2019

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HEAL of Tri-County Needs Assessment Plan



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**Acronyms**

ASL American Sign Language

AT Assistive Technology

CFS Center For Family Services

D/HH Deaf/Hard-of-Hearing/Hearing Loss/Late Deafened

DV Domestic Violence

HEAL Healing Equality for All Lives

I/DD Intellectual and Developmental Disabilities

OVW Office on Violence Against Women

RND Recovery Network for Deaf, Hard-of-Hearing, Hearing Loss

SA Sexual Assault

SERV Service Empowering Rights of Victims Program within Center for Family Services

SV Sexual Violence

The Arc The Arc Gloucester

Vera Vera Institute of Justice

**Introduction and Background**

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. (CFS) – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. (CFS) - Recovery Network for Deaf, Hard of Hearing & Hearing Loss (RND) Program
* The Arc Gloucester (The Arc)

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and sexual violence who are Deaf, hard of hearing or have hearing loss and/or are living with Intellectual and/or Developmental Disabilities. In an effort to learn and address the gaps in services within each of our agencies, HEAL of Tri-County was awarded funding through the Disabilities Grant Program from the Office on Violence Against Women (OVW), U.S. Department of Justice.

In 2019, HEAL of Tri-County developed a collaboration charter which outlined our vision, mission, roles, guidelines and various processes that provide the foundation of our collaborative work together. The collaboration charter was submitted to OVW, and was approved on August 26, 2019. Additionally, we developed a project focus memo to further solidify the areas of focus for our team’s work for the term of this grant (see Project Focus) and was approved by OVW on November 20, 2019.

We are currently embarking on the next step of this project which includes undertaking a needs assessment. HEAL of Tri-County has created this needs assessment plan which will be used to inform our process around conducting various avenues of information gathering. The information gathered will be used to inform our strategic plan.

**Vision**

HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey.

**Mission**

Through this collaboration, we will transform our organizational cultures to be fully able to provide healing services that provide cultural humility, are trauma focused and empower the individual to access options and a pathway to healing with dignity and respect. We will accomplish this by:

* Practicing cultural humility by:
  1. Embracing cultural differences to inform our efforts;
  2. Utilizing a non-judgmental approach to create culturally responsive and inclusive support systems; and
  3. Building an atmosphere of mutual trust.
* Incorporating trauma-focused practices by:
  + Treating each person as an individual and with dignity and respect;
  + Using person-first language;
  + Empowering individuals by recognizing strengths, challenges and personal abilities; and
  + Providing options for individualized paths toward recovery

HEAL of Tri-County will be responsive and accountable to the needs of each person we serve at the first point of contact. We will foster a culture of full access, supporting meaningful participation for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence.

**Collaborative Members and Member Agencies**

**https://lh4.googleusercontent.com/TZSFIFXmmorThEd_u_6Dpm53dGUStwAe6Xl7tsASgHPDlvcHLwzzz54khY7gzCyangET7tWTcNBrtNJaKN68eoQpHAxMjn8CQntxGNaA8-sTxUg6B36jgLb0AeY1DoZN5OOMxopz Center for Family Services (CFS)** is a strong and innovative non-profit organization dedicated to improving lives.  With a history dating back to 1920, CFS remains committed to uplifting individuals and families through their innovative continuum of care.  With over 70 programs in place, CFS has over 1,100 employees at more than 60 locations across New Jersey’s southern region. Although our long-term goal is to identify and bridge the gaps at these intersections throughout the entire organization, the following programs within CFS are currently participating in the Collaboration:

* The **Services Empowering Rights of Victims** (**SERV)** program within CFS focuses on providing crisis intervention, counseling and support for those who have suffered from domestic violence, sexual violence and human trafficking, working towards helping people begin their journey towards healing and empowerment.  SERV aims to assist all victims and survivors through competence and empowerment and provides a safe space that encourages recovery and self-care.
* The **Recovery Network for Deaf, Hard of Hearing and Hearing Loss (RND)** is a program within CFS that provides an outpatient services to individuals experiencing substance use disorders who are Deaf, hard of hearing or who have hearing loss. Now, more than 30 years after its creation, RND remains the only substance use disorder program in New Jersey’s southern region dedicated to providing services for the Deaf community.

