

Bridging Safe Access To Big Sandy



Needs Assessment Plan Proposal



Appalachian Research and Defense Fund



This project was supported by Grant No. 2014-FW-AX-K001 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.

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Member Agencies



Mountain Comprehensive Care Center

Mountain Comprehensive Care Center (MCCC), established in 1963, is a 501(c)(3), CARF accredited, non-profit corporation. MCCC is one of Kentucky's 14 regional mental health and mental retardation boards serving the Big Sandy district. As part of its mission, MCCC serves individuals with disabilities which stem from behavioral health needs such as behavioral health and substance use diagnoses, as well as developmental and intellectual disabilities. Key adult services provided by MCCC include, but are not limited to: victim services; outpatient group, individual or family therapy; psychiatric services; crisis stabilization; peer support services; outpatient and residential substance abuse treatment; jail-based mental health and substance abuse treatment programs; offender re-entry services; safe haven and supervised visitation programs; transitional housing for victims; transitional housing for homeless veterans; Homeless Veterans Registration Program (employment); community support and rehabilitation services; therapeutic rehabilitation program for adults with severe psychiatric disabilities; and DUI program. In 2012, MCCC instituted the Homeplace Clinic, health care for the homeless center located in Johnson County and serving Floyd, Johnson, and Pike Counties. In addition, MCCC's Healing Program is Big Sandy's only Rape Crisis Center, which offers comprehensive services for victims of rape, sexual assault, domestic violence, and child abuse.



Established in 1974 as a private, non-profit corporation, **Big Sandy Health Care, Inc. (BSHC)** remains committed to providing access to quality health and dental care to individuals of all ages. BSHC enhances patient care by promoting disease prevention and health education. Behavioral Health care is also available through its Licensed Clinical Psychologist and Licensed Clinical Social Worker providers. BSHC earned national recognition for the treatment of its diabetes and cardiovascular patients during the organization's participation in the HRSA-sponsored Health Disparities Collaborative. In addition, the Bureau of Primary Health Care recognized BSHC for innovative technology through its use of the web-based Patient Electronic Care System. BSHC currently operates five community health centers and one dental clinic throughout Big Sandy Region.



Appalachian Research and Defense Fund

Appalachian Research and Defense Fund (AppalReD), is a private non-profit law firm which provides free civil legal representation to low-income families and individuals in a 37 county region including the Big Sandy Region. AppalReD began in 1970, and today is the largest legal aid organization in Kentucky with a staff of 33 attorneys, 3 paralegals, and 24 support staff and is housed in 5 offices throughout the region with its administrative office located in Floyd County. AppalReD's primary focus is to assist individuals with obtaining the basic necessities of life (e.g. income, adequate food and health care); decent, safe, and sanitary housing and the protection of assets; guarding the rights of children; and the protection of family members from violence and abuse including protecting populations with special vulnerabilities.

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Introduction

Bridging Safe Access to Big Sandy (BSABS) is made possible by the Training to End Violence Against Women with Disabilities grant funded by the Office of Violence Against Women. Our Technical Assistance is provided by Vera Institute of Justice. With OVW and Vera, Bridging Safe Access to Big Sandy is working to make our services more accessible for individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence. To gain more perspective of how we are currently providing services, BSABS will conduct a Needs Assessment, which will include survivors of interpersonal violence and individuals with behavioral health and/or developmental/intellectual disabilities, as well as direct service staff, advocates, SANE Nurses, and leadership from each partner agency. The Needs Assessment will provide information needed to identify outcomes for Bridging Safe Access to Big Sandy and the data will guide our work when developing our Strategic Plan.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Purpose

The purpose of Bridging Safe Access to Big Sandy Needs Assessment is to gather information on Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center's policies and procedures, as well as information from individuals with behavioral health and/or developmental/intellectual disabilities who are survivors of interpersonal violence. Bridging Safe Access to Big Sandy will identify opportunity for change

at each partner agency with the assistance of the Needs Assessment. The data collected will be used to develop our Strategic Plan.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Needs Assessment Goals

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Vision and Mission Statement

Vision Statement

“We envision a safe and accessible community that will bridge services within The Big Sandy Region, which will be tailored to the distinct needs and circumstances of individuals with behavioral health and/or developmental/intellectual disabilities, who are survivors of interpersonal violence¹.”

Mission Statement

Bridging Safe Access to Big Sandy seeks to educate and create a community encompassing safe and accessible resources that are available to individuals with behavioral health and/or developmental/intellectual disabilities. Our collaborative seeks to achieve this by way of:

- Identifying gaps, barriers, strengths, and resources within our agencies.
- Empowering and welcoming survivors.
- Educating and Cross-Training within our agencies to share resources.

¹ Interpersonal Violence is an umbrella term that encompasses domestic violence, sexual assault, dating violence, and stalking.

www.thepca.org/what-is-ipv/

- Creating changes within our agencies to enhance our collaboration.
- Creating changes within our agencies which result in more welcoming and accessible services for survivors.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Methodology Overview

Bridging Safe Access to Big Sandy will gather information through focus groups and interviews from our individual agencies' President/CEO/Executives, direct service staff, SANE Nurses and survivors of interpersonal violence with behavioral health and/or developmental/intellectual disabilities. To better understand what changes need to be made within our agencies, our objective is to understand the values individuals have, their opinions and observations based on their perceptions and experiences while interacting and receiving services within our collaborative agencies.

The Core Collaboration believes that focus groups will be the most appropriate way to gather information. We will offer individual interviews for any individual who cannot or does not wish to participate in a focus group. We will interview our 2 SANE Nurses, as the number is too small for a focus group. The complete overview of our focus groups and interviews sessions for recruitment can be found in Appendix I.

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Target Population

Target Population:

Bridging Safe Access to Big Sandy plans to conduct focus groups and interviews of survivors of interpersonal violence with behavioral health and/or developmental/intellectual disabilities, members of partner agencies, President/CEO/Executives, Supervisors, direct service staff and SANE Nurses according to the recruitment charts in Appendix I.

In order to achieve effective participation, we will utilize groups that are already occurring. It is our intention to limit the possibility of causing change in the daily schedule of our individuals. Therefore, Mountain Comprehensive Care Center's Developmental/Intellectual Disability Program will utilize already existing Day Training groups within our region:

- **Auxier Greenhouse Day Training**—Individuals with developmental/intellectual disabilities
- **Magoffin Greenhouse Day Training**-- Individuals with developmental/intellectual disabilities

- **Shelby Valley Greenhouse Day Training--** Individuals with developmental/intellectual disabilities

Mountain Comprehensive Care Center’s Healing Program does not currently have a support group for survivors and will therefore recruit for individual participants and to form a focus group pending the outcome of the outreach and recruitment. Healing Program therapy staff will inform survivors of the upcoming focus group. If the survivor is interested in participating, the therapist will arrange contact with the Project Director.

Staff Focus Groups and President/CEO/Executive interviews with our partner agencies will be conducted by Project Director. The Core Collaboration believes that in doing so; we will foster a greater chance for truthful feedback from employees.

SANE Nurses will be interviewed onsite at their clinics, as this will cause the least amount of change in their daily schedule.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Focus Groups

Focus Groups:

Numbers

Bridging Safe Access to Big Sandy expects to conduct 15 focus groups and 4 interviews during our Needs Assessment with the number varying in each group, pending the intended audience. We intend to keep our focus group numbers between 8-10 participants. Should there be a need for more participants; a new focus group will be conducted to meet the needs of the individuals.

Scheduling

Bridging Safe Access to Big Sandy will schedule dates and time for focus groups and interviews at convenient locations for each group. Focus groups for each agency staff will be held during normal work hours and staff meetings when possible. Mountain Comprehensive Care Center’s Developmental Intellectual Disabilities Program already has groups of behavioral health and/or developmental/intellectual disabilities in place. Those groups will be utilized to create less change in the daily schedule for those individuals. It is anticipated that focus groups will last approximately one and a half hours. Our goal is to schedule 2-3 focus groups/interviews per week, which will result in the Core Collaboration needing 6-7 weeks to conduct the assessment.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Roles & Responsibilities

Facilitation:

Bridging Safe Access to Big Sandy partner agencies will host their own individual staff focus groups. The Core Collaboration will work together to provide assistance, if the need arises. Focus groups will last approximately one and a half hours. The Project Director will facilitate each focus group in all partner agencies. The partner agency will provide a note taker. Focus groups including survivors and/or behavioral health and/or developmental/intellectual disabilities will include the facilitator, note taker and a trauma-informed therapist.

Facilitator:

Bridging Safe Access to Big Sandy believes that consistency during the focus groups is important. Therefore, the facilitator of each group will be the Project Director. Using the same facilitator will eliminate any significant change in the schedule of staff at partner agencies. Our goal is to provide a positive, comfortable, and welcoming environment in which individuals will feel free to share the information we are seeking.

Recorder:

The recorder at each of our focus groups will capture brief notes and key points; such as phrases, memorable quotes, etc. that result from the focus group questions and prompts. The note taker may ask for clarification, for recording purposes, if the response has not been fully understood. The recorder will also maintain an accurate record of the discussion at each group and maintain anonymity of all written notes and contribute to a safe comfortable group atmosphere, as well as deliver the written record of each focus group to the facilitator immediately upon completion of the session.

Therapist:

Bridging Safe Access to Big Sandy will provide a trauma-informed advocate/therapist at each focus group session that includes participants who are survivors and/or behavioral health and/or developmental/intellectual disability individuals. The role of the advocate/therapist is to provide emotional support or any participant that may need to step out of the room or who may need additional resources or services.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Recruitment

Individuals:

Bridging Safe Access to Big Sandy will coordinate recruitment of individuals for our focus groups by working with direct staff of Mountain Comprehensive Care Center's Healing Program and Developmental/Intellectual Disability Program. Direct Staff involved in the recruitment will be the Director of The Healing Program and Director of D/ID Program; both are part of our Core Collaboration and familiar with the project and Needs Assessment. All survivors will be recruited during individual sessions. Safety will be considered by the recruiters to ensure that prospective participants are not placed in an unsafe situation. Bridging Safe Access to Big Sandy will also offer individual interviews as an alternative to participating in a focus group.

Direct Service Staff/ Supervisors/President/CEO/Executive Staff:

Bridging Safe Access to Big Sandy (BSABS) will recruit staff to participate in a focus group. See Appendix I for a complete breakdown of focus group and interviews. Each respective agency will recruit participants for these groups. Prospective participants will be assured that their participation is supported by the agency and that there will be no reprisals for participation or non-participation. Focus groups will be structured so that no supervisor will also be participating in the same focus group. A BSABS FAQ sheet will be available for reference during recruitment of staff. Focus groups will be scheduled during work hours with some being scheduled during regularly scheduled staff meetings. Individual interviews will be offered for those who cannot or do not wish to participate in a focus group. Individual interviews will also be used when speaking with the President/CEO/Executive Director of each agency. Recruiters will have a list of available dates for individual interviews.

Staff focus groups for our partner agency, AppalRed, will include 4 Attorneys, 2 Legal Secretaries, and 1 Intake Attorney. When individuals are seeking services with AppalRed, these staff members are the first and/or constant point of contact, therefore, included in the focus group.

