action staff will call law enforcement and the intended victim(s).
2. If you reveal information about current or on-going child abuse/neglect Greenville Partners in Action will contact Child Protective Services. If you reveal information about the abuse/neglect of a vulnerable adult, Greenville Partners in Action staff will contact Adult Protective Services.
3. If you share that you are unable to safely care for yourself, Greenville Partners in Action Staff will contact Adult Protective Services.
4. Greenville Partners in Action staff members cannot guarantee privilege when there is a 3rd party present. For example at focus group meetings, GPA staff will ask that everything said be confidential but we can't guarantee that other participants will maintain confidentiality about what is said or who participated in the group.

Because of this, we can't guarantee that your being a client will remain confidential when you have an appointment with a Greenville Partners in Action counselor at another agency. However, *whatever you discuss with your counselor is confidential and privileged.*

**Appendix 4**

**Client Focus Group Participation Card**

* No, I do not want to participate in the focus group.
* Yes, I would like to participate in the Greenville Partners in Action focus group

Please provide us your first name only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will need the following accommodations to meet my accessibility and participation needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Focus Group is scheduled for:

(Date Time Location

.................................................................................

**Client Focus Group Participation Card**

* No, I do not want to participate in the focus group.
* Yes, I would like to participate in the Greenville Partners in Action focus group

Please provide us your first name only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will need the following accommodations to meet my accessibility and participation needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Focus Group is scheduled for:

Date Time Location

**Appendix 5**

**Staff Recruitment Script**

**Introduction:**

The Staff Recruitment Script was created as a tool to recruit staff members of the three partner organizations to participate in needs assessment focus groups. These staff members include: supervisory staff of the three organizations, direct service providers and support staff of Safe Harbor.

**Supplies needed:**

* *Staff Participation Card*
* *Staff Needs Assessment Information Form*
* Flip chart, stand and pad
* Pens

**Script:**

Good morning/afternoon. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I would like to take a moment and offer all of you the opportunity to participate in a focus group that would assist our organization along with (insert other two partners) in responding to the needs of sexual assault and or domestic violence survivors who also have a mental illness. Your participation will allow you to give feedback from your unique position as a staff member of (SH, JVC or GMHC) and how you think your agency responds to the service, safety and accessibility needs of clients.

The needs assessment focus group is part of a three year collaboration of Safe Harbor, the Julie Valentine Center, and the Greenville Mental Health Center. Representatives from these three agencies have been meeting regularly to access how best to serve clients in the Greenville community who are survivors of domestic and sexual violence who have a mental illness. All the (anonymous) responses from the many groups and individuals participating in the project will be put together in a final *Needs Assessment Report* that will help us make changes that are needed in our organizations.

I am now passing out the Staff Needs Assessment Information Form that has information that includes the goals of this project, confidentiality, and mandated reporting regulations relating to this project.

**(*The recruiter will now pass out the Staff Needs Assessment Information Form (SNAIF).***

Does everyone have a copy of the *Needs Assessment Information Form*? Great – let’s first look at the Description of the Project on the form.

**Recruiter will now read from the Description of our Project on the Staff Needs Assessment Information.**

Are there any questions about what we have gone over so far? Ok Let’s move onto the goal sections.

**Recruiter will now read the Goal section of SNAIF.**

Are there any questions about the goal of the project section? As you can see, you are a very important part of this project and you have the ability to effect the change that needs to be made in our organizations.

We will be asking you questions in the group setting about your experiences and thoughts surrounding your agencies policies and procedures and gaps and barriers that compromise your ability to work with other agencies. You will be asked to identify strengths and barriers that compromise accessibility to services. We want to know what promotes a safe client-centered environment, and knowledge and attitudes within our agency that inhibit client-centered services. The information gathered from these groups will help the partner agencies make changes within their organizations and provide the opportunity for change.

Your participation in this project is greatly appreciated, but before you make the decision to participate or not, I will explain the confidentiality policy and the mandated reporting policy that will be followed by all our project members. The confidentiality policy of the project is similar to that of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Greenville Mental Health Center, Julie Valentine Center, or Safe Harbor).

We will use only your first name during the focus group meetings to identify any special accommodations you may need in order to participate in the focus group. No names are used in the Needs Assessment Final Report. All comments in the report will be anonymous.

The questions that will be asked of you will only pertain to the services provided at *your agency* of employment. The information you give us will assist us in identifying ways to better serve clients. We will not ask you any personal information or about any personal experience you have had with abuse or trauma or mental illness.

We also ask that all information shared within the group be kept confidential among the group members. However we can't guarantee what other participants in the focus groups will do. We can only guarantee that the project members will keep all that is shared in the focus groups confidential, except for the few circumstances in the *Limits to Confidentiality* section of your Information Form. Please look at the section identified as *Limits to Confidentiality* and follow along as I review this section of the form.

**(*Recruiter will now read the Limits to Confidentiality section of the Information Form*).** Are there any questions regarding the limits of our confidentiality?

Ok, I am now going to pass out a *Staff Participation Card*. This card gives you the opportunity to indicate your interest in participating in the focus group. The participants in your focus group will be co-workers who have a similar role within the agency.

Please take a look at the *Participation Card*. The card has a number of dates and times scheduled for focus group meetings. These are the only dates and times that a focus group is being offered for this particular group. Please consider if the date and time and your ability to attend the group meeting before making your decision to participate. There is also a section on the card that provides space to write any accommodations you may need in order to participate in the focus group. Accommodations may include but are not limited to the need for larger print copies of any written material, enhanced listening devices, and wheelchair accessibility. If you need any of these accommodations, please include this information in the space provided.