**The Arc Gloucester (The Arc)** was incorporated in 1957, and its mission is to empower individuals with intellectual and developmental disabilities and their families to achieve their highest potential through advocacy, education and quality services. The Arc carefully designs programs that encourage individuals with developmental and intellectual disabilities to not only thrive but to thoroughly enjoy each day. The Arc offers residential services through its group homes, supervised apartments and supportive living programs.

**Project Focus**

HEAL of Tri-County will focus on reviewing the internal capacity of the SERV and RND programs within CFS as well as The Arc Gloucester to serve people who are Deaf, hard of hearing or have hearing loss and people living with intellectual and developmental disabilities who have experienced domestic and sexual violence. We will identify and work towards bridging gaps in services, policies and procedures and will pioneer systemic change within these organizations in order to provide a foundation to achieve our mission for fully accessible healing services, guided by the findings of our needs assessment.

The SERV program provides domestic violence services in Gloucester and Cumberland counties and sexual violence services in Camden, Gloucester and Cumberland counties within New Jersey. The collaboration will focus on learning the experiences of individuals who have received services or are currently receiving services from SERV as well as staff to better understand the gaps in services and opportunities for improvement to provide accessible and safe healing services to individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who are impacted by domestic and/or sexual violence within the counties indicated. We will accomplish this by conducting focus groups, individual interviews, and as a last measure, surveys.

The RND program provides substance abuse services to people who are Deaf, hard of hearing or have hearing loss within the southern New Jersey region. The collaboration will focus on learning the experiences of Deaf and hard of hearing individuals who have utilized their programs, gaining critical feedback on gaps in services and opportunities for improvement to support the individuals they serve who have also experienced domestic and/or sexual violence and may be living with intellectual and/or developmental disabilities. We will accomplish this by conducting focus groups with current and former clients of RND and individual interviews with staff.

The Arc Gloucester provides residential services and supportive living programs to individuals living with intellectual and developmental disabilities, serving the Gloucester county area and will focus on learning the experiences of individuals who are currently utilizing services with The Arc Gloucester as well as staff to better understand the gaps in services and opportunities for improvement to provide accessible and safe services to individuals who are living with intellectual and developmental disabilities who are impacted by domestic and/or sexual violence. We will accomplish this by conducting focus groups, individual interviews, and as a last measure, surveys.

**Goals and Purpose of the Needs Assessment**

Our goals for this needs assessment are to:

* Identify existing organizational strengths, gaps and barriers with regard to policies, procedures and practices that address how to identify, serve and support individuals who are D/HH and/or individuals who are living with I/DD who have experienced domestic violence and/or sexual violence.
* Evaluate the skills and awareness of staff within our agencies to respond effectively to individuals who are D/HH and/or individuals who are living with I/DD who have experienced domestic violence and/or sexual violence.
* Identify opportunities for improvement within our agencies to ensure accessible, safe, welcoming, culturally humble environments.
* Identify opportunities to sustain and enhance relationships with project partners as well as identify the supports and resources needed in order to continue collaborative efforts beyond the term of this grant.

The purpose of this needs assessment is to gather information from people who use and work at our services to inform our strategic plan which will further guide our work to achieve our vision and mission. We recognize the importance of obtaining practical information directly from the communities we serve as well as from staff within our agencies in order to identify opportunities for improvement and sustainable change within our agencies.

**Methodology and Audiences**

**Methodology**

HEAL of Tri-County will utilize several methods to obtain existing and new data to inform our strategic plan.

* Performance Indicators Assessment Tool
* Focus Groups
* Interviews
* Board of Directors Interests Survey

**Existing Data**

**Performance Indicator Assessment**

The performance indicator tool was developed by the Vera Institute of Justice’s Center on Victimization and Safety. This tool allows our Collaboration to evaluate existing information in order to track our progress against field standards in the areas of commitment and capacity to serve people who are D/HH and/or living with I/DD who have experienced DV and/or SV. Data for this assessment is obtained by reviewing current agency documents, agency observations and staff interviews. Scores are calculated electronically and allow us to measure progress towards best practices in 6-month increments over the term of the grant.