Staff focus groups for our partner agency, BSHC, will include Patient Care Coordinator, Nurse Manager, Therapist, Founder, Physician, and Office Manager. When individuals are seeking services with BSHC, these staff member are the first and/or constant point of contact, therefore, included in the focus group.

SANE Nurse Interviews:

Bridging Safe Access to Big Sandy will coordinate interviews with our 2 SANE Nurses in outpost clinics. We will offer individual interviews to the nurses to ensure they are comfortable with sharing their information.

Optional Interviews:

During recruitment, if any agency staff, survivor, or behavioral health and/or developmental/intellectual disability individual should request a separate interview, Bridging Safe Access to Big Sandy will conduct interviews using the same set of questions as developed for focus groups. Although we will offer the option, the collaboration may not be able to accommodate all requests due to time line and facilitator availability.

Interviews Requested		
Mountain Comprehensive Care Center Healing Program	Survivors of Interpersonal Violence	Unknown
	Direct Service Staff	Unknown
	Supervisors	Unknown
	President/CEO	1
Mountain Comprehensive Care Center D/ID Program	Individuals with D/ID	Unknown
	Direct Service Staff	Unknown
	Supervisors	Unknown
	SANE Nurse	2
	President/CEO	1
AppalRed	Direct Staff	Unknown
	Executive Director	1
BSHC	Direct Staff	Unknown
	Executive Director	1

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Consent/Confidentiality/Mandatory Reporting

Consent:

Bridging Safe Access to Big Sandy will be using a passive consent process for the focus groups for staff, survivors and individuals with behavioral health and/or developmental/intellectual disabilities without guardians because it provides for more confidentiality of participants, prevents a paper trail and eliminates time spent on administrative matters in the session itself. The Project Director will explain in the recruitment process of passive consent for survivors and individuals with behavioral health and/or developmental/intellectual disabilities. Participants will be told they can leave or discontinue at any time. Once the remarks have been read, it will be assumed that all participants who attend the focus groups will be giving consent for their participation. Participants in focus groups are agreeing to:

- Participate in focus group.
- Have their comments anonymously recorded in writing.
- Have their comments anonymously used in Bridging Safe Access to Big Sandy's Needs Assessment Report.
- Have their comment anonymously used for developing Bridging Safe Access to Big Sandy's Strategic Plan and implementation activities.

Bridging Safe Access to Big Sandy will use an informed consent process for individuals with behavioral health and/or developmental/intellectual disabilities with guardians. Guardians will need to give informed consent for their ward to participate in the Needs Assessment. All information will be stored in a locked cabinet at The Healing Program or in password protected computer files for a period of five years To facilitate a truly informed consent, each Bridging Safe Access to Big Sandy organization will provide information to the guardian regarding the benefits and risks of participation, the use of information and confidentiality protocols of the Needs Assessment. Guardians will also be provided information about the focus groups and Bridging Safe Access to Big Sandy, a copy of the focus group questions, a copy of the FAQ's and the contact information of the Project Director.

The Project Director will follow up with the guardian to make sure that the information was received and understood, to answer any questions they may have and to encourage the return of the informed consent form (See Appendix II). Once the informed consent is given, the Project Director will be able to ask individuals with behavioral health and/or developmental/intellectual disabilities if they want to participate in a focus group. Informed consent form can be found in Appendix II.

Confidentiality:

Bridging Safe Access to Big Sandy (BSABS) safeguards confidentiality in terms of individuals who are survivors of interpersonal violence. In addition, our population may not only be a survivor, but also an individual with behavioral health and/or developmental/intellectual disabilities. BSABS will inform all participants of the confidentiality rights prior to participating in any activities relating to BSABS including focus group/interview sessions.

Mandatory Reporting:

Mountain Comprehensive Care Center, Big Sandy Health Care, and Appalachian Research and Defense Fund are all mandatory reporters in the state of Kentucky. Bridging Safe Access to Big Sandy representatives understand and adhere to the mandatory reporting laws for children, elders, and adults with disabilities in the state of Kentucky. Mandated reports include, but are not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker. In the event of disclosure, our trauma-informed advocate/therapist will take the individual to a private area to explain that we are mandatory reporters. If the individual continues with the disclosure, a report will be filed with Adult Protective Services.

Bridging Safe Access to Big Sandy will be prepared, if a situation arises in which mandatory reporting is required, a trained trauma-informed therapist will take the survivor to a private location. At this point, the therapist will explain that we are mandatory reporters, explain how the survivor may participate with reporting and consult with supervisors and/or appropriate personnel.

In the state of Kentucky, mandatory reporting requirements for vulnerable adults apply if the individual is: (1) Married to the offender or (2) Has a disability that limits his or her ability to care for and/or protect him/her.

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Data Storage/Safety & Access Considerations

Data Storage:

Bridging Safe Access to Big Sandy will make every effort to keep all documents and written notes containing any signed Informed Consent forms (see Appendix II) secure through the duration of this grant period and for a total of 6 calendar years, in accordance to MCCC Record Maintenance Policy. Bridging Safe Access to Big Sandy partners will ensure that any written documentation related to focus groups will be returned to the Project Director

immediately upon completion of session, where it will then be secured under lock and key. Only project members who are bound by our confidentiality guidelines will have access to focus group documents.

Our collaboration charter, Needs Assessment plan, Needs Assessment report, and Strategic Plan will be shared with individuals and entities outside of Bridging Safe Access to Big Sandy.

Safety Considerations:

Bridging Safe Access to Big Sandy is dedicated to the well-being of all participants in this project and is committed to not compromising the safety of anyone. Contacting perspective participants, confidentiality and outreach will be done face-to-face on participant's regularly scheduled counseling, advocacy and/or service appointments. No materials will be mailed or distributed to prospective participants, which would compromise their safety. Confidentiality of all participants is vital to Bridging Safe Access to Big Sandy and therefore names and/or other identifying information will not be utilized during the Needs Assessment. All partner agencies are mandated reporters in the state of Kentucky and therefore have a legal obligation to incidents of abuse. All partners are required to break confidentiality in incidents of suicidal and/or homicidal ideation. Mandatory reporting and confidentiality concerns will be emphasized on multiple levels to all participants throughout the recruitment process, as well as on the day of each focus group so that participants fully understand this process. Any persons not directly involved in the Needs Assessment will not be allowed to participate and/or be present during the focus groups. Personal care aids may accompany participants to focus groups and/or interviews, but will be asked to wait in a separate area until needed. Personal care assistance, including interpreters, will be made available as requested during the recruitment process. Participants are free to withdraw without question at any time. Participants who withdraw will be entitled to any gift regardless of complete participation. If participants determine that a gift will jeopardize their safety, Bridging Safe Access to Big Sandy will work with participants to make other reasonable arrangements with the individual.

Access Considerations:

Bridging Safe Access to Big Sandy will be mindful of accessibility for all participants in the Needs Assessment process. We will ensure that all facilities, arrangements, materials, communication, and dietary concerns are accommodated and accessible to all participants' needs. Bridging Safe Access to Big Sandy will ensure that our meeting location is set up so that everyone can access and move about with ease and have an accessible restroom within close proximity. During recruitment, any questions regarding accommodations, including physical requirements, communication needs, personal care aide, and dietary requirements will be

included. In addition, all written material will be provided in accordance with ADA guidelines. All participants will be asked to use people first language.

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Appendix

Appendix I:

Appalachian Research and Defense Fund (AppalRed) Focus Group Breakdown			
AppalRed	Method of Collection	Number of Groups	Proposed Participants
1. Executive Director	Interview	1	1
2. Legal Staff	Focus Group: 4 Attorneys 2 Legal Secretaries 1 Intake Attorney	1	7

Big Sandy Health Care (BSHC) Focus Group Breakdown			
Big Sandy Health Care	Method of Collection	Number of Groups	Proposed Participants
1. CEO	Interview	1	1
2. Direct Staff	Focus Group: Patient Care Coordinator Nurse Manager Therapist Physician Officer Manager	1	6

**Mountain Comprehensive Care Center (MCCC)
Interpersonal Violence Focus Group Breakdown**

The Healing Program	Method of Collection	Number of Groups	Proposed Participants
1. President/CEO	Interview	1	1
2. Supervisors	Focus Group	1	3
3. Advocates	Focus Group	1	8-10
4. SANE Nurse	Interview	2	2
5. Therapists	Focus Group	1	4
6. Survivors	Focus Group	1	8-10

**Mountain Comprehensive Care Center (MCCC)
Developmental/Intellectual Disability Non-Residential
Focus Group Breakdown**

Developmental Intellectual Disability Program	Method of Collection	Number of Groups	Proposed Participants
1. President/CEO	Interview	1	1
2. Supervisors	Focus Group	1	3
3. Day Training Supervisors	Focus Group	1	3
4. Day Training Staff	Interview	3	12
5. Day Training D/ID Individuals	Focus Group	3	24-28

Developmental Intellectual Disability Program	Method of Collection	Number of Groups	Proposed Participants
1. House Coordinators	Focus Group	1	4
2. Support Providers	Focus Group	1	6-10
3. Residential D/ID Individuals	Focus Group	1	8-10

Appendix II: Informed Consent Form for Guardians



Bridging Safe Access to Big Sandy Informed Consent

DATE:

INTRODUCTION

We would like to ask your ward to participate in a focus group discussion to understand how to improve responsiveness and accessibility for persons who have behavioral health and/or developmental/ intellectual disabilities who are consumers of services of Mountain Comprehensive Care Center, Big Sandy Health Care or Appalachian Research and Defense Fund. A copy of the focus group questions is enclosed in this packet. The following information describes this project and what is being asked of you and your ward. Please review this material and ask us any questions you may have before agreeing to allow your ward to participate. In order for your ward to participate, this consent form must be signed and returned by:

____Date_____.

Bridging Safe Access to Big Sandy is a collaboration and project between Appalachian Research and Defense Fund, Big Sandy Health Care and Mountain Comprehensive Care Center. We want to better serve and empower people with behavioral health and/or developmental/intellectual disabilities who are survivors of interpersonal violence. We hope to create a service system between our agencies that is person-centered and accessible and to eliminate barriers to services. This project is funded by a grant from the United States Department of Justice, Office on Violence Against Women.

PURPOSE

The purpose of this Needs Assessment is to create a better system of support for survivors of abuse with behavioral health and/or developmental/intellectual disabilities. To do this, we must understand the existing strengths of our organizations and the barriers that exist for accessing services. We will be talking to many people, including direct service staff, management and leaders and individuals of all our agencies to understand how to improve services for the people we serve. We will take notes about what is being said. These notes will not be distributed beyond the facilitators of the Needs Assessment, and will be destroyed after the completion of this Needs Assessment. This information will be used only to improve our services, and will not impact you or your ward's relationship with any organization, or with any services received, in any way.

BENEFITS AND RISKS

There are several benefits to participation. Your ward's participation will help us better serve individuals at all our organizations and more thoroughly understand our operations so we can

improve service delivery. In appreciation, each participant will receive a \$20 Visa card for their time and travel.