There is also space on the card for you to request and individual interview if you feel more comfortable (and safer) sharing information in private and not in a group setting. We have a *limited* number of individual interview time slots that can be made available to anyone who does not feel safe in a group setting. If you would prefer this option, please see me following this meeting.

We expect the focus group meeting will last approximately 90 minutes. Please keep in mind that the only people that will be allowed in the focus group room will be the members of the project team and the participants in the focus group.

Please consider the information I have just shared and fill out your participation card. If you are not interested in participating, please check the "No" box. That is all you will need to do. Leave the card on the table when you are through.

If you are interested in participating, please check the "Yes" box and give us only your first name. Also mark the box next the job description that best describes your role with the agency. If you need any accommodations, please add that information in the space provided. Once you have completed the card, please turn it over and leave it on the table.

Your participation will have no effect on your employment or your relationships with staff and leadership of any of the organizations participating. This opportunity is strictly voluntary and is focused on helping clients of our agencies.

While you are completing the cards, I will collect the information forms that I passed out earlier. Please pass those up to the front of the room. I will be available after everyone has completed their card to answer any final questions you might have about the focus group. If you feel more comfortable asking questions later, you may contact me by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Have partner recruiter's contact information (phone and email) on the flip chart in the meeting room.**

Thank you all so much for allowing me to present this information to you today. We hope you will be willing to participate.

**Appendix 6**

**Staff Needs Assessment Information Form (SNAIF)**

**Description of our project**

Greenville Partners in Action (GPIA) is a three year project funded in October 2009 by the Department of Justice, Office on Violence against Women. The project is a partnership and collaboration of three organizations located in Greenville, South Carolina that have united to improve response to adult individuals with mental illness who are victims of sexual and/or domestic violence. The three partner organizations are Julie Valentine Center (formerly the Greenville Rape Crisis and Child Abuse Center), the Greenville Mental Health Center and Safe Harbor.

**Our Goal**

To implement a Needs Assessment that will ultimately help our organizations identify ways we can improve service and be more accessible to individuals with mental health disabilities. All individuals participating in the Needs Assessment will be asked to respond to questions regarding policies, the quality of services, accessibility, knowledge and attitudes, and have opportunities to make recommendations for improvements in these areas:

1)*Policies and Procedures*; 2) *Gaps and Barriers,* and 3)*Knowledge and Attitudes*.

As leaders, staff and volunteers, you have a unique perspective and are the "experts" at knowing what services are accessible, responsive and effective, and what can be improved! Information collected from you will be of tremendous value to Greenville Partners in Action and will lay the groundwork for change.

**Participant Confidentiality**

Each of our partner organizations has policies regarding client confidentiality. The Partnership agrees not to share any identifying information about any clients served by our organizations or any information about staff participating in the Needs Assessment. Although your ideas, thoughts and comments will be shared in the Final Needs Assessment Report, no specific information will be linked directly to any individual and all comments within the report will remain anonymous. No personal information will be collected other than what is on the *Participation Form* which will be used to confirm attendance and provide any requested special accommodations. Whether or not you choose to participate will have no effect on your job, your employment or your relationship with your organization.

**Appendix 7**

**Staff Focus Group Participation Card**

* No, I do not want to participate in the focus group.
* Yes, I would like to participate in the GPIA focus group

Your *first* name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will need the following accommodations to meet accessibility and participation needs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the one organization and staff focus group you will be participating with.

|  |  |
| --- | --- |
| **Your organization and staff designation** | **Date and times of focus groups** |
| * Greenville Mental Health Center direct service providers | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Greenville Mental Health Center supervisor |  |
| * Julie Valentine Center Child Advocacy Center staff |  |
| * Julie Valentine Center clinical staff |  |
| * Safe Harbor supervisors |  |
| * Safe Harbor direct service staff |  |

**Appendix 8**

**Client Focus Group Facilitator's Script**

**Supplies needed:**

* *Client Needs Assessment Information Form*
* *Client Focus Group Questions*
* List of Participants
* Walmart Gift Card
* Food/beverages
* Other accommodations as needed by participants
* Flip chart, stand and pad
* LCD projector/computer

**Introduction and Process**

Welcome everyone, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will be leading the focus group today. Thank you for joining us today to help us learn more about what we can do to improve services to individuals seeking help from our organizations. This focus group will last about an hour and a half. Please feel free to help yourself to more refreshments. Our co-facilitator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name here), will be giving out the Walmart Gift Cards as I review the *Information Form* and go over the process.

I want to take a few minutes to review the *Client Needs Assessment Information Form* you have in front of you. You had a chance to read this at the recruitment meeting a few weeks ago. After reading a brief *Description of Our Project* and *Our Goals,* I will give you a chance to ask any additional questions you might have about the project or the form.

***Facilitator: Read the first half of the CNAIF and allow time for questions.***

While I am leading the discussion our co-facilitator will be helping me with the facilitation and time keeping of the group. She will also write some key ideas from our discussion on this flip chart. We decided to use a member of our team to record responses to the questions that will be asked. Our recorder, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will respect and maintain the confidentiality of all recorded information.

The questions you are asked will pertain to *your* experiences involved in receiving assistance and services from our organizations that will provide the project members information that will assist them in reaching the goals for the project which is making our organizations more accessible to individuals seeking help. You will *never* be asked about any personal experience you have had regarding abuse, trauma or mental illness.