Our initial performance indicator assessments determined an overall rating for SERV at 20% with a Commitment level of 31% and a Capacity level of 11%. For The Arc Gloucester, the overall rating was 36% with a Commitment level of 47% and a Capacity level of 23%. These low scores have helped us gain insight into areas that exist to improve in supporting individuals who are D/HH and/or are living with I/DD who have experienced domestic and/or sexual violence. The information learned from the performance indicator assessment will be included with the data we gain from the other methods of data collection identified in this needs assessment to help inform our strategic plan.

**New Data**

**Focus Groups**

The majority of new information will be collected primarily through focus groups. A focus group is a group of individuals that have been brought together for a facilitated, interactive discussion about a specific topic. Focus groups provide an ideal method to obtain information that will assist in understanding the experiences of our agencies and the people we serve. Focus group questions have been carefully designed to elicit information about current and ideal services for individuals who are Deaf/hard of hearing and/or individuals who are living with intellectual and developmental disabilities who have experienced domestic violence and/or sexual violence.

Focus groups will adhere to the following guidelines:

* Each focus group will have 2-10 participants
* Focus groups will last approximately 1 to 1-1/2 hours of substantive conversation, excluding the logistical overviews at the beginning of each group
* Qualified and/or certified ASL interpreters will be used, when necessary
* Accommodations will be provided upon request
* Focus group (and individual interview) participants who are not employed by the lead agency or partner agencies of the Collaboration will receive a $25 stipend for their participation, whether or not they stay for the whole group
* Light refreshments will be provided during focus groups, taking into consideration the dietary restrictions of the audience in attendance

**Interviews**

While we believe that a focus group offers a more dynamic conversation, we also recognize that speaking in a group setting may be uncomfortable for some participants. Therefore, HEAL of Tri-County will offer individual interviews as an option for those who do not wish to participate in a focus group but wish to offer feedback and input into the process.

We will also utilize individual interviews for RND management and staff, as there are only two individuals directly involved in the program.

The Project Director will initiate the process in-person at various team meetings followed by a letter of invitation via email to invitees. The email will also include an Explanation of Activities, an RSVP form and an Accommodations Request form. The invitees will be instructed to complete the forms and provide them to the Project Director either in-person or by email.

Individual Interviews will be conducted by the Project Director who will follow the facilitator script for the appropriate audience.

**Surveys**

Surveys will be utilized to collect information from the Board of Directors of each agency within the Collaboration. Surveys are a method of data collection that allows for the generation of a substantial amount of information in a small amount of time while using the least amount of resources.

HEAL of Tri-County will utilize Survey Monkey, an online survey tool, and surveys will be offered anonymously. In the case in which Board members do not have computer access, surveys will be mailed.

The Project Director will develop and facilitate a Board of Directors survey to assess the process of decision-making by the Board of Directors of each agency within the Collaboration. The Board of Directors are an integral part of system change initiatives. They provide organizational oversight and have substantial decision-making authority over the policies, procedures and the direction of agencies involved in this collaboration. The Board of Directors survey is intended to increase their involvement in the grant’s objectives, to promote buy-in, and to ensure a higher degree of success in implementation.

Due to confidentiality measures in place within our agencies, the Project Director will email invitation letters to designated executive administrative personnel who will then forward the invitation letters and survey link to the Board of Directors within their respective agencies. All surveys are designed to be completed in 20 to 30 minutes. The Project Director will be responsible for collecting and tabulating the results of the survey within one week of the close of the survey.

The information collected from these sources will be used to form a report of our findings and will ultimately help inform the focus of our work moving forward in the development of our strategic plan. All information will be compiled in aggregate form and all paper copies of transcripts of focus groups and interviews will be destroyed within 5 business days after receipt of approval of our key findings report by OVW. Electronic and paper survey results will be deleted/discarded within 5 business days of completion of collection and tabulation of results.