Your ward's participation in this Needs Assessment is considered to be of minimal risk. Questions will focus on your ward's opinions about services at our agency. Self-disclosure of sexual abuse or assault is neither expected nor encouraged; in fact, questions have been designed to minimize this possibility. It is possible that your ward may become uncomfortable by a topic in the focus group. If this occurs, an advocate will be available to assist them. It is also possible that information they provide could trigger mandatory reporting, as described below.

YOU AND YOUR WARD'S RIGHTS

Participation in this Needs Assessment is entirely voluntary. Your choice to allow or disallow your ward to participate will not affect your or their relationship with any agency in any way. Your ward can choose if he/she would like to participate or not. They may choose to withdraw from the focus group at any time. They may choose to skip any questions that are asked, and will not be expected to provide a reason for this decision. You and your ward have the right to ask questions about the process at any point.

CONFIDENTIALITY

Bridging Safe Access to Big Sandy values confidentiality, and will do everything possible to protect your ward's information. No information about their identity will be disclosed outside of the focus group. All individually identifying information will be immediately removed by the Project Director. Signed documents (including this form) will be stored separately from other Needs Assessment materials. All information will be stored in a locked cabinet at The Healing Program or in password protected computer files for a period of 6 calendar years. Needs Assessment results will only be reported in aggregate data, and will not include identifying information of any participant. While we may include anecdotal stories or quotes as illustration, these will not be connected to any individually identifying information. Your choice to participate or not will not affect your relationship or services with any organization in any way.

MANDATORY REPORTING

All facilitators are mandatory reporters. This means that we are required by Kentucky law to report certain instances of suspected abuse, such as among dependent adults or abuse by caretakers, to State authorities. Focus group questions have been designed to minimize disclosures of abuse. But, if your ward provides information that identifies previously unreported abuse of a child or dependent adult, we are obligated to report it.

CONTACT INFORMATION

You have the right to ask, and have answered, any questions about this Needs Assessment now, or in the future. For further information, please contact:

Kimberly Sparks, Project Director
Bridging Safe Access to Big Sandy
Mountain Comprehensive Care Center
104 South Front Street
Prestonsburg, KY 41653

Phone: 606-8864416
Fax: 606-886-4316
kimberly.sparks@mtcomp.org

STATEMENT OF CONSENT

I fully understand the information contained in this document. I have had the opportunity to review the focus group questions. I have had the opportunity to ask questions, and have received adequate answers. I understand that my ward’s participation is voluntary, and will not affect my or my ward’s relationship with Appalachian Research and Defense Fund, Big Sandy Health Care or Mountain Comprehensive Care Center now or in the future. I understand the benefits and risks of my ward’s participation, and I agree to allow them to participate.

Signature of Guardian

Date

Printed Name of Participant

Appendix III

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

FAQ's

1. What is Bridging Safe Access to Big Sandy?

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered.

2. Who is part of Bridging Safe Access to Big Sandy?

Bridging Safe Access to Big Sandy's Project Director is Kimberly Sparks. AppalRed has two representatives (the Domestic Violence Coordinator and a Legal Aid Attorney), BSHC has one representative (a RN, Patient Care Coordinator), and MCCC has two representatives (Director of The Healing Program and Director of Developmental/Intellectual Disabilities). These representatives have been working together since March of 2015 and meeting weekly to develop a plan that will make changes in the accessibility of services our individuals receive.

3. What is the purpose of evaluating services?

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

4. Who is being asked to participate?

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

5. Why is my feedback important?

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

6. What are the expectations of my involvement?

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

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

7. Are my responses confidential?

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

8. How will my information be used?

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

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

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

Kimberly Sparks, Project Director
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Mountain Comprehensive Care Center
104 South Front Street
Prestonsburg, KY 41653

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Appendix IV:

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal Instruction Sheet

Bridging Safe Access to Big Sandy requires all focus group team members to sign a Partner Confidentiality Agreement (Appendix V).

Facilitator/Interviewer:

- Ask questions conversationally
- Go slowly
- Provide structure but allow participants plenty of time to answer each question
- Feel free to ask follow up or clarifying questions/answers
- Please have our resource list available for participants
- Use people first language

Recorder:

- Record group proceedings on the sheet provided
- Remember to record which focus group you are documenting
- Summarize responses to each question
- Lengthy narratives are not necessary; phrases and lists are satisfactory

Therapist:

- Provide support for participants
- Provide referrals as needed
- Crisis management

Appendix V:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Debriefing Form**

Group:

Date:

Time:

Location:

Facilitator:

Note Taker:

Counselor:

Number of Participants:

Key Points:

Memorable Statements:

Collaborative Response:

Themes Identified:

Conflict or Tension:

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

Did the collaboration gain any new information from this group?

What went well, not so well, what can be changed to make future groups more successful?

Form Completed by: _____

Appendix VI:

Bridging Safe Access to Big Sandy

Needs Assessment Plan Proposal

Needs Assessment Focus Group Scripts and Questions

Needs Assessment Interview Scripts and Questions

Appendix i:

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

AppalRed Executive Director Interview

Good morning / Good afternoon. Thanks for being a part of this interview. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our interview today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this interview into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting interviews/focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What barriers do survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Do you have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Although we will not use your individual name in our Needs Assessment Report, because of your unique position and perspectives, your comments as Executive Director may be identifiable and reviewed by others in Bridging Safe Access to Big Sandy organizations.

Housekeeping and interview guidelines: Before we get started with our discussion, I'd like to review some guidelines.

- Regarding confidentiality, we would like you to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- While you do not have to comment on every question, your participation is greatly encouraged and appreciated. We are eager to hear from you and appreciate your full participation.

Are there any guidelines that you would like to add or any questions you might have?

[Allow time for participant to provide input].

Let's start with our questions and discussion.

When responding to these questions, please think about your own job and role within your organization. Speak to any experience where you may have worked with someone you thought was a survivor of interpersonal violence. Think about any hypothetical situations where you, your programs or staff may work with a survivor of interpersonal violence or may be the first point of contact for that person at your organization.

I have some questions for you about AppalRed and the services you provide, as they relate to serving individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence.

1. What do you think sets AppalRed apart from other legal organizations in the Big Sandy Region that serve individuals with behavioral health and/or developmental/intellectual disabilities?

2. How familiar is AppalRed with the issue of interpersonal violence as experienced by individuals with behavioral health and/or developmental/intellectual disabilities?
 - a. How well do the organization's policies address this issue?
 - b. How well is the interpersonal violence of individuals with behavioral health and/or developmental/intellectual disabilities prioritized within the organization?
 - c. Is there anything about the organization's culture that could create a barrier to individuals with behavioral health and/or developmental/intellectual disabilities that have experienced interpersonal violence? (such as stigma, stereotypes)
 - d. Are there assumptions made about individuals with behavioral health and/or developmental/intellectual disabilities and interpersonal violence that could create a barrier to services? (such as language capacity, guardianship)
 - e. Is there anything else at AppalRed that potentially creates barriers to assist individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence? (such as budgeting for accommodations)
 - f. How can you support staff in responding to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?
 - g. Do you have any thoughts about how to improve AppalRed's response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?
3. What challenges do you expect AppalRed to encounter when addressing interpersonal violence as experienced by people with disabilities?
 - a. Are there any rules or regulations that impact AppalRed's ability to assist this population?
 - b. Are there any challenges to meeting individuals' requests for assistance?
 - c. Do Kentucky's reporting requirements challenge your ability to serve individuals who are victims of interpersonal violence?
 - d. How might guardianship present challenges?
4. How does change happen at AppalRed?
 - a. What is the decision-making process?
 - b. How are policies and procedures created or changed?
 - c. How are decisions made regarding hiring personnel?
 - d. How are decisions about resource allocations made?
5. What are your thoughts about how Bridging Safe Access to Big Sandy can continue beyond the funded period of this project?
 - a. Will you support the development and dedication of Bridging Safe Access to Big Sandy resources to make that happen?
 - b. Will you support the investment of staff and/or training?
 - c. What other resources connected to sustainable change can you think of?
6. Is there something you haven't talked about that you want us to know about serving individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

a. Do you have any additional comments and/or feedback?

Appendix ii:

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

AppalRed Legal Staff Focus Group

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

Think about a time you have worked with a person with behavioral health and/or developmental/intellectual disabilities...

1. How do you know you're working with someone who has a behavioral health and/or developmental/intellectual disability?
 - a. Unprompted disclosure?
 - b. Referral information?
 - c. Intake process?
 - d. Process for individuals to request accommodations?
 - e. Figure it out through interaction
 - f. Have been trained to identify (where did you learn this?)
2. Did you feel comfortable and capable serving that individual? Why or why not?
 - a. What went well?
 - b. What didn't?
 - c. Were there procedures and policies to guide you?
 - d. Had you had training?
3. Were you able to make adjustments or accommodations to your services to serve the individual better?
4. What made that possible (for instance, personal experience, training, policies and procedures?)
5. What are the challenges you have in assisting individuals who have behavioral health and/or developmental/intellectual disabilities and have experienced interpersonal violence? Some examples might be:
 - a. Staff capacity?
 - b. Is there anything within the organizational culture that creates barriers to people with behavioral health and/or developmental/intellectual disability? (Believability, certain assumptions/stigma about people with behavioral health and/or developmental/intellectual disabilities?)
 - c. Policies and procedures?
 - d. Other resources and training?
 - e. Providing any needed accommodation for a person with behavioral health and/or developmental/intellectual disabilities?
6. Have you ever partnered or coordinated with another organization or in another way to support an individual who has behavioral health and/or developmental/intellectual disabilities? (such as crisis call center or court cases)

- a. If so, how did it go?
 - b. What were the strengths of the partnership?
 - c. What could be improved?
7. Is there something you haven't talked about that you want us to know about serving individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

Appendix iii:

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Big Sandy Health Care CEO Interview

Good morning / Good afternoon. Thanks for being a part of this interview. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our interview today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this interview into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting interviews/focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What barriers do survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Do you have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Although we will not use your individual name in our Needs Assessment Report, because of your unique position and perspectives, your comments as CEO may be identifiable and reviewed by others in Bridging Safe Access to Big Sandy organizations.

Housekeeping and interview guidelines: Before we get started with our discussion, I'd like to review some guidelines.

- Regarding confidentiality, we would like you to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- While you do not have to comment on every question, your participation is greatly encouraged and appreciated. We are eager to hear from you and appreciate your full participation.

Are there any guidelines that you would like to add or any questions you might have?

[Allow time for participant to provide input].

Let's start with our questions and discussion.

When responding to these questions, please think about your own job and role within your organization. Speak to any experience where you may have worked with someone you thought was a survivor of interpersonal violence. Think about any hypothetical situations where you, your programs or staff may work with a survivor of interpersonal violence or may be the first point of contact for that person at your organization.

I have some questions for you about BSHC and the services you provide, as they relate to serving individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence.

1. What do you think sets BSHC apart from other health care organizations in the Big Sandy Region that serve individuals with behavioral health and/or developmental/intellectual disabilities?