**Confidentiality and Safety**

We want to make sure that everyone feels safe and secure participating. And we want to remind you that your participation is voluntary and you are welcome to stop participating in the focus group at any time. If you choose to stop your participation, your decision will *in no way effect* your services here. We also want to ensure that your participation in this project does not compromise your safety outside of this focus group as well. If anyone feels uncomfortable taking their gift card home, please let \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the co-facilitator) know at the end of the focus group and special arrangements can be made for you.

The Confidentiality Policy of the project is similar to that of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of participating organization). Confidentiality is extremely important to every member of this project. At no time will any identifying information be used, other than your first name. When we write up our Needs Assessment Report, all the feedback we get from every participant will be included anonymously. We are only using your first name as a way to identify any special accommodations you may need in order for you to be comfortable participating in the focus group. We ask all the participants in the needs assessment focus groups to keep confidential all information shared within the group during the meeting.

There are some limitations to confidentiality that I would like to briefly discuss. If you have any questions, please feel free to ask after we review the second half of the information sheet. Though we have asked all of you to keep what is said here confidential; we realize that we can’t control what your fellow group members decide to share after they leave this group. We can guarantee that the project members will keep all that is said in the focus group confidential, except for special circumstances involving safety. Please read along with the last section on your information sheet regarding *limits to confidentiality*.

Please review the section marked *Limits to Confidentiality* with me.

**The facilitator will now read the Limits to Confidentiality section of the CNAIF.**

Are there any questions regarding the limits of our confidentiality?

If at any time you feel uncomfortable or need support for yourself, the facilitator will connect you with a support staff person who is a counselor and who will be located in another room of this facility.

**Name the individual support person.**

The support person is a mandated reporter and will follow our procedures and the State Law to report any abuse or neglect to a child or vulnerable to the proper authorities. (Provide directions for how to access the support person) The support person will provide emotional support, referrals if necessary, and a list of community resources.

We ask that you respect what each person has to say even if you do not agree or feel the same way. There is no right or wrong answer to the questions we are asking. Ok, let get started.

**Facilitator begins reading the *Client Needs Assessment Focus Group* Questions.**

**Appendix 9**

**Staff Focus Group Facilitator's Script**

**Supplies needed**:

* *Staff Needs Assessment Information Form*
* *Staff Focus Group Questions*
* Flip chart, stand and pad
* LCD projector/computer
* Other accommodations as needed by participants

**Introduction**

Welcome everyone, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will be leading the focus group today. Thank you for joining us today to help us learn more about what we can do to improve services to individuals seeking help from our organizations. This focus group will last about an hour and a half. Please take a few minutes to review the form you have in front of you. After you’ve read the brief *Description of Our Project* and *Our Goals* I will give you a chance to ask any additional questions you might have about the project or the form.

**Facilitator: Give staff about 2-3 minutes for staff to read the first half of the form and then allow time for questions.**

While I am leading the discussion the co-facilitator, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be helping me with the facilitation and time keeping of the group. She will also write some key ideas from our discussion on this flip chart. We decided to utilize a member of our team to record responses to the questions that will be asked. Our recorder, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will respect and maintain the confidentiality of all recorded information.

**Safety and Confidentiality**

Our commitment is to ensure a safe environment where you can feel free to talk about the gaps and barriers in services without fear of repercussions from your employer.

Each of our organizations has policies regarding client confidentiality. The confidentiality of this project is similar to that of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert the name of organization).

Confidentiality is very important to all the partner members of this project. Only your first name will be used during the focus group meetings and no identifying information be used in the final draft of our Needs Assessment Plan. All comments within the final Needs Assessment report will remain anonymous

We ask that all information shared in today’s group be kept confidential. The questions that will be asked of you will only pertain to your knowledge of personal experiences in assisting and serving clients from our organizations. You will be asked questions that provide the partner members information that will aid them in reaching our project's goals.

There are some limitations to confidentiality that I will briefly discuss. Feel free to ask questions after we review the second half of the *Staff Needs Assessment Information Form*. Though we have asked all of you to keep what is said here confidential, we know we can’t control what your fellow group members decide to share after they leave the meeting. However, we guarantee that the project members will keep comments confidential, except for special circumstances involving your safety or the safety of others. Please read along with the last section on your information sheet regarding *participant confidentiality.*

**Facilitator: Give 2-3 minutes for staff to read the second half of the Information Form, and then allow for questions.**

We ask that you respect all comments made by participants even if you do not agree with them. There are no right or wrong answer to the questions we are asking. *Your* answers are the responses we need to improve our organization's access and safety for victims and survivors.

Ok, let get started. **(Insert *Staff Focus Group Questions* here)**

In conclusion:

Thank you for your help in answering these questions and giving us information that can help us better serve you and other clients in the future. Have a good morning/afternoon/evening. We greatly appreciate your participation.

**Appendix 10**

**Client Focus Group Questions**

Thank you for your help in answering these questions and giving us information that can help us better serve you and other clients in the future. We greatly appreciate your participation.

Before we get started, I want to remind you that this is a strictly voluntary activity and you can stop your participation at any time. The restrooms are located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the exits we will use in case of fire or emergency are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please do not hesitate to ask for clarification or for assistance if you need it. Let's begin!