**Audiences**

HEAL of Tri-County will be talking to:

* Survivors of domestic violence and/or sexual violence
* Individuals who are Deaf/Hard of Hearing
* Individuals living with Intellectual and Developmental disabilities
* Caregivers of individuals living with I/DD
* ASL Interpreters
* SERV Leadership, Management, Staff & Advocates
* The Arc Gloucester Leadership, Management & Staff
* RND Management and Staff
* CFS and The Arc Gloucester Boards of Directors





**Survivors of DV and/or SV**

We will be conducting focus groups with survivors of domestic violence and/or sexual violence who have received or are receiving services through SERV. These individuals can provide a wealth of information on what makes services safe, accessible and comfortable. As many of the individuals currently receiving services tend to be in crisis, HEAL of Tri-County will take careful measures to select individuals who are not currently in crisis, whenever possible, by involving counselors in the recruiting process who work with these individuals to determine appropriateness and relying on passive recruitment processes when available. Since we cannot always be aware of a survivor’s current circumstances or crisis, the collaboration will ensure that survivors are informed that participation is completely voluntary and that no one is expected to participate who is not comfortable doing so, nor will anyone’s services be impacted in any way by contributing, or not contributing, to a focus group. The collaboration will also ensure safety by meeting at a regular time and in an environment that the survivors are already comfortable meeting in, and that additional supports are in place during and after the focus group. For our complete safety plan, see section on page 27.

**Individuals who are D/HH**

Our team will be conducting two separate focus groups with individuals who are D/HH, one with current clients of the RND program and one with former clients of the RND program. Individuals who are D/HH are the experts of their experience and have likely navigated gaps and barriers in services throughout their lives. We will explore those gaps and barriers, as well as what has worked well for them in receiving services. We anticipate their feedback to be incredibly valuable in informing our approaches to providing safe, accessible, culturally humble services.

**Individuals living with I/DD**

Our team will be conducting focus groups with individuals living with intellectual and developmental disabilities. As the range of intellectual and developmental disabilities is diverse, the collaboration’s goal is to try to hear from as many people living with I/DD as possible and to hear from them about successful, safe services. The collaboration will work towards gaining participation from individuals of The Arc Gloucester’s residential programs as well as individuals who participate in their supportive living programs.

**Caregivers**

HEAL of Tri-County believes that people who are supporters of individuals living with I/DD are able to provide useful feedback on the support needs of the individuals they care for. We recognize that caregivers may also be barriers to support and services. However, we believe that there is valuable information to be gained by providing them with a separate opportunity to participate in a focus group or individual interview. Collaboration team members from The Arc Gloucester wish to speak to select caretakers who may be guardians, parents or staff that perform caretaking responsibilities for individuals that have more challenging communication needs.

**ASL Interpreters**

HEAL of Tri-County believes in a trauma-informed approach for individuals who have experienced domestic violence and/or sexual violence. Due to the unique nature of that work, we assume that there are gaps in knowledge within the interpreter community of trauma-informed communication and appropriate signs for specific terms involving domestic violence and sexual violence. To ensure that we achieve our goal of providing safe, accessible services, we understand that we need to rely on ASL interpreters to provide effective and safe communication. Therefore, we will be conducting focus groups and individual interviews with ASL interpreters to assess where they see gaps in services for individuals they interpret for.

**SERV Leadership, Management, Staff and Advocates**

HEAL of Tri-County will conduct focus groups with various staff members who work with survivors of domestic and sexual violence, either in direct service or managers of direct staff. We will be focusing on staff that provide direct care, as they see and possibly experience themselves some of the gaps in service delivery and the impact it has on survivors of domestic and sexual violence. We will also conduct focus groups and individual interviews with leadership and management staff, as their participation in change in policy and practice is essential for long-term sustainable change.

**The Arc Leadership, Management and Staff**

HEAL of Tri-County will conduct focus groups with various staff members who work with individuals living with I/DD, either in direct service within The Arc Gloucester’s residential and day programs or managers of direct staff. We will be focusing on staff that provide direct care, as they see and possibly experience themselves some of the gaps in service delivery and the impact it has on individuals living with I/DD who have experienced domestic and/or sexual violence. We will also conduct focus groups and individual interviews with leadership and management staff,

as their participation in change in policy and practice is essential for long-term sustainable change.

**RND Management and Staff**

HEAL of Tri-County will conduct individual interviews with one executive and one staff member that have direct involvement with the program that provides services to individuals who are Deaf, hard of hearing or have hearing loss. We will be focusing on gaining information from the staff member that provides direct care, as they see and possibly experience some of the gaps in service delivery and the impact it has on individuals who are Deaf or hard of hearing. We will also be interviewing the executive who oversees the RND program, as her participation in change in policy and practice is essential for long-term sustainable change.