2. How familiar is BSHC with the issue of interpersonal violence as experienced by individuals with behavioral health and/or developmental/intellectual disabilities?
 - a. How well do the organization's policies address this issue?
 - b. How well is the interpersonal violence of individuals with behavioral health and/or developmental/intellectual disabilities prioritized within the organization?
 - c. Is there anything about the organization's culture that could create a barrier to individuals with behavioral health and/or developmental/intellectual disabilities that have experienced interpersonal violence? (such as stigma, stereotypes)
 - d. Are there assumptions made about individuals with behavioral health and/or developmental/intellectual disabilities and interpersonal violence/abuse that could create a barrier to services? (such as language capacity, guardianship)
 - e. Is there anything else at BSHC that potentially creates barriers to assist individuals with behavioral health and/or developmental/intellectual disabilities that have experienced interpersonal violence? (such as budgeting for accommodations)
 - f. How can you support staff in responding to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?
 - g. Do you have any thoughts about how to improve BSHC's response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

3. What challenges do you expect BSHC to encounter when addressing interpersonal violence as experienced by people with disabilities?
 - a. Are there any rules or regulations that impact BSHC's ability to assist this population?
 - b. Are there any challenges to meeting individuals' requests for assistance?
 - c. Do Kentucky's reporting requirements challenge your ability to serve individuals who are victims of interpersonal violence?
 - d. How might guardianship present challenges?

4. How does change happen at BSHC?
 - e. What is the decision-making process?
 - f. How are policies and procedures created or changed?
 - g. How are decisions made regarding hiring personnel?
 - h. How are decisions about resource allocations made?

5. What are your thoughts about how Bridging Safe Access to Big Sandy can continue beyond the funded period of this project?
 - a. Will you support the development and dedication of Bridging Safe Access to Big Sandy resources to make that happen?
 - b. Will you support the investment of staff and/or training?
 - c. What other resources connected to sustainable change can you think of?

6. Is there something you haven't talked about that you want us to know about serving individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

a. Do you have any additional comments and/or feedback?

Appendix iv:

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Big Sandy Health Care Staff Focus Group

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

Think about a time you have worked with a person with behavioral health and/or developmental/intellectual disabilities...

1. How do you know you're working with someone who has a behavioral health and/or developmental/intellectual disability?
 - a. Unprompted disclosure?
 - b. Referral information?
 - c. Intake process?
 - d. Process for individuals to request accommodations?
 - e. Figure it out through interaction
 - f. Have been trained to identify (where did you learn this?)
2. Did you feel comfortable and capable serving that individual? Why or why not?
 - a. What went well?
 - b. What didn't?
 - c. Were there procedures and policies to guide you?
 - d. Had you had training?
3. Were you able to make adjustments or accommodations to your services to serve the individual better?
4. What made that possible (for instance, personal experience, training, policies and procedures?)
5. What are the challenges you have in assisting individuals who have behavioral health and/or developmental/intellectual disabilities and have experienced interpersonal violence? Some examples might be:
 - a. Staff capacity?
 - b. Is there anything within the organizational culture that creates barriers to people with behavioral health and/or developmental/intellectual disability? (Believability, certain assumptions/stigma about people with behavioral health and/or developmental/intellectual disabilities?)
 - c. Policies and procedures?
 - d. Other resources and training?
 - e. Providing any needed accommodation for a person with behavioral health and/or developmental/intellectual disabilities?
6. Have you ever partnered or coordinated with another organization or in another way to support an individual who has behavioral health and/or developmental/intellectual disabilities? (such as crisis call center or court cases)
 - a. If so, how did it go?

- b. What were the strengths of the partnership?
 - c. What could be improved?
7. Is there any other information you think is important for us to know?

Appendix v:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Healing Program
President/CEO Interview**

Good morning / Good afternoon. Thanks for being a part of this interview. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our interview today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this interview into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting interviews/ focus groups like this one so we can better understand our organizations and improve service delivery.

Our goals for this Needs Assessment are:

Goal 1: What barriers do survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Do you have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Although we will not use your individual name in our Needs Assessment Report, because of your unique position and perspectives, your comments as President/CEO may be identifiable and reviewed by others in Bridging Safe Access to Big Sandy organizations.

Housekeeping and interview guidelines: Before we get started with our discussion, I'd like to review some guidelines.

- Regarding confidentiality, we would like you to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- While you do not have to comment on every question, your participation is greatly encouraged and appreciated. We are eager to hear from you and appreciate your full participation.

Are there any guidelines that you would like to add or any questions you might have?

[Allow time for participant to provide input].

Let's start with our questions and discussion.

I have some questions for you about The Healing Program and the services you provide, as they relate to serving survivors of interpersonal violence with or without behavioral health and/or developmental/intellectual disabilities.

1. What do you think sets The Healing Program apart from other organizations in the Big Sandy that serve survivors of interpersonal violence?
2. How familiar is The Healing Program with the issue of interpersonal violence as experienced by individuals with behavioral health and/or developmental/intellectual disabilities?
 - a. How well do the organization's policies address this issue?
 - b. How well is the interpersonal violence of individuals with behavioral health and/or developmental/intellectual disabilities prioritized within the organization?

- c. Is there anything about the organization's culture that could create a barrier to individuals with behavioral health and/or developmental/intellectual disabilities that have experienced interpersonal violence? (Such as stigma, stereotypes, etc.)
- d. Are there assumptions made about individuals with behavioral health and/or developmental/intellectual disabilities and interpersonal violence that could create a barrier to services? (Such as language capacity, guardianship, etc.)
- e. Is there anything else at The Healing Program that potentially creates barriers to assist individuals with behavioral health and/or developmental/intellectual disabilities that have experienced interpersonal violence? (Such as budgeting for accommodations)
- f. How can you support staff in responding to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?
- g. Do you have any thoughts about how to improve The Healing Program's response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

3. What challenges do you expect The Healing Program to encounter when addressing interpersonal violence as experienced by people with behavioral health and/or developmental/intellectual disabilities?

- a. Are there any rules or regulations that impact The Healing Program's ability to assist this population?
- b. Are there any challenges to meeting individuals' requests for assistance?
- c. Do Kentucky's reporting requirements challenge your ability to serve individuals who are survivors of interpersonal violence?
- d. How might guardianship present challenges?
- e. What is in place at The Healing Program to address accusations of violence and/or abuse of individuals with behavioral health and/or developmental/intellectual disabilities by The Healing Program staff?

4. How does change happen at MCCC?

- a. What is the decision-making process?
- b. How are policies and procedures created or changed?
- c. How are decisions made regarding hiring personnel?
- d. How are decisions about resource allocations made?

5. What are your thoughts about how the vision of Bridging Safe Access to Big Sandy can continue beyond the funded period of this project?

- a. Will you support the development and dedication of The Healing Program resources to make that happen beyond the grant funding period?
- b. Will you support the investment of staff and/or training?
- c. What other resources connected to sustainable change can you think of?

6. Is there something you haven't talked about that you want us to know about serving individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

- a. Do you have any additional comments and/or feedback?

Appendix vi:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Healing Program
Supervisor Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

1. What do you think sets The Healing Program apart from other organizations in the Big Sandy that serve survivors of interpersonal violence?
2. How do you know you're working with someone who has a behavioral health and/or developmental/intellectual disability?
 - a. Unprompted disclosure?
 - b. Referral information?
 - c. Intake process?
 - d. Process for individuals to request accommodations?
 - e. Figure it out through interaction
 - f. Have been trained to identify (where did you learn this?)
3. What do you or other sexual assault advocates do to make individuals with behavioral health and/or developmental/intellectual disabilities feel safe and welcomed?
 - a. Generally speaking, what about advocate protocols do you believe communicates a sense of safety and of being welcomed?
 - b. How are protocols or interactive styles modified if the survivor has behavioral health and/or developmental/intellectual disability?
 - c. What could The Healing Program do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed?
 - d. What could other organizations involved with sexual assault response in the community do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed? (for example, case workers, doctors, law enforcement, etc.)
 - e. Are there aspects of The Healing Program (building, policy, staffing) that might detract from a sense of safety for individuals with behavioral health and/or developmental/intellectual disabilities?
4. Let's talk about your experiences in responding to the needs of individuals who have a behavioral health and/or developmental/intellectual disabilities.
 - a. What went well?
 - b. What didn't go so well?
5. How comfortable are you when working with a survivor with behavioral health and/or developmental/intellectual disabilities?
 - a. In knowing when and how to report a new disclosure to authorities?
 - b. In communicating with them?
 - c. In creating a safety plan?
 - d. In providing accommodations?

- e. With your clinical skills?
- f. Creating an environment that is safe and respectful?
- g. What would make you more comfortable?

6. Is there anything you wish The Healing Program advocates did to better support staff who works with patients who have a behavioral health and/or developmental/intellectual disabilities?
- a. Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has a guardian?
 - b. Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has limited communication abilities or does not have the words to describe what happened to them?
 - c. Are there policies and procedures that would be helpful to better serve individuals with behavioral health and/or developmental/intellectual disabilities?
 - d. Are there other organizational supports that The Healing Program could provide?
 - e. Resources? What types of resources?

7. What are the challenges advocates have in assisting patients who have a behavioral health and/or developmental/intellectual disabilities and have experienced interpersonal violence?

Some examples might be:

- a. Staff capacity?
- b. Is there anything within the organizational culture that creates barriers to people with behavioral health and/or developmental/intellectual disabilities?
(believability, certain assumptions/stigma about people with behavioral health and/or developmental/intellectual disabilities?)
- c. Policies and procedures?
- d. Other resources and training?
- e. Providing any needed accommodation for a person with behavioral health and/or developmental/intellectual disabilities?

8. Have you ever partnered or coordinated with another organization or in another way to support an individual who has behavioral health and/or developmental/intellectual disabilities?

(such as crisis call center or court cases)

- a. If so, how did it go?
- b. What were the strengths of the partnership?
- c. What could be improved?

9. What do you want disability service providers to know about being an advocate and/or being present during a SAFE exam?

- a. What can staff do to prepare the individual with behavioral health and/or developmental/intellectual disabilities to have the exam?
- b. What can staff do to maintain the integrity of evidence?
- c. Trauma-informed techniques for working with someone with a disability?
- d. Other duties of advocates?

10. When change happens within the roles or expectations of being an advocate, what type of input do you want to have?

a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?

11. Is there any other information you think is important for us to know?

Appendix vii:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Healing Program
Advocate Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

1. What do you think sets The Healing Program apart from other organizations in the Big Sandy that serve survivors of interpersonal violence?
2. How do you know you're working with someone who has a behavioral health and/or developmental/intellectual disability?
 - a. Unprompted disclosure?
 - b. Referral information?
 - c. Intake process?
 - d. Process for individuals to request accommodations?
 - e. Figure it out through interaction
 - f. Have been trained to identify (where did you learn this?)
3. What do you or other advocates do to make individuals with behavioral health and/or developmental/intellectual disabilities feel safe and welcomed?
 - a. Generally speaking, what about advocate protocols do you believe communicates a sense of safety and of being welcomed?
 - b. How are protocols or interactive styles modified if the survivor has behavioral health and/or developmental/intellectual disability?
 - c. What could The Healing Program do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed?
 - d. What could other organizations involved with sexual assault response in the community do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed? (for example, case workers, doctors, law enforcement, etc.)
 - e. Are there aspects of The Healing Program (building, policy, staffing) that might detract from a sense of safety for individuals with behavioral health and/or developmental/intellectual disabilities?
4. Let's talk about your experiences in responding to the needs of individuals who have a behavioral health and/or developmental/intellectual disabilities.
 - a. What went well?
 - b. What didn't go so well?
5. How comfortable are you when working with a survivor with behavioral health and/or developmental/intellectual disabilities?
 - a. In knowing when and how to report a new disclosure to authorities?
 - b. In communicating with them?
 - c. In creating a safety plan?
 - d. In providing accommodations?
 - e. With your clinical skills?
 - f. Creating an environment that is safe and respectful?