1. When seeking for other resources from a service provider, such as help with utilities, medical, legal issues, how do you get information about those resources?
2. Think about a time you went somewhere in the community to get services.
   1. What made this experience good?
   2. What about the place made you feel comfortable/welcome?
   3. Was the organization easy to find? Why or why not?
   4. Was parking accessible and easily identified? Why or why not?
   5. What are some examples of good first experiences when contacting organizations?
   6. What are some examples of bad first experiences when contacting organizations?
      * 1. How could that initial contact be improved?
        2. What could have made you feel compelled to continue to receive services from that organization?
3. What kind of environment makes you feel comfortable/safe to disclose personal information?
4. When you go somewhere in the community for services and people don’t understand you and your disability/EXPERIENCE AS A VICTIM/SURVIVOR, what is that like?
   1. What happens?
   2. How do you know they do not understand you?
   3. How do you know they don’t understand your mental illness?
   4. What didn’t you like about what the person did to try to help you?
   5. What was it like to not be understood?
5. When you go somewhere in the community for services and someone really understands you and your disability/EXPERIENCE AS A VICTIM/SURVIVOR, what is that like?
   1. What happens?
   2. How do you know they understand you?
   3. How do you know they understand your mental illness?
   4. What did you like about what the person did to try to help you?
   5. What was it like to be understood?
6. How could an organization create an atmosphere to make you feel physically safe when seeking services?
7. How can a service provider create an atmosphere to make you feel physically safe when seeking services?
8. As a survivor/individual with mental illness what suggestions to you have for organizations to make services fit your needs more appropriately?
9. Do you expect service providers to refer you to other organizations to help you with your needs? Why or why not?
10. If you have been referred to other organizations for assistance or help:
    1. How did the referral process work?
    2. What was helpful about the referral process?
    3. What was not helpful about the referral process?
11. How do you determine the ability of a service provider to refer to another program or person to help with your needs?
12. What makes you trust service providers to point you in the right direction?
13. Do you experience any of the following challenges when visiting or seeking services:
14. Is the place you visit and get services, safe for you to disclose personal information about victimization or mental health issues?
15. Is the place you visit to get services warm and welcoming?
16. Do you feel safe and secure?
17. Is the entrance easily identified or confusing?
18. Is the reception area quiet?
19. Is the reception area noisy?
20. Is the reception area public or private?
21. Is it hard or easy to reach staff on the phone lines? Why or why not?
22. Is the organization accessible by public transportation?
23. Is there parking nearby? Is it accessible?
24. What would make you stop getting help from an organization?
25. What would make you continue to receive services from an organization?

**Appendix 11**

**Staff Focus Group Questions**

**Introduction**

I would like to remind you that your participation in the focus group is entirely voluntary. You may leave at any time. All your responses will be kept confidential and reflected anonymously in the Needs Assessment Final Report.

**Questions**

1. When (SH/JVC: individuals with mental illness) (GMHC: individuals who are victims of sexual and/or domestic violence) come to your organization for help, what does the physical environment of the organization do well to provide:

1. A warm and welcoming atmosphere? Please give an example.
2. A feeling of safety for clients? Please give examples.
3. An accessible environment? Please give examples.
   * Is the agency easy to find?
   * Is the agency easy to enter?
   * Is the phone system easy to navigate?
   * Is parking accessible and easily identified?
   * Are the agency entrances easily identified?
   * Are the offices accessible?

2. When (SH/JVC: individuals with mental illness) (GMHC: individuals who are victims of sexual and/or domestic violence) come to your organization for help, what challenges does the physical environment of the organization cause you in providing the following:

1. An environment that promotes a warm and welcoming atmosphere?
2. An environment that makes a client feel they are safe?
3. Accessibility regarding:
   * Location
   * Parking
   * Reception area
   * Phone answering services
   * Accessing offices

3. As a direct service provider how do you know if you are working with an (SH/JVC: individual with mental illness) (GMHC: individual who has experienced sexual and/or domestic violence)?

1. What are you doing as a direct service provider to create a safe environment for an individual to make that disclosure?
2. What could you do better as a direct service provider to create a safe environment for an individual to make that disclosure?
3. Do you feel comfortable with individuals making such a disclosure?
   1. What are some resources or tools that would help in eliminating any concerns or reservations?
   2. How could you feel better prepared to provide services these individuals?
   3. How could your organization be better prepared and equipped to provide services to these individuals?
   4. What would make your job easier in serving these individuals?

4. What policies and procedures are currently in place to effectively impact treatment and services to these individuals?

1. What (if any) procedures are in place with your organization to meet all of their treatment needs?
2. How does your staff know about these procedures?
3. What policies need to be created to effectively impact treatment and services to these individuals?

5. Is there a well-defined protocol that guides you in providing services to individuals with (SH/JVC: mental illness) (GMHC: who have been victims of sexual and/or domestic violence)?

1. Intake
2. Assessment
3. Treatment/Sessions
4. Retention
5. Exit
6. Follow up

6. What concerns do you have for the physical and/or emotional safety of clients, coworkers and yourself while at your organization?

1. How does your location impact physical safety of
   1. Clients?
   2. Staff?
2. What specific policies and procedures do you have regarding
   1. Client safety?
   2. Staff safety?
3. What policies and procedures are needed?

7. How knowledgeable is the staff about the services and resources provided by the other organizations?

1. Are you encouraged to refer to other community resource?
2. What specific relationship do you have with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Safe Harbor, JVC, GMHC)?
3. What are the possibilities of improving these relationships to better serve clients?

8. Do you feel like you can influence change in your organization?

* If yes, how does that happen? If no, why not?

9. What concerns do you have for the safety of clients?

1. How does your location impact their safety?
2. What specific policies and procedures do you have regarding client safety?
3. What policies and procedures are needed?