**Focus Groups**

**Roles and Responsibilities**

**Focus Group Team Members**

Best efforts will be made to arrange for a facilitator, note taker, floater and on-call advocate or counselor to attend each focus group with individuals not employed by the agencies within the collaboration, with at least one role per focus group being filled by a collaboration member of HEAL of Tri-County. All focus groups with staff will have a minimum of a facilitator and a note-taker, when possible.

**Facilitator**

The facilitator will be a member of HEAL of Tri-County or a designated person recruited by a member of the collaboration. Facilitators will be required to participate in a facilitator training, which will occur prior to conducting focus groups. The training will be delivered by the Project Director via an online meeting platform or in-person, whenever possible. The length of the training will be approximately one hour and will include an overview of the grant and needs assessment process, important information and strategies pertaining to managing safety, confidentiality, mandatory reporting requirements, accessibility and accommodations, and review and practice of scripts. The facilitator will be responsible for the following:

* Completing the required facilitator training prior to engaging in facilitation of any focus groups
* Verifying the location is accessible and that all accommodation needs are met
* Welcoming participants and introducing other support staff
* Ensuring participants are comfortable and aware that they are permitted to leave at any time
* Reminder that the focus group is being recorded and that all recordings are destroyed after transcription
* Reviewing general housekeeping details, including access to restrooms and refreshments
* Obtaining consent from focus group participants
* Relaying confidentiality and mandatory reporting requirements (if any)
* Distributing gift card (valued up to $25) stipend to each eligible participant at the beginning of the focus group
* Following the facilitator script for the appropriate audience (see Appendix H)
* Providing prompts as necessary
* Keeping the focus group on topic, redirecting as necessary
* Being attentive to ensure that personal sharing of experiences related to violence, abuse or neglect by participants is avoided
* Intervening quickly in cases of possible arguments or personal disclosures
* Debriefing with the note-taker and other support staff immediately following each focus group

**Note-Taker**

In most cases, the Project Director will serve as note-taker for focus groups. As a backup to the notes, the note-taker will record the sessions. The note-taker will use a laptop and will sit in an inconspicuous area within hearing distance of the focus group. The note-taker will be responsible for the following:

* Transporting, setting up and taking down all recording equipment for use during focus groups
* Starting and stopping recording equipment at start and end of each focus group
* Documenting all opinions, ideas, key points and compelling quotes without including any identifying information of participants
* Documenting emotions that are conveyed during the discussion
* Asking for clarification immediately if a response is not understood, affirming accuracy with participants as necessary
* Facilitating debriefing session with the facilitator and other support staff
* Transferring the focus group and debriefing notes from the laptop to a flash drive.
* Storing the flash drive, recording equipment and any documentation in a locked mobile chest and transporting to a designated secure, locked location.
* Reviewing the recordings of the session to ensure accuracy of notes.
* Distributing summaries to collaboration team members.
* Keeping the recordings, flash drive and notes in a secure, locked location and disposing per the Data Storage guidelines indicated in the Confidentiality & Data Storage section of this document on page 24.

**Floater**

The floater will sit outside of the focus group circle in an inconspicuous area of the room but within easy view of all participants. The floater will not participate in any of the focus group discussions. The floater will be responsible for the following:

* Attending to the room set-up, including setting up chairs for the focus group
* Setting up and cleaning up beverages and refreshments
* Setting up and removal of appropriate signage
* Ensuring the facilitator and note-taker have what they need to conduct the meeting
* Assisting with any accommodation needs
* Being attentive to the comfort level of focus group participants, attending to any comfort, safety and emotional support requests of the participants
* Escorting any participant to the on-call advocate or counselor or their personal care assistant, if requested
* Noting body cues, memorable quotes and other observations that may not be captured by the questions
* Providing support or assistance to participants as needed
* Escorting participants, as requested, to their transportation

**On-Call Advocate or Counselor**

An on-call advocate will be available in an accessible, confidential room in close proximity to the focus group room. The on-call advocate or counselor will be responsible for the following:

* Being available to provide emotional support in a safe and confidential area in close proximity to the focus group
* Providing referrals to focus group participants, as needed
* Assisting with debriefing, as needed