- g. What would make you more comfortable?
6. Is there anything you wish The Healing Program advocates did to better support staff who works with patients who have a behavioral health and/or developmental/intellectual disabilities?
- Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has a guardian?
 - Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has limited communication abilities or does not have the words to describe what happened to them?
 - Are there policies and procedures that would be helpful to better serve individuals with behavioral health and/or developmental/intellectual disabilities?
 - Are there other organizational supports that The Healing Program could provide?
 - Resources? What types of resources?
7. What are the challenges advocates have in assisting patients who have a behavioral health and/or developmental/intellectual disabilities and have experienced interpersonal violence?
Some examples might be:
- Staff capacity?
 - Is there anything within the organizational culture that creates barriers to people with behavioral health and/or developmental/intellectual disabilities?
(believability, certain assumptions/stigma about people with behavioral health and/or developmental/intellectual disabilities?)
 - Policies and procedures?
 - Other resources and training?
 - Providing any needed accommodation for a person with behavioral health and/or developmental/intellectual disabilities?
8. Have you ever partnered or coordinated with another organization or in another way to support an individual who has behavioral health and/or developmental/intellectual disabilities?
(such as crisis call center or court cases)
- If so, how did it go?
 - What were the strengths of the partnership?
 - What could be improved?
9. What do you want disability service providers to know about being an advocate and/or being present during a SAFE exam?
- What can staff do to prepare the individual with behavioral health and/or developmental/intellectual disabilities to have the exam?
 - What can staff do to maintain the integrity of evidence?
 - Trauma-informed techniques for working with someone with a disability?
 - Other duties of advocates?
10. When change happens within the roles or expectations of being an advocate, what type of input do you want to have?
- Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?

11. Is there any other information you think is important for us to know?

Appendix viii:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Healing Program
SANE Nurse Interview**

Good morning / Good afternoon. Thanks for being a part of this interview. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this interview into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups/interviews like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Do you have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this interview will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and interview guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like you to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- You will not be pressured to comment on every question but your participation is greatly encouraged and appreciated.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participant to provide input].

Let's start with our questions and discussion.

1. What do you think sets The Healing Program SANE Nurses apart from other organizations in the Big Sandy Region that serve survivors of sexual assault/abuse?
2. How do you know you're working with someone who has an intellectual or developmental disability?

- a. Unprompted disclosure?
 - b. Referral information?
 - c. Intake process?
 - d. Process for individuals to request accommodations?
 - e. Figure it out through interaction
 - f. Have been trained to identify (where did you learn this?)
3. What do you do to make individuals with behavioral health and/or developmental/intellectual disabilities feel safe and welcomed?
 - a. Generally speaking, what about the SAFE Exam service protocols do you believe communicates a sense of safety and of being welcomed?
 - b. How are protocols or interactive styles modified if the survivor has behavioral health and/or developmental/intellectual disabilities?
 - c. What could The Healing Program do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed?
 - d. What could other organizations involved with sexual assault response in the community do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed? (for example, case workers, doctors, law enforcement, etc.)
 - e. Are there aspects of The Healing Program (building, policy, staffing) that might detract from a sense of safety for individuals with behavioral health and/or developmental/intellectual disabilities?
4. Let's talk about your experiences in responding to the needs of individuals who have behavioral health and/or developmental/intellectual disabilities.
 - a. What went well?
 - b. What didn't go so well?
5. How comfortable are you when working with a survivor with behavioral health and/or developmental/intellectual disabilities?
 - a. In knowing when and how to report a new disclosure to authorities?
 - b. In communicating with them?
 - c. In creating a safety plan?
 - d. In providing accommodations?
 - e. With your clinical skills?
 - f. Creating an environment that is safe and respectful?
 - g. What would make you more comfortable?
6. Is there anything you wish The Healing Program/SANE program did to better support staff who works with patients who have an behavioral health and/or developmental/intellectual disabilities?
 - a. Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has a guardian?
 - b. Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has limited communication abilities or does not have the words to describe what happened to them?

- c. Are there policies and procedures that would be helpful to better serve individuals with behavioral health and/or developmental/intellectual disabilities?
- d. Are there other organizational supports that The Healing Program could provide?
- e. Resources? What types of resources?

7. What are the challenges the SANE Nurse has in assisting individuals who have a behavioral health and/or developmental/intellectual disabilities and have experienced sexual assault/violence? Some examples might be:

- a. consent for SAFE Exam?
- b. Consent from guardian to perform SAFE exam
- c. Staff capacity?
- d. Is there anything within the organizational culture that creates barriers to people with behavioral health and/or developmental/intellectual disabilities? (believability, certain assumptions/stigma about people with D/ID?)
- e. Policies and procedures?
- f. Other resources and training?
- g. Providing any needed accommodation for a person with D/ID?

8. Have you ever partnered or coordinated with another organization to support an individual who has a behavioral health and/or developmental/intellectual disabilities?

- a. If so, how did it go?
- b. What were the strengths of the partnership?
- c. What could be improved?

9. What do you want disability service providers to know about the SANE Program and SAFE Exam?

- a. What can staff do to prepare the individual with behavioral health and/or developmental/intellectual disabilities to have the exam?
- b. What can staff do to maintain the integrity of evidence?
- c. Trauma-informed techniques for working with someone with a disability?

10. When change happens within The Healing Program, what type of input do you want to have?

- a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?

10. Is there any other information you think is important for us to know?

Appendix ix:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Healing Program
Therapy Staff Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

1. What do you think sets The Healing Program apart from other organizations in the Big Sandy that serve survivors of interpersonal violence?
2. How do you know you're working with someone who has a behavioral health and/or developmental/intellectual disability?
 - a. Unprompted disclosure?
 - b. Referral information?
 - c. Intake process?
 - d. Process for individuals to request accommodations?
 - e. Figure it out through interaction
 - f. Have been trained to identify (where did you learn this?)
3. What do therapists do to make individuals with behavioral health and/or developmental/intellectual disabilities feel safe and welcomed?
 - a. Generally speaking, what about therapy service protocols do you believe communicates a sense of safety and of being welcomed?
 - b. How are protocols or interactive styles modified if the survivor has behavioral health and/or developmental/intellectual disabilities?
 - c. What could The Healing Program do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed?
 - d. What could other organizations involved with sexual assault response in the community do to help individuals with behavioral health and/or developmental/intellectual disabilities feel more safe and welcomed? (for example, case workers, doctors, law enforcement, etc.)
 - e. Are there aspects of The Healing Program (building, policy, staffing) that might detract from a sense of safety for individuals with behavioral health and/or developmental/intellectual disabilities?
4. Let's talk about your experiences in responding to the needs of individuals who have a behavioral health and/or developmental/intellectual disabilities.
 - a. What went well?
 - b. What didn't go so well?
5. How comfortable are you when working with a survivor with behavioral health and/or developmental/intellectual disabilities?
 - a. In knowing when and how to report a new disclosure to authorities?
 - b. In communicating with them?
 - c. In creating a safety plan?
 - d. In providing accommodations?
 - e. With your clinical skills?

- f. Creating an environment that is safe and respectful?
- g. What would make you more comfortable?

6. Is there anything you wish The Healing Program therapists did to better support staff who works with patients who have a behavioral health and/or developmental/intellectual disabilities?
- a. Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has a guardian?
 - b. Information/training on how to work with an individual with behavioral health and/or developmental/intellectual disabilities who has limited communication abilities or does not have the words to describe what happened to them?
 - c. Are there policies and procedures that would be helpful to better serve individuals with behavioral health and/or developmental/intellectual disabilities?
 - d. Are there other organizational supports that The Healing Program could provide?
 - e. Resources? What types of resources?

7. What are the challenges therapists have in assisting patients who have a behavioral health and/or developmental/intellectual disabilities and have experienced interpersonal violence?

Some examples might be:

- a. Staff capacity?
- b. Is there anything within the organizational culture that creates barriers to people with behavioral health and/or developmental/intellectual disabilities?
(believability, certain assumptions/stigma about people with behavioral health and/or developmental/intellectual disabilities?)
- c. Policies and procedures?
- d. Other resources and training?
- e. Providing any needed accommodation for a person with behavioral health and/or developmental/intellectual disabilities?

8. Have you ever partnered or coordinated with another organization or in another way to support a patient who has a behavioral health and/or developmental/intellectual disabilities?

(such as crisis call center or court cases)

- a. If so, how did it go?
- b. What were the strengths of the partnership?
- c. What could be improved?

9. What do you want disability service providers to know about the therapy services The Healing Program provides?

- a. What can staff do to prepare the individual with behavioral health and/or developmental/intellectual disabilities to have the exam?
- b. What can staff do to maintain the integrity of evidence?
- c. Trauma-informed techniques for working with someone with a disability?
- d. Other duties of advocates?

10. When change happens within the roles or expectations of being a therapist, what type of input do you want to have?

a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?

11. Is there any other information you think is important for us to know?

Appendix x:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Healing Program
Survivor Focus Group**

Welcome and thank you for agreeing to participate in our discussion. My name is Kim and I will be facilitating the discussion today. I appreciate you taking the time to share your experiences, knowledge, and opinions with me. I am meeting with you and with others to learn what our organizations do well and what changes need to be made to be more accessible, welcoming and safe. In addition, I want to learn what you believe to be quality services. I also would like to hear what suggestions you have for how our organizations can improve how we work together.

Please help yourself to the beverages and snacks that have been provided. I want you to be as comfortable as possible. If there is something that you need, please ask. Restrooms are located to the right. We do not have a break scheduled, but feel free to take a break if you need to do so. If you have a cell phone with you, please turn it off or set it to silent mode to limit distractions during the session.

To thank you for your participation today, you will be given a \$20 Visa card for your time and travel expenses.

I will be asking a variety of questions to guide our discussion. Courtney is here to take notes. She will only take notes about the comments that are shared; she will not identify who made the comment.

In this focus group, we will only be discussing your experiences with community agencies and with our organization as well as your suggestions for how we may improve our service to you. You are the expert in knowing your interaction with our organizations and what you need from them. I am asking you to share that information with me. If a question is asked that makes you feel uncomfortable or upsets you in any way, please bring it to my attention. Courtney is a trained trauma informed support person who will be able to speak to you privately, should you need it.

You will have our consent/confidentiality/mandatory reporting statement read aloud to you now. When I finish, if you have any questions regarding the consent, confidentiality, or mandatory reporting please ask me and I will explain. By remaining in the room, you are agreeing to those guidelines.