10. What concerns do you have for the safety of yourself and your coworkers?

a. How does your location impact safety?

b. What specific policies and procedures do you have regarding staff safety?

c. What policies and procedures are needed?

11. What concerns or reservations do you have working with this population?

1. What would those concerns or reservations be?
2. What are some resources that would help in eliminating these concerns or reservations?

12. What would make your job easier in providing services to individuals with mental illness who are also victims of sexual and/or domestic violence?

1. How could you and co-workers be better prepared to provide services?
2. How could your organization be better prepared to provide services?

Thanks so much for your participation. Your responses will be a big help in identifying changes we need to make to help our clients in the future. Have a good morning/afternoon/evening; we greatly appreciate your participation.

**Appendix 12**

**Executive Leadership Interview Script**

**Introduction**

The Executive Leadership Interview Script was created as a tool to help the interviewer provide needs assessment interview information to the individuals being interviewed. These individuals include the Julie Valentine Executive Director and Clinical Director, the Greenville Mental Health Center Executive Director, and the Safe Harbor Executive Director and Assistant Director.

**Supplies needed:**

* *Leadership Interview Questions*
* *Staff Needs Assessment Information Form (SNAIF)*
* Pen and notepad

**Script**

Welcome. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am a partner consultant from Upstate Area Health Education Center. I will be interviewing you today. We appreciate your participation in the needs assessment interview. Your assistance will help us learn more about what we can do to improve services to individuals seeking help from our three partner organizations. Our interview will last about an hour.

Please take a few minutes to review the *Staff Needs Assessment Information Form* (SNAIF) you have in front of you. After you’ve read the brief D*escription of Our Project* and O*ur Goal*, I will be glad to answer any questions you have that will clarify any information on the form or address the needs assessment in general

**Interviewer: *Give 2 minutes for the director to read the first half of the SNAIF, then allow for questions*.**

Optional: We have chosen to utilize an independent note taker (name the person here) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ organization, to record responses to the interview questions. Our recorder, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will respect and maintain the confidentiality of all recorded information.

As you know, each of our organizations has policies regarding client confidentiality. The staff of this project have established confidentiality guidelines for everyone participating in the needs assessment that are similar to those of each of our organizations. Since confidentiality is so critical to every individual member and each organization participating in this project, no information be used, other than your first name during the facilitation of this interview. All responses from leadership will be anonymous in the *Final Needs Assessment Report*.

The questions that will be asked of you will only focus on your executive leadership experiences with your organization. These questions will focus on challenges, services, resources, and safety Our needs assessment interview questions will help us identify improvements within our organizations for individuals with disabilities.

Ok, let get started.

**Interviewer: Read *Leadership Interview Questions* and take notes on responses.**

**Appendix 13**

**Executive Leadership Interview Questions**

*The leadership defined by the Needs Assessment will include all three Executive Directors; one Assistant Director and one Clinical Director of the partner organizations.*

1. How does your organization identify individuals with mental illness who have also experienced sexual and/or domestic violence?

2. What policies and procedures are currently in place to effectively impact treatment and services to these individuals?

* What (if any) procedures are in place with your organization to meet all of their treatment needs?
* How does your staff know about these procedures?

3. As a leader in your organization, do you believe your staff has reservations about and is prepared for working with (SH/JVC: individuals with mental illness) (GMHC: individuals who are victims of sexual and/or domestic violence)?

* If yes, what would those reservations be?
* How or how are they not prepared?
* What are some resources that would help in eliminating these concerns or reservations?

4. When individuals with mental illness who are also victims of sexual and/or domestic violence come to your organization for help, what does your organization do well to provide:

* A safe environment for individuals to disclose either victimization or mental health issues?
* An environment that promotes a warm and welcoming atmosphere?
* An environment that makes clients feel they are safe?
* An accessible environment? For example:
  + Is the agency easy to find?
  + Are the agency entrances easily identified?
  + Is the agency easy to enter?
  + Does a real person answer the phone when called?
  + Is parking accessible and easily identified?

5. What are some of the challenges within your organization when serving these individuals regarding:

a. A safe environment for individuals to disclose either victimization or mental health issues?

b. An environment that promotes a warm and welcoming atmosphere?

c. An environment that makes a client feel they are safe?

Physical accessibility to include:

1. Entrance - Easily identified
2. Reception area: (location; staffed; private; public; size; quiet, noisy, etc.)
3. Phone answering services: Staffed, electronic voice, crisis access 24/7;
4. Location: Public transportation availability; safe;
5. Parking: Availability; accessible; nearby

6. What concerns do have for the physical and/or emotional safety of clients, coworkers and yourself while at your organization?

a. How does your location impact physical safety of:

* Clients
* Staff

b. How does your location, building, or environment impact the emotional safety of:

* Clients
* Staff

c. What specific policies and procedures do you have regarding:

* Clients’ safety
* Staff safety

d. What policies and procedures do you think are needed to address emotional safety? Physical safety?

Is there a line item in the budget allocating funds towards physical safety issues?

* Why, why not?
* If so, how are the funds used?
* If not, would you consider it?

7. What would create the ideal situation for your organization to provide services for (SH/JVC: individuals with mental illness)(GMHC: individuals who have been victims of sexual and/or domestic violence)?

8. How do you ensure that your staff knows about other organizations’ resources and that they know the appropriate situations in which to refer? Is your staff encouraged to refer to other community resources and organizations? Do they know the procedures to follow?

* Lunch and learns
* Staff orientation
* Training manuals
* Staff mentoring
* Intern program

9. What specific relationship do you have with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Safe Harbor, JVC, GMHC)?