**Qualified and/or Certified ASL Interpreter**

The qualified and/or Certified ASL interpreter will be responsible for the following:

* Following the Code of Professional Conduct of the National Association of the Deaf (NAD) and Registry of Interpreters for the Deaf (RID), which includes requirements of confidentiality
* Ensuring the participants who are Deaf fully comprehend questions
* Accurately voice interpreting responses of participants who are Deaf

**Recruitment Plan**

**Methods of Recruitment**

At SERV, the Project Director will request participation of SERV supervisors in a focus group as well as recruit staff from their teams to participate in focus groups or individual interviews. The Project Director will also request that SERV supervisors designate appropriate staff within their teams to perform client recruitment tasks. This will be navigated through face-to-face conversations at a regular, monthly SERV supervisor meeting.

Outreach to current and former clients of SERV who have experienced domestic violence or sexual violence will be conducted by counselors or staff that they are familiar with and have previously interacted with. Outreach methods will include face-to-face conversations and announcements made during regularly scheduled support groups and meetings.

Individuals who are D/HH will be recruited by the collaborative team member from RND. Outreach methods will include face-to-face conversations, telephone/video calls, and announcements made during regularly scheduled support groups and meetings (see appendix D).

ASL Interpreters will be recruited by the Collaborative team member from RND as well as the Project Director. Outreach methods will include face-to-face conversations, email and telephone/video calls.

At The Arc Gloucester, the Project Director and collaborative team members of The Arc Gloucester will introduce our project and the needs assessment plan to Residential Directors and Day Program Supervisors during a regularly scheduled meeting. Collaborative team members from The Arc Gloucester will follow up with the directors and supervisors in-person or by email utilizing the letter of invitation (see appendix A) as a script in order to recruit direct staff to participate in focus groups as well as designate appropriate staff to conduct outreach to current residents of The Arc Gloucester’s housing programs, participants of The Arc Gloucester’s day programs and select caretakers. Outreach to individuals served by The Arc Gloucester and caretakers will be conducted in-person by a staff member they are familiar with and have previously interacted with.

**Recruitment Process**

The recruiter will invite the individuals to participate in a focus group, explaining the following:

* Purpose and goal of the focus group
* Confidentiality guidelines
* Mandatory reporting requirements, when appropriate
* Accessibility and accommodations
* Stipend, if applicable
* Explanation of Activities
* Consent Guide and Form
* Time/Date/Location of Focus Group
* RSVP form

After the above information has been relayed and confirmed to be understood by the participants, the recruiter will inquire whether individuals are willing to participate in the focus group. For those individuals who agree to participate in the focus group, the recruiter will assist in completing the RSVP form as well as the accommodations form.

For those individuals who state they do not wish to participate in the focus group, the recruiter will extend the option to participate in an individual interview. If the individual wishes to participate in an individual interview instead, the recruiter will utilize an online scheduling system to determine an available date/time and location available for the Project Director to conduct the interview and will present the participant with a Meeting Reminder Card (see appendix G), if desired.

All recruiters will contact the Project Director by email with the responses of the invitees. The recruiter will submit the RSVP forms to the Project Director in-person or via email within 3 business days of recruitment with the responses of invitees. The recruiters must also submit the RSVP form and Accommodations Request Form to the Project Director by email at least two weeks prior to the date of the focus group/interview.

**Recruitment Tools**

Recruiters will be provided with the following tools during recruitment.