Your participation in the discussion is completely voluntary and you may choose to answer all, some, or none of the questions. You may leave at any time and for any reason.

Whether or not you participate will not affect any services you are receiving or may receive for any partner agency.

I will be asking 8 questions. I encourage you to be as specific as you can in your responses. The information you share with me will be helpful to identify our strengths and areas needing change. Please let me recognize you before you begin speaking so that everyone will have an opportunity to participate in our discussion. I ask that you be completely honest in your responses. There are no right or wrong answers. I want you to share your experiences, insight, and opinions. I also encourage you to respect your fellow participants. You may not agree with everyone, but remember that each one of you has a right to your own opinion.

Are there any questions before we begin our discussion?

We will now begin our discussion.

1. Do you have any ideas of good places we can share information about our services?
(information) Prompts: Locations? Visibility? Content?
2. What do you think is a good way to get information to people about our services?
Prompts: Churches? Bulletins? Websites? Social Media?
3. Think about a time when you were trying to find services; was there anything that helped make it a good experience? (Agency Environment)
Prompts:
 - a. Did they make you feel welcome?
i.e. Staff, environment, knowledge, competency, atmosphere?
 - b. What was your initial/first contact like?
 - c. Was it a phone call, walk-in, internet, crisis line?
 - d. What was the building like?
 - e. Were you able to get around the building?
4. Were you able to get the accommodations you needed?
(i.e. signs, people to assist you)
5. Did they show you that they understood your needs? If yes/no, how?
Prompts:
 - a. Were materials/resources offered to you?
 - b. Was information readily available to you or not?
 - c. Did they respect that you didn't need help in a particular area?
6. What things do agencies do that make it difficult for survivors to get the information that they need about services that are available? (Access and Accommodations)
Prompts:
 - a. What types of accommodations may survivors of interpersonal violence/abuse need?

- b. What do we need to know about how to treat survivors of interpersonal violence/abuse?
- c. What might we need to know about meeting areas?
- d. What do we need to know to refer survivors of interpersonal violence/abuse to other service providers? Confidentiality?

7. Have you ever been given referrals to other agencies?

Prompts:

- a. If so, did you follow up with those referrals?
 - b. Did you know what would happen when you got there?
 - c. Did they set it up for you or did you have to call yourself? Confidentiality?
 - d. If not, why not?
 - e. If yes, what was helpful about them?
 - f. What wasn't helpful?
 - g. Have you ever been referred to AppalRed? BSHC?
8. What would you like our community service providers to know about how to best support survivors of interpersonal violence/abuse? (Service Delivery)

Are there any questions you think I should have asked you that I didn't or do you have any final comments you would like to make?

That concludes this focus group session. Thank you so kindly for sharing your thoughts about how our agencies may improve services you receive.

Appendix xi:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability
President/CEO Interview**

Good morning / Good afternoon. Thanks for being a part of this interview. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our interview today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this interview into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence/abuse and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups and interviews like this one so we can better understand our organizations and improve service delivery.

Our goals for this Needs Assessment are:

Goal 1: What barriers do survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Do you have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Although we will not use your individual name in our Needs Assessment Report, because of your unique position and perspectives, your comments as President/CEO may be identifiable and reviewed by others in Bridging Safe Access to Big Sandy organizations.

Housekeeping and interview guidelines: Before we get started with our interview, I'd like to review some guidelines.

- Regarding confidentiality, we would like you to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- While you do not have to comment on every question, your participation is greatly encouraged and appreciated. We are eager to hear from you and appreciate your time for full participation.

Are there any guidelines that you would like to add or any questions you might have?

[Allow time for participant to provide input].

Let's start with our questions and discussion.

I have some questions for you about The D/ID program and the services you provide, as they relate to serving survivors of interpersonal violence with or without behavioral health and/or developmental/intellectual disabilities.

1. What do you think sets MCCC's D/ID apart from other organizations in the Big Sandy that serve behavioral health and/or developmental/intellectual disabilities?
2. How familiar is MCCC's D/ID program with the issue of interpersonal violence as experienced by individuals with behavioral health and/or developmental/intellectual disabilities?
 - a. How well do the organization's policies address this issue?
 - b. How well is the interpersonal violence of individuals with behavioral health and/or developmental/intellectual disabilities prioritized within the organization?

- c. Is there anything about the organization's culture that could create a barrier to individuals with behavioral health and/or developmental/intellectual disabilities that have experienced interpersonal violence? (Such as stigma, stereotypes, etc.)
- d. Are there assumptions made about individuals with behavioral health and/or developmental/intellectual disabilities and interpersonal violence/abuse that could create a barrier to services? (Such as language capacity, guardianship, etc.)
- e. Is there anything else in the D/ID program that potentially creates barriers to assist individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence? (Such as budgeting for accommodations)
- f. How can you support staff in responding to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?
- g. Do you have any thoughts about how to improve the D/ID's response to individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

3. What challenges do you expect MCCC's D/ID program to encounter when addressing interpersonal violence as experienced by people with behavioral health and/or developmental/intellectual disabilities?

- a. Are there any rules or regulations that impact MCCC's D/ID's ability to assist this population?
- b. Are there any challenges to meeting individuals' requests for assistance?
- c. Do Kentucky's reporting requirements challenge your ability to serve individuals who are survivors of interpersonal violence?
- d. How might guardianship present challenges?
- e. What is in place at MCCC's D/ID to address accusations of violence and/or assault of individuals with behavioral health and/or developmental/intellectual disabilities by D/ID staff?

4. How does change happen at MCCC?

- a. What is the decision-making process?
- b. How are policies and procedures created or changed?
- e. How are decisions made regarding hiring personnel?
- f. How are decisions about resource allocations made?

5. What are your thoughts about how the vision of Bridging Safe Access to Big Sandy can continue beyond the funded period of this project?

- a. Will you support the development and dedication of the D/ID program resources to make that happen beyond the grant funding period?
- b. Will you support the investment of staff and/or training?
- c. What other resources connected to sustainable change can you think of?

7. Is there something you haven't talked about that you want us to know about serving individuals with behavioral health and/or developmental/intellectual disabilities who have experienced interpersonal violence?

- a. Do you have any additional comments and/or feedback?

Appendix xii:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability Non-Residential
Supervisor Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

When responding to these questions, please think about your own job and role within your organization. Speak to any experience where you may have worked with someone you thought was a survivor of interpersonal violence/abuse. If you haven't yet, think about any hypothetical situations where you may work with a survivor of interpersonal violence or you may be the first point of contact for that person at your organization.

I have some questions for you about the D/ID program and the services you provide, as they relate to serving individuals with behavioral health and/or developmental/intellectual disabilities (D/ID) who have experienced interpersonal violence.

1. What does MCCC do well in meeting the needs of individuals with D/ID?
 - a. In staffing and training?
 - b. In organizational culture?
 - c. In working with other similar service providers?
 - d. What sets MCCC apart or is unique about our D/ID program?

2. What do you do to make individuals with D/ID feel safe and welcome?
 - a. What about MCCC is safe and welcoming?
 - b. What could MCCC do to help individuals with D/ID feel more safe and welcome?
 - c. What could other organizations or groups in the community do to help individuals with D/ID feel more welcome? (for example, businesses, doctors, schools, etc.)
 - d. Do you think there are aspects of MCCC (environment) that may not feel safe for individuals?

3. How would you rate your awareness and ability to recognize the signs that someone may have recently been sexually assaulted and/or abused?
 - a. Low? Medium? High?
 - b. How did you gain this awareness?
 - c. What additional information would be helpful to you?

4. What are some factors you believe make it possible for a individual to freely disclose their experience of interpersonal violence?
 - a. What are some factors that you believe might prevent a individual from disclosing interpersonal violence?
 - b. Do you think MCCC's staff makes assumptions about people with disabilities? For example, their believability?

5. What is in place at MCCC to let you know when you or one of your staff is working with a individual who has experienced interpersonal violence?
 - a. Intake process?
 - b. Process for individuals to request accommodations?
 - c. Other policies or procedures?

d. Other?

6. When thinking about your experiences in providing support to staff who were responding to the needs of individuals who have experienced interpersonal violence:

- a. What went well?
- b. What didn't go so well?
- c. How comfortable are you or your staff working with a individual who is actively disclosing?
- d. How comfortable are you or your staff in creating an environment conducive to disclosure?
- e. What would make you more comfortable?

7. Is there anything you wish MCCC had to better support your staff who are working with individuals who have experienced interpersonal violence?

- a. Resources? What types of resources?
- b. Community relationships? What types of relationships?

8. What do you think are the challenges MCCC has in assisting individuals who have experienced interpersonal violence? Some examples might be:

- a. Staff capacity?
- b. Organizational culture?
- c. Policies and procedures?
- d. Other resources and training?

9. Have you ever partnered with a community agency in the past to support a individual who experienced interpersonal violence?

- a. If so, how did it go?
- b. What were the strengths of the partnership?
- c. What could be improved?

10. What do you want sexual assault service providers to know about D/ID?

- a. Limitations of information that can be shared?
- b. About D/ID services?

11. When change happens at MCCC's D/ID, what type of input do you want to have?

- a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?

12. Is there any other information you think is important for us to know?

Appendix xiii:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability Non-Residential
Day Training Supervisor Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

1. What does MCCC do well in meeting the needs of individuals with D/ID?
 - a. In staffing and training?
 - b. In organizational culture?
 - c. In working with other similar service providers?
 - d. What sets MCCC apart or is unique about our D/ID program?

2. What do you do to make individuals with D/ID feel safe and welcome?
 - a. What about MCCC is safe and welcoming?
 - b. What could MCCC do to help individuals with D/ID feel more safe and welcome?
 - c. What could other organizations or groups in the community do to help individuals with D/ID feel more welcome? (for example, businesses, doctors, schools, etc.)
 - d. Do you think there are aspects of MCCC (environment) that may not feel safe for individuals?

3. How would you rate your awareness and ability to recognize the signs that someone may have recently been a victim of interpersonal violence?
 - a. Low? Medium? High?
 - b. How did you gain this awareness?
 - c. What additional information would be helpful to you?

4. What are some factors you believe make it possible for an individual to freely disclose their experience of interpersonal violence?
 - a. What are some factors that you believe might prevent a individual from disclosing interpersonal violence?
 - b. Do you think MCCC's staff makes assumptions about people with disabilities? For example, their believability?

5. What is in place at MCCC to let you know when you or one of your staff is working with an individual who has experienced interpersonal violence?
 - a. Intake process?
 - b. Process for individuals to request accommodations?
 - c. Other policies or procedures?
 - d. Other?

6. When thinking about your experiences in providing support to staff who were responding to the needs of individuals who have experienced interpersonal violence:
 - a. What went well?
 - b. What didn't go so well?