1. What are the possibilities of improving these relationships to better serve clients?
2. Do you plan to continue the relationships following the grant period?
3. If your answer is "yes" to question b., how do you plan to continue these relationships in the future?

10. Does your budget allocate resources to provide services specifically to individuals with mental illness who are also victims of sexual and/or domestic violence?

1. If "yes", how are these resources designated?
2. How could resource allocation be improved to better serve individuals with mental illness who are also victims of sexual and/or domestic violence?
3. At the conclusion of this grant, would you consider seeking additional funding that specifically addresses the needs of this population?

11. How does change happen in your organization?

1. What is the decision making process?
2. How are policies and procedures created or changed?
3. What challenges (if any) are there when attempting to make changes in your organization?

**In conclusion.**

Thank you for your help in participating in the Leadership Interviews, and answering these questions. The information you provided will help us better serve your organization, your staff and clients in the future. Have a good morning/afternoon/evening. We greatly appreciate your participation.

**Appendix 14**

**Staff Interview Script**

**Introduction**

The Staff Interviewer's Script was created as a tool to help the interviewer provide needs assessment interview information to staff who were unable to participate in the focus group. Staff members may include: supervisory staff, direct service providers of all three organizations, and support staff of Safe Harbor.

**Supplies needed:**

* *Staff Needs Assessment Information Form*
* *Staff Needs Assessment Focus Group Questions .*
* Electronic recorder or note pad for recording responses

Welcome, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will be your interviewer today. Thank you for participating in the interview and for helping us learn more about what we can do to improve services to individuals with disabilities seeking help. This interview will last about an hour. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of recorder) , a member of our partnership team from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(organization) will record responses to our interview questions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name here) will respect and maintain the confidentiality of all recorded information.

Please take a few minutes to review the form you have in front of you. After you’ve read the brief *Description of Our Project* and *Our Goals*, I will give you an opportunity to ask questions if you need any additional clarification about the form or the project.

**(Give 2 minutes for staff to read the first half of the *Staff Needs Assessment Information Form*, and provide time for questions.)**

Confidentiality is of the utmost importance to every member of this project. Each of our organizations has specific policies regarding client confidentiality to protect clients and staff. The questions that will be asked of you will only pertain to your questions professional experience providing assistance and services to your clients . You will not be asked about any personal or client experience regarding abuse or trauma. It is our commitment to ensure a safe sharing environment where you feel free to talk about the gaps and barriers in services without fear of repercussions from your employer.

Information you share will be used exclusively for our final Needs Assessment Report, and all responses and information from your interview will be anonymous along with all the other interview responses by other participants. We will only use your first name (with your permission) during this interview.

There are some limitations to confidentiality that I would like to briefly discuss. If you have any questions, please feel free to ask after we review the second half of the information sheet. The project members will keep all information provided us in the interview is confidential, except for special circumstances involving safety. Please read along with the last section on your information sheet regarding *Limits to Confidentiality*.

Our team has decided to use "passive consent" by all participants in the needs assessment interview which means that by just showing up and by being present during the interview, you are giving consent or are agreeing to participate in the needs assessment process. You may end this interview at any time without any repercussions from staff of your agency or other collaborative partner organizations.

**(Give 2 minutes for staff to read the second half of *Staff Needs Assessment Information Form* and then allow for questions.)**

We ask that you answer openly and honestly from your own experiences as a staff member, so there are no right or wrong answer to the questions we are asking.

Ok, let get started**. (Use the *Staff Focus Group Questions* for the interview.)**

**Appendix 15**

**Client Interview Script**

**Introduction**

The *Client Interview Script* was created as a tool to help the interviewer provide needs assessment interview information to clients who have selected for reasons of safety and privacy, to be interviewed by project staff.

**Supplies/Information needed:**

* *Client Needs Assessment Information Form*
* *Client Needs Assessment Focus Group Questions*
* Name of (crisis intervention/support person)
* Recorder or pen and note pad for recording responses
* Walmart Gift Card

Welcome, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will be facilitating the interview today. A member of our team will record you responses to our interview questions. (Name of recorder here), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is taking notes on interview responses, will respect and maintain the confidentiality of all information you give us today.

Thank you for joining us today to help us learn more about what we can do to improve services to individuals seeking help in Greenville. This interview will last about an hour. Please feel free to help yourself to some refreshments.

I want to take a few minutes to review the form you have in front of you. After reading a brief *Description of Our Project* and *Our Goals*, you will have an opportunity to ask questions about the form or our process.

**Interviewer: Read the first half of the *Client Needs Assessment Information Form* and allow for questions.**

We want to make sure you feel safe and secure during the interview. We are grateful for your participation and want to remind you that your participation is completely voluntary and if you change your mind about participating, you can stop the interview at any time. You may end the interview at any time without any repercussions from any of the organizations participating. If you do want to end the interview and your participation, your decision will not affect any of the services or support you receive here or anywhere else.

We also want to ensure that your participation in this project does not compromise your safety outside of this interview. If you feel uncomfortable taking the Walmart Gift Card home, please let me know and special arrangements may be made for you to keep it at our offices.

Our team has decided to use "passive consent" by all participants in the needs assessment interview which means that by just showing up and by being present during the interview, you are giving consent or are agreeing to participate in the needs assessment process.