* **Recruitment Script** – Recruiters will be provided with a script for announcing the opportunity to participate in a focus group (see appendix D) which will be used during outreach.
* **RSVP Form** – All invitees will be provided with an RSVP form (see appendix E). For confidentiality purposes, the form will include only the invitees’ first name and the first initial of their last name. The form will ask if they want to participate in a focus group or individual interview as well as if the participant has any dietary restrictions. Names collected from the RSVP form will only be used to link participants with any requested accommodations. The Project Director will be responsible for keeping track of all RSVP forms and will follow the storage and disposal guidelines as indicated in the Data Storage section of this document.
* **Accommodations Request Form** – All invitees who agree to participate in a focus group or individual interview will be asked if any accommodations are needed in order for them to successfully participate in the focus group and will be presented with an Accommodations Request Form (see appendix F) to complete with the assistance of the recruiter. The Project Director will be responsible for keeping track of all Accommodation Request Forms and will work with Collaboration team members to make the appropriate arrangements. The Project Director will follow the storage and disposal guidelines as indicated in the Data Storage section of this document.
* **Explanation of Activities** – An Explanation of Activities document will be provided to all participants who are employed by the agencies within our collaboration as well as ASL Interpreters. This document will contain information on what a focus group entails along with frequently asked questions (see appendix B). The recruiter will review the document with the invitee and will ask if the invitee has any additional questions. The recruiter will make best efforts to answer all questions related the information provided during the exchange. The recruiter may contact the Project Director to assist in answering questions.
* **Consent Guide** – A consent guide (see appendix C) will be provided to all individuals who are not employed by our agencies. The consent guide will contain information on what individuals will be agreeing to if they decide to participate in a focus group or optional interview. The recruiter will review the documents with the individual and will make best efforts to answer all questions related to the consent guide to ensure understanding. Individuals agreeing to participate will be asked to initial the consent form.
* **Meeting Reminder Cards** – The recruiter will offer a Meeting Reminder Card (see Appendix G) during the recruitment process. The participant will have the option to accept or decline the card if they have any privacy or safety concerns. The card will be the size of a business card and will contain only the Project Director’s first name, a contact phone number and a blank space where the date and time of the meeting can be written. The location of the meeting and other information about the Collaboration and Project Director will not be included.

Note, for Deaf invitees who communicate primarily through ASL, the Consent Guide will be made available in ASL by video. (Link to Consent Guide in ASL: <https://www.youtube.com/watch?v=tyXeI-_QhFA>)

**Recruitment Training**

All individuals who accept the role of recruiter will be required to undergo a training with the Project Director, in-person or by video conference, to review the materials, which will occur prior to undergoing any recruitment activities. The recruiter training will include the following:

* An overview of the grant
* Needs Assessment process
* Participant requirements
* Important information pertaining to safety, confidentiality, mandatory reporting and accessibility
* Recruitment tools
* Criteria to determine participant appropriateness for specific focus groups
* Minimum/Maximum participants for focus groups and participant tracking process
* Project Director’s contact information

**Consent**

HEAL of Tri-County will utilize an active consent process for all focus groups and interviews with individuals that are not employed by our agencies. Each participant will be provided with a consent guide (see appendix C) at the time of recruitment which they will initial in order to participate in the focus group.

Before the start of each focus group and interview, the facilitator will remind everyone of the consent form they signed (see facilitator scripts, appendix H) and ensure that they are okay to proceed.

This consent process provides the benefits of obtaining written consent in a way that gives individuals an opportunity to review and process the consent guide and form with the assistance of the recruiter, if needed. This helps ensure that individuals have ample opportunities to understand the contents of the consent guide and form as well as allows us to delve into substantive discussion sooner at the time of the focus group or interview.

Once the opening remarks are relayed at the focus group or interview, it will be assumed that all participants who choose to stay will be granting consent for their participation.

With individuals who are employed by our agencies, HEAL of Tri-County will utilize a passive consent process. Passive consent will be clearly included in the facilitator’s opening remarks (see appendix H). Participants will be advised that they can leave or discontinue at any time, as well as choose to decline to respond to specific questions. Once the opening remarks have been relayed, it will be assumed that all participants who choose to stay will be granting consent for their participation. Participants of focus groups and interviews are consenting to:

* Participating in a focus group or interview
* Allowing their comments to be anonymously recorded
* Allowing their comments to be anonymously used in the needs assessment report

Participants will be made aware that the information they are providing during the focus groups will be anonymously recorded. Participants will be made aware that the recordings will be transported via a locked mobile chest, stored in a locked file drawer and will only be reviewed by the Project Director for note-taking purposes. Once the notes have been finalized, the recordings will be destroyed.

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**Confidentiality, Data Storage & Mandatory Reporting**

**Confidentiality & Data Storage**

The following information includes the considerations we have made to preserve and protect confidentiality.

* During the RSVP process, individuals will be asked to provide their first name and the first initial of their last name only for the purpose of linking participants with their accommodations. The Project Director will keep a list of any individuals who request accommodations. This information will be brought to each focus group/interview as needed and will be disposed of