- c. How comfortable are you or your staff working with an individual who is actively disclosing?
 - d. How comfortable are you or your staff in creating an environment conducive to disclosure?
 - e. What would make you more comfortable?
7. Is there anything you wish MCCC had to better support your staff who are working with individuals who have experienced interpersonal violence?
- a. Resources? What types of resources?
 - b. Community relationships? What types of relationships?
8. What do you think are the challenges MCCC has in assisting individuals who have experienced interpersonal violence? Some examples might be:
- a. Staff capacity?
 - b. Organizational culture?
 - c. Policies and procedures?
 - d. Other resources and training?
9. Have you ever partnered with a community agency in the past to support an individual who experienced interpersonal violence?
- a. If so, how did it go?
 - b. What were the strengths of the partnership?
 - c. What could be improved?
10. What do you want sexual assault service providers to know about D/ID?
- a. Limitations of information that can be shared?
 - b. About D/ID services?
11. When change happens at MCCC D/ID, what type of input do you want to have?
- a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?
12. Is there any other information you think is important for us to know?

Appendix xiv:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability Non-Residential
Day Training Staff Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

1. What sets MCCC apart from other disability service providers?
2. What does MCCC do to create a safe working environment for staff?
 - a. What do you do to pass this on to individuals?
 - b. How could this environment of safety be improved?
3. How would you rate your awareness and ability to recognize the signs that someone may have recently been a victim of interpersonal violence?
 - a. Low? Medium? High?
 - b. How did you gain this awareness?
 - c. What additional information would be helpful to you?
4. What are some factors you believe make it possible for a individual to freely disclose their experience of interpersonal violence?
 - a. What are some factors that you believe might prevent a individual from disclosing interpersonal violence?
 - b. Do you think MCCC staff makes assumptions about individuals disclosing interpersonal violence? For example, their believability?
5. What is in place at MCCC to let you know when you are working with an individual who has experienced interpersonal violence?
 - a. Intake process?
 - b. Process for individuals to request accommodations?
 - c. Other policies or procedures?
 - d. Other?
6. Let's talk about your experiences in responding to the needs of individuals who have experienced interpersonal violence.
 - a. What went well?
 - b. What didn't go so well?
7. How comfortable are you when working with an individual:
 - a. Who has experienced sexual assault/abuse?
 - b. Who is actively disclosing?
 - c. To create an environment that is conducive to disclosure?
 - d. What would make you more comfortable?
8. Is there anything you wish MCCC did to better support staff who works with individuals who may have experienced interpersonal violence?

- a. Information/training on how to work with an individual who has limited communication abilities or does not have the words to describe what happened to them?
 - b. Are there policies and procedures that would be helpful to better serve individuals who have experienced interpersonal violence?
 - c. Are there other organizational supports that Hope Network could provide?
 - d. Resources? What types of resources?
9. What are the challenges that you or MCCC has in assisting individuals who have experienced interpersonal violence? Some examples might be:
- a. Staff capacity?
 - b. Is there anything within the organizational culture that creates barriers? (believability, certain assumptions/stigma about sexual assault/abuse)
 - c. Policies and procedures?
 - d. Other resources and training?
 - e. Providing any needed accommodation for a survivor?
10. Have you ever partnered with community agencies in the past to support an individual who experienced interpersonal violence?
- a. If so, how did it go?
 - b. What were the strengths of the partnership?
 - c. What could be improved?
11. What do you want sexual assault service providers to know about your work with behavioral health and/or developmental/intellectual individuals with disabilities?
- a. Limitations of information that can be shared?
 - b. Limitations of what Hope Network can ask individuals to do?
 - c. About Hope Network services?
12. When change happens at MCCC, what type of input do you want to have?
- a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?
13. Is there any other information you think is important for us to know?

Appendix xv:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability Non-Residential
Individuals Focus Group**

Welcome and thank you for agreeing to participate in our discussion. My name is Kim and I will be facilitating the discussion today. I appreciate you taking the time to share your experiences, knowledge and opinions with me. I am meeting with you and with others to learn what our organizations do well and what changes need to be made to be more accessible, welcoming and safe for individuals impacted by interpersonal violence. In addition, I want to learn what you believe to be quality services. I also would like to hear what suggestions you have for how our organizations can improve how we work together.

Please help yourself to the beverages and snacks that have been provided. I want you to be as comfortable as possible. If there is something that you need, please ask. Restrooms are located to the right. We do not have a break scheduled, but feel free to take a break if you need to do so. If you have a cell phone with you, please turn it off or set it to silent mode to limit distractions during the session.

To thank you for your participation today, you will be given a \$20 Visa card for your time and travel.

I will be asking a variety of questions to guide our discussion. Darrell is here to take notes. He will only take notes about the comments that are shared; he will not identify who made the comment.

In this focus group, we will only be discussing your experiences with community agencies and with our organization as well your suggestions for how we may improve our service to you. We will not be discussing types of abuse or any personal incidents of abuse. You are the expert in knowing your interaction with our organizations and what you need from them. I am asking you to share that information with me. If a question is asked that makes you feel uncomfortable or upsets you in any way, please bring it to my attention. Courtney is a trained trauma informed support person here who will be able to speak to you privately, should you need it.

You will have our consent/confidentiality/mandatory reporting statement read aloud to you now. When I finish, if you have any questions regarding the consent, confidentiality, or mandatory reporting please ask me and I will explain. By remaining in the room, you are agreeing to those guidelines.

Your participation in the discussion is completely voluntary and you may choose to answer all, some, or none of the questions. You may leave at any time and for any reason. Whether or not you participate will not affect any services you are receiving or may receive for any partner agency.

I will be asking 11 questions. I encourage you to be as specific as you can in your responses. The information you share with us will be helpful to identify our strengths and areas needing change. Please let me recognize you before you begin speaking so that everyone will have an opportunity to participate in our discussion. I ask that you be completely honest in your responses. There are no right or wrong answers. I want you to share your experiences, insight, and opinions. I also encourage you to respect your fellow participants. You may not agree with everyone, but remember that each one of you has a right to your own opinion.

Are there any questions before we begin our discussion?

Developmental/Intellectual Disabilities Focus Group Questions

Today, we are going to be asking questions to help us see from your perspective.

The first group of questions is about finding out about services. For example, medical services, counseling services, education services, employment services, or other community services.

1. I'd like to begin by asking, how do you learn about services available to you?
 - a. Who helps you find services?
 - b. What may keep you from getting the services you need?
 - c. What can agencies and the people who work there do to help you get the services you need?

Now, I am going to ask questions about accessibility to services, or being able to easily receive a service you want or need.

2. Sometimes, agencies make it difficult (hard) to receive services you want or need... what are some problems you face?
 - a. What are the building's or office's barriers (problems, issues)?

Prompts:
What would make it easier for you? For example, having a ramp available instead of having to use stairs.
 - b. What are the communication (talking, actions, and behaviors) problems you experience?

Prompts:
What would make it easier for you? For example, using pictures, using an interpreter, simple language, or being provided more examples.
 - c. What are the other problems you face?

Prompts:

What would make it easier for you?

For the next group of questions, we will focus on what you want or need when it comes to safety and comfort. Let's begin.

3. Think of an agency or a place, where you feel safe and trust the people. Do you have a place in mind? Good.
 - a. What kinds of things help you feel safe when you're in that place?
 - b. What kinds of things help you feel you can trust the people there?
4. Now, think of a place where you feel comfortable, where you can relax and be yourself. Do you have a place in mind? Good.
 - a. What about the place makes you feel comfortable?
 - b. How do you know you can be yourself there?
5. Now that we know what makes you feel safe and comfortable, what can agencies and the people who work there do to help you feel safe and comfortable when you're receiving services from them?
 - a. What can they do to their office to make the environment feel safe and comfortable?
 - b. What can people who work at an agency do to make you feel safe and comfortable with them, talking to them, and receiving help from them?
6. On the other hand, what do you think agencies and the people who work there should absolutely avoid (stop) doing, so they can help you feel more safe and comfortable?

We are more than halfway through the questions. For the next group of questions, we are going to ask you to share your opinions on confidentiality and support. Let's begin.

7. Sometimes, we want personal things to be kept confidential or private. For example, you might go to a counselor or case manager for help on a personal problem and ask them not to tell anyone.
 - a. What about privacy is important to you?
 - b. What can agencies and the people who work there do to give you more privacy?
8. Sometimes, people have parents, family members, or guardians who help care for and support them. How do you want people to work with your parents, family members, and/or guardians?
 - a. Do you want them to be involved?
 - b. Do you want to be able to talk to staff alone?
 - c. Do you want to be asked if you want them be involved?
9. How do you know when you are supported by an agency and the people who work there?
 - a. What can agencies and their staff does to make you feel supported?
 - b. As a follow-up, what should they absolutely avoid doing?

We are almost done. The next group of questions is about the referral process or when one agency connects you with services at another agency.

10. What helpful things can agencies and the people who work there do to help you get connected with services you want or need?

- a. What unhelpful things should they absolutely avoid doing?
- b. Do you want someone to go with you to describe what is going to happen?

11. This is the final question. What do people need to know about working with people with disabilities?

Appendix xvi:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability Residential
House Coordinators Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

When responding to these questions, please think about your own job and role within your organization. Speak to any experience where you may have worked with someone you thought was a survivor of interpersonal violence. If you haven't yet, think about any hypothetical situations where you may work with a survivor of interpersonal violence or you may be the first point of contact for that person at your organization.

I have some questions for you about the D/ID program and the services you provide, as they relate to serving individuals with behavioral health and/or developmental/intellectual disabilities (D/ID) who have experienced interpersonal violence.

1. What does MCCC do well in meeting the needs of individuals with D/ID?
 - a. In staffing and training?
 - b. In organizational culture?
 - c. In working with other similar service providers?
 - d. What sets MCCC apart or is unique about the D/ID program?
2. What do you do to make individuals with D/ID feel safe and welcome?
 - a. What about MCCC's D/ID is safe and welcoming?
 - b. What could MCCC do to help individuals with D/ID feel more safe and welcome?
 - c. What could other organizations or groups in the community do to help individuals with D/ID feel more welcome? (for example, businesses, doctors, schools, etc.)
 - d. Do you think there are aspects of MCCC (environment) that may not feel safe for individuals?
3. How would you rate your awareness and ability to recognize the signs that someone may have recently been victim of interpersonal violence?
 - a. Low? Medium? High?
 - b. How did you gain this awareness?
 - c. What additional information would be helpful to you?
4. What are some factors you believe make it possible for an individual to freely disclose their experience of interpersonal violence?
 - a. What are some factors that you believe might prevent an individual from disclosing interpersonal violence?
 - b. Do you think MCCC's staff makes assumptions about people with disabilities? For example, their believability?
5. What is in place at MCCC to let you know when you or one of your staff is working with an individual who has experienced interpersonal violence?
 - a. Intake process?

- b. Process for individuals to request accommodations?
- c. Other policies or procedures?
- d. Other?

6. When thinking about your experiences in providing support to staff who were responding to the needs of individuals who have experienced interpersonal violence:

- a. What went well?
- b. What didn't go so well?
- c. How comfortable are you or your staff working with a individual who is actively disclosing?
- d. How comfortable are you or your staff in creating an environment conducive to disclosure?
- e. What would make you more comfortable?

7. Is there anything you wish MCCC had to better support your staff who are working with individuals who have experienced interpersonal violence?

- a. Resources? What types of resources?
- b. Community relationships? What types of relationships?

8. How comfortable are you with assisting staff when they are working with an individual who has experienced interpersonal violence?