Confidentiality is very important to every partner in this project. Our organizations have specific policies regarding client confidentiality to protect clients and staff. The confidentiality policy of this project is similar to the policies of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(your organization). The questions that will be asked of you will only pertain to your personal experiences of getting assistance and services from our organizations as a client. You will not be asked about any personal experience you have had regarding abuse, trauma, or mental illness. Our interview questions will give us information that will assist us in helping our organizations become more accessible in the future.

The information you give us during the interview will be documented anonymously in our final Needs Assessment Report along with everyone else's responses. No one will know anyone's individual's responses. We will only use your first name (with your permission) during this interview.

There are some limitations to confidentiality that I will briefly discuss. If you have any questions, please feel free to ask after we review the second half of the information sheet. Please read along with the last section on your information sheet regarding *Limits to Confidentiality*.

If at any time you feel uncomfortable, or that you or a loved one is in danger, I will arrange for assistance for you by a crisis counselor support person here on staff. (Refer to the support person by name.) If at any time you begin to feel uncomfortable, stop the interview and ask me for help. I will call (name of support person here) who is nearby and will be able to talk to you in private. (Name of support person here) will provide emotional support, referrals if necessary, and a list of community resources.

Our counselors are mandated reporters and if you choose to disclose information about abuse, the neglect of a child, or the abuse or neglect of a vulnerable adult, the support staff member will have no choice but to follow the necessary procedures to report your disclosure to the proper authorities.

You may change your mind at any time if you decide you do not want to participate in the Needs Assessment interview.

**Interviewer: (*Read the second half of the Client Needs Assessment Information Form, and allow time for questions.***

We ask that you answer questions openly and honestly from your own experiences. There are no right or wrong answers to the questions we are asking.

Ok, let get started. **(Use the *Client Focus Group Questions for the interview*.)**

**In conclusion:**

Thank you for your help in answering these questions and giving us information that can help us better serve you and other clients in the future. We greatly appreciate your participation.

**Appendix 16**

**Board Member Needs Assessment Information Form**

**Description of our project**

Greenville Partners in Action (GPIA) is a three year project funded in October 2009 by the Department of Justice, Office on Violence against Women. The project is a partnership and collaboration of three organizations located in Greenville, South Carolina that have united to improve response to adult individuals with mental illness who are victims of sexual and/or domestic violence. The three partner organizations are Julie Valentine Center (formerly the Greenville Rape Crisis and Child Abuse Center), the Greenville Mental Health Center and Safe Harbor.

**Our goal**

To implement a Needs Assessment that will ultimately help our organizations identify ways we can improve service and be more accessible to individuals with mental health disabilities. All individuals participating in the Needs Assessment will be asked to respond to questions regarding policies, the quality of services, accessibility, knowledge and attitudes, and have opportunities to make recommendations for improvements in these areas:

1)*Policies and Procedures*; 2) *Gaps and Barriers,* and 3)*Knowledge and Attitudes*.

As board members of your respective organizations you have a unique leadership perspective about your organization and its services, goals and mandates. Information collected from you will be of tremendous value to Greenville Partners in Action and will lay the groundwork for change.

**Participant Confidentiality**

Each of our partner organizations has policies regarding confidentiality. The Partnership will not share any identifying information about any individuals participating in the Needs Assessment. Although your ideas, thoughts and comments will be shared in the Final Needs Assessment Report, no specific information will be linked directly to any individual and all comments within the report will remain anonymous. No personal information will be collected other than what is on the Survey.

Should you agree to participate in the Needs Assessment Survey, your survey will be given out at a regularly scheduled board meeting in about 30 days. Jayne Crisp, the project director, will be available at that board meeting to answer any additional questions you might have about the project or the survey. She can be reached at jayne.crisp@safeharborsc.org, or at 864-420-2379 (mobile). The survey should not take more than 30 to 40 minutes to complete.

Please fill out the Participation Card if you are willing to participate in the Needs Assessment Survey.

**Appendix 17**

**Board Member Survey Participation Card**

**Greenville Partners in Action**

* No, I do not want to participate in the Greenville Partners in Action Needs Assessment Survey.
* Yes, I would like to participate in the GPIA survey.

Your first name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will need the following accommodations in order for the focus group to meet my accessibility needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The survey will be given out at the next board meeting which is scheduled for:

Date Time Location

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Board Member Survey Participation Card**

**Greenville Partners in Action**

* No, I do not want to participate in the Greenville Partners in Action Needs Assessment Survey.
* Yes, I would like to participate in the GPIA survey.

Your first name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will need the following accommodations in order for the focus group to meet my accessibility needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The survey will be given out at the next board meeting which is scheduled for:

Date Time Location

**Appendix 18**

**Board Member Needs Assessment Survey**

Greenville Partners in Action is a three year project funded in October 2009 by the Department of Justice, Office on Violence against Women’s Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities. The project is a partnership and collaboration of three organizations located in Greenville, South Carolina that have united to improve response to adult individuals with mental illness who are victims of sexual and/or domestic violence. The three partner organizations are the Julie Valentine Center, the Greenville Mental Health Center, and Safe Harbor.

**MISSION STATEMENT OF GREENVILLE PARTNERS IN ACTION**

Greenville Partners in Action will establish a sustainable cultural change in the representative organizations that reflects integrity, compassion, and respect for adult individuals with mental illness who are victims of domestic or sexual violence. The population we have targeted are adult individuals who seek access to the services of our organizations and are in a process of recovery regardless of the impact of mental illness, and trauma experiences as victims or survivors of sexual or domestic violence. We plan and address this change by:

* Eliminating barriers to services;
* Strengthening partnerships by enhancing communication and resource sharing;
* Providing education and training to ensure a culture of competency among service providers; and
* Establishing organizational policies and procedures that create a non-judgmental, safe, and accessible continuum of care.