- a. Are there things in place that help you assist staff when they are working with an individual who has experienced sexual assault/abuse?

9. What do you think are the challenges MCCC's D/ID Residential program has in assisting individuals who have experienced interpersonal violence? Some examples might be:

- a. Staff capacity?
- b. Organizational culture?
- c. Policies and procedures?
- d. Other resources and training?

10. What do you want interpersonal violence service providers to know about MCCC's D/ID Residential program?

- a. Limitations of information that can be shared?
- b. Limitations of what residential staff can ask individuals to do?
- c. About residential services?

11. When change happens at MCCC, what type of input do you want to have?

- a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?

11. Is there any other information you think is important for us to know?

Appendix xvii:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability Residential
Support Providers Focus Group**

Good morning / Good afternoon. Thanks for being a part of this focus group. Your feedback and opinions are very important to our collaboration.

I'm Kim and I'm here with Bridging Safe Access to Big Sandy from MCCC to facilitate our group today.

I'd like to give you a brief overview of Bridging Safe Access to Big Sandy and put this focus group into context.

Bridging Safe Access to Big Sandy is a collaborative group comprised of three community based organizations: Appalachian Research and Defense Fund, Big Sandy Health Care, and Mountain Comprehensive Care Center. The collaboration was formed to help each of the organizations learn from one another and to improve each of our services that are being offered to community members who are survivors of interpersonal violence who have behavioral health and/or developmental disabilities.

The purpose of the project is to identify and create sustainable, systemic changes within our organizations that will result in exceptional services for individuals with behavioral health and/or developmental/ intellectual disabilities that have experienced interpersonal violence.

We are currently in our planning and development stage of the project and are working on our Needs Assessment. This Needs Assessment will engage survivors of interpersonal violence and people with behavioral health and/or developmental/intellectual disabilities, supervisors and direct services staff through conducting focus groups like this one so we can better understand our organizations and improve service delivery. Our goals for this Needs Assessment are:

Goal 1: What are barriers survivors with behavioral health and/or developmental/intellectual disabilities face when trying to access advocacy, safety-planning and services?

Goal 2: What are the entry points, if any, into the violence response system for individuals with behavioral health and/or developmental/intellectual disabilities, and how can we improve access to these entry points?

Goal 3: Assess the ability of our staff to provide a safe, accessible, and welcoming environment to individuals who seek/receive services within our agencies?

Goal 4: Identify the strengths and weaknesses in the existing policies, procedures, practices, and programs at each of our organizations.

Does anyone have any questions about Bridging Safe Access to Big Sandy and our purpose here today?

[Allow time for questions and answers]

Before we get started, we have a few important points to make about confidentiality:

- Your participation in this focus group will not affect your status as an employee.
- Although your personal identity will be kept confidential, the opinions and perspectives you share may be used in a Needs Assessment Report that will be reviewed by Bridging Safe Access to Big Sandy organizations.
- It is highly encouraged that you all respect each other's confidentiality, but Bridging Safe Access to Big Sandy is not responsible for the actions of others, either inside or outside of the focus group process.
- Based on Bridging Safe Access to Big Sandy not being able to fully guarantee confidentiality, we encourage you not to reveal personal information you wish not to have shared with others.

Housekeeping and group guidelines: Before we get started with our discussion, I'd like to review our group guidelines.

- Regarding confidentiality, we would like everyone to refrain from using names in this process. For example, if you relate an experience that involves a colleague, survivor or individual we serve, please do not say that person's name when describing it.
- We ask that what is said in this focus group stays in this focus group. Please do not speak about anyone's involvement in the group as that would break their confidentiality.
- When one person is talking, I would like for us all to refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and enables everyone the opportunity to share their ideas and thoughts.
- No one will be pressured to comment on every question but your participation is greatly encouraged and appreciated. We are eager to hear from everyone and full participation is our hope.
- We will be together for about an hour. If you need to take a break, go ahead and do so.
- We ask that you refrain from using your cell phone during this time so as not to distract yourself or others. Please take a moment now to set your phone settings appropriately.

Are there any group guidelines that you would like to add or any questions you might have?

[Allow time for participants to provide input].

Let's start with our questions and discussion.

When responding to these questions, please think about your own job and role within your organization. Speak to any experience where you may have worked with someone you thought was a survivor of interpersonal violence. If you haven't yet, think about any hypothetical situations where you may work with a survivor of interpersonal violence or you may be the first point of contact for that person at your organization.

I have some questions for you about the D/ID program and the services you provide, as they relate to serving individuals with behavioral health and/or developmental/intellectual disabilities (D/ID) who have experienced interpersonal violence.

1. What does MCCC do well in meeting the needs of individuals with D/ID?
 - a. In staffing and training?
 - b. In organizational culture?
 - c. In working with other similar service providers?
 - d. What sets MCCC apart or is unique about the D/ID program?
2. What does MCC do to create a safe working environment for staff?
 - a. What do you do to pass this on to individuals?
 - b. How could this environment of safety be improved?
3. How would you rate your awareness and ability to recognize the signs that someone may have recently been the victim of interpersonal violence?
 - a. Low? Medium? High?
 - b. How did you gain this awareness?
 - c. What additional information would be helpful to you?
4. What are some factors you believe make it possible for an individual to freely disclose their experience of interpersonal violence?
 - a. What are some factors that you believe might prevent an individual from disclosing interpersonal violence?
 - b. Do you think MCCC's staff makes assumptions about people with disabilities? For example, their believability?
5. What is in place at MCCC to let you know when you or one of your staff is working with an individual who has experienced interpersonal violence?
 - a. Intake process?
 - b. Process for individuals to request accommodations?
 - c. Other policies or procedures?
 - d. Other?

6. Let's talk about your experiences in responding to the needs of individuals who have experienced interpersonal violence.
 - a. What went well?
 - b. What didn't go so well?

7. How comfortable are you when working with an individual:
 - a. Who has experienced interpersonal violence?
 - b. Who is actively disclosing?
 - c. To create an environment that is conducive to disclosure?
 - d. What would make you more comfortable?

8. Is there anything you wish MCCC did to better support staff who works with individuals who may have experienced interpersonal violence?
 - a. Information/training on how to work with a individual who has limited communication abilities or does not have the words to describe what happened to them?
 - b. Are there policies and procedures that would be helpful to better serve individuals who have experienced interpersonal violence?
 - c. Are there other organizational supports that MCCC could provide?
 - d. Resources? What types of resources?

9. What are the challenges that you or MCCC have in assisting individuals who have experienced interpersonal violence? Some examples might be:
 - a. Staff capacity?
 - b. Is there anything within the organizational culture that creates barriers? (believability, certain assumptions/stigma about sexual assault/abuse)
 - c. Policies and procedures?
 - d. Other resources and training?
 - e. Providing any needed accommodation for a survivor?

10. Have you ever partnered with community agencies in the past to support an individual who experienced interpersonal violence?
 - a. If so, how did it go?
 - b. What were the strengths of the partnership?
 - c. What could be improved?

11. When change happens at MCCC D/ID, what type of input do you want to have?
 - a. Do you prefer being a part of the change process? Or are you comfortable with having change happen and adapting to it?

12. Is there any other information you think is important for us to know?

Appendix xviii:

**Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal
Mountain Comprehensive Care Center
Developmental/Intellectual Disability Residential
Individuals Focus Group**

Welcome and thank you for agreeing to participate in our discussion. My name is Kim and I will be facilitating the discussion today. I appreciate you taking the time to share your experiences, knowledge and opinions with me. I am meeting with you and with others to learn what our organizations do well and what changes need to be made to be more accessible, welcoming and safe for individuals impacted by interpersonal violence. In addition, I want to learn what you believe to be quality services. I also would like to hear what suggestions you have for how our organizations can improve how we work together.

Please help yourself to the beverages and snacks that have been provided. I want you to be as comfortable as possible. If there is something that you need, please ask. Restrooms are located to the right. We do not have a break scheduled, but feel free to take a break if you need to do so. If you have a cell phone with you, please turn it off or set it to silent mode to limit distractions during the session.

To thank you for your participation today, you will be given a \$10 Visa card for your time and travel.

I will be asking a variety of questions to guide our discussion. Darrell is here to take notes. She will only take notes about the comments that are shared; she will not identify who made the comment.

In this focus group, we will only be discussing your experiences with community agencies and with our organization as well your suggestions for how we may improve our service to you. We will not be discussing types of abuse or any personal incidents of abuse. You are the expert in knowing your interaction with our organizations and what you need from them. I am asking you to share that information with me. If a question is asked that makes you feel uncomfortable or upsets you in any way, please bring it to my attention. Courtney is a trained trauma informed support person here who will be able to speak to you privately, should you need it.

You will have our consent/confidentiality/mandatory reporting statement read aloud to you now. When I finish, if you have any questions regarding the consent, confidentiality, or mandatory reporting please ask me and I will explain. By remaining in the room, you are agreeing to those guidelines.

Your participation in the discussion is completely voluntary and you may choose to answer all, some, or none of the questions. You may leave at any time and for any reason. Whether or not you participate will not affect any services you are receiving or may receive for any partner agency.

I will be asking 8 questions. I encourage you to be as specific as you can in your responses. The information you share with us will be helpful to identify our strengths and areas needing change.

Please let me recognize you before you begin speaking so that everyone will have an opportunity to participate in our discussion. I ask that you be completely honest in your responses. There are no right or wrong answers. I want you to share your experiences, insight, and opinions. I also encourage you to respect your fellow participants. You may not agree with everyone, but remember that each one of you has a right to your own opinion.

Are there any questions before we begin our discussion?

(Note: Questions may be adjusted to the needs of the focus group participants)

Start with some general icebreakers, such as: What is your favorite color? What is your favorite food? What is your favorite place? Why do you like that color/food/place?

1. What things make you like a place? (where you live, school, work)
 - a. What makes you feel welcome?
 - b. What makes you feel comfortable?
 - c. What makes you want to go back to that place?
 - d. What makes you feel safe about a place?
2. What things do you NOT like about places? (where you live, school, work)
 - a. What makes you feel scared?
 - b. What makes you feel frustrated?
 - c. What makes you feel confused?
 - d. What makes you not want to go back to that place?
3. When you need to ask someone for help:
 - a. What makes it easy to ask for help?
 - b. What makes it hard to ask for help?
 - c. When you think about a time you asked for help, did you get it?
 - d. How long did it take?
4. What things make you feel respected where you live?
 - a. What makes you feel listened to?
 - b. Do you have a place you can talk about private things?
 - c. Is information about you kept private?
 - d. Do you feel safe to share information?

5. What would you like to see changed or improved where you live?
 - a. What would you like the staff to do differently?
6. What is the most important thing you would teach people who want to help you?
7. Let's say you want to start a new activity. How would you find out about it?
 - a. Examples: ask someone, the internet, at the library, at your day program, at home, someplace else?
 - b. Who, if anyone, helps you find this information (staff, friend, family, co-worker, counselor, case manager, someone else)?
8. What else would you like to share with us about where you live?
 - a. Do you have any questions for us?

Appendix xix:

Bridging Safe Access to Big Sandy Needs Assessment Plan Proposal

Contact Information

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