**PURPOSE**

Greenville Partners in Action is currently in the needs assessment planning phase of the project. The purpose of the needs assessment is to gain information from our organization's clients, leadership and staff that will contribute to changes within the organizations that will reduce or eliminate barriers and provide access to clients.

**Introduction**

Thank you for taking this short survey. Your comments will be used anonymously in the Needs Assessment Final Report to help us better define the needs of our clients and organizations. Your organization will receive a copy of the Final Report. We are hopeful that the comments of our interviews, surveys and focus groups will stimulate change within our three organizations that will enhance safety and access to clients.

1. The Mission of Greenville Partners in Action is *to establish a sustainable cultural change in the representative organizations that reflects integrity, compassion, and respect for adult individuals with mental illness who are victims of domestic or sexual violence.* Our intent is toimprove response to adult individuals with mental illness who are victims of sexual and/or domestic violence. Do you agree that this project is consistent with your agency’s *mission*? (Please check those that apply.)
   1. \_\_\_\_\_\_\_Completely agree
   2. \_\_\_\_\_\_\_Somewhat agree
   3. \_\_\_\_\_\_\_Do not agree

Please comment on your response:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you agree that this project is consistent with your organization's *strategic plan* for future service provision?
   1. \_\_\_\_\_\_\_Completely agree
   2. \_\_\_\_\_\_\_Somewhat agree
   3. \_\_\_\_\_\_\_Do not agree

Please comment on your response \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I would support *policy changes* in the organization to address the intersecting experiences of individuals who are victims of domestic and/or sexual violence who have mental illness:
   * Yes
   * No

Comment (Why or why not):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I would support financial changes in the agency to address the intersecting experiences of domestic and/or sexual violence and mental illness if resources were available:
   * Yes
   * No

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To what degree are you informed of the missions and services of the other agencies involved in this collaboration? (Please select the two organizations that are not your organization.)

Safe Harbor

* + Very knowledgeable
  + Somewhat informed
  + Not at all informed

How are you familiar with the services of Safe Harbor?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Greenville Mental Health Center

* + Very knowledgeable
  + Somewhat informed
  + Not at all informed

How are you familiar with the services of the Greenville Mental Health Center?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Julie Valentine Center

* + Very knowledgeable
  + Somewhat informed
  + Not at all informed

How are you familiar with the services of Julie Valentine Center?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If you had the ability to make changes to your organization that would improve accessibility, services, and physical and emotional safety of clients, *and you didn't have to worry about funding challenges,* what changes would you make?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Why did you decide to become a member of the board of your organization?

8. What knowledge, skills, experiences and abilities do have that are valuable to your organization?

9. Are you able to use your knowledge, skills and abilities to improve your organization to your satisfaction?

If "yes", please explain how your experience and knowledge is used.

If "no", please explain why you are not able to use your skills, knowledge and abilities.

**Appendix 19**

**Needs Assessment Work Plan and Tracking Sheet**

**Project Work Plan**

Greenville Partners in Action was awarded funding through the Office on Violence Against Women (OVW), October 1, 2009 to plan and create change within our three partner organizations. These organizations are the Greenville Mental Health Center, the Julie Valentine Center and Safe Harbor. The purpose of our partnership is to identify changes needed within our organizations to provide safer and more accessible services to victims and survivors of domestic and sexual violence who are also impacted by mental illness and trauma.

The project is a three year project that ends September 30, 2012. The following work plan outlines the timetable of the Greenville Partners in Action Needs Assessment process. Our team is aware that this plan is only an estimate of the time that the team will need to complete the project. However, we are dedicated to follow the plan. We also acknowledge that OVW must approve each deliverable before we can start on the next goal and there is a 30-45 day period needed by OVW for review of the materials.

1. Team develops the Collaborative Charter. October 1,2009 - February 7, 2011.

2. Team develops the Needs Assessment Plan and related tools. March 2011 - April 2012.

3.Team Submits Needs Assessment Plan and related tools for approval. April 2012.

4.Team Conducts Needs Assessment. May, June and July 2012.

5. Submission of Needs Assessment Report. September 2012.

6. Team initiates and completes Strategic Planning. September and October 2012.

7. Submission of Strategic Plan. October 2012

8. Implementation Phase. November, December and January 2013.

**Project Tracking Sheet - Needs Assessment Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task** | **Start date** | **End date** | **Actual start** | **Actual end** | **Status** |
| 1. Complete work on NA Plan:   Narrative and Questions, etc. | Current | April 16 |  |  |  |
| 1. Finish all writing and edits | Current | April 16 |  |  |  |
| 1. Provide document for review to Vera | April 17 |  |  |  |  |
| 1. Make editorial adjustments and complete document |  |  |  |  |  |
| 1. Turn plan into OVW for review and feedback | May 1 |  |  |  |  |
| 1. Get approval from OVW | May 30 |  |  |  |  |
| 1. Schedule and conduct 18 to 26 Focus Groups, 18 Interviews, and 3 Surveys | June and July 2012 |  |  |  |  |
| 1. Prepare Needs Assessment Report | August 2012 |  |  |  |  |
| 1. Send report to Jacki/Vera | August 31, 2012 |  |  |  |  |
| 1. Review and respond to Jacki's comments | September 30, 2012 |  |  |  |  |
| 1. Send final report to OVW | September 30, 2012 |  |  |  |  |
| 1. Begin Strategic Plan | October 1, 2012 |  |  |  |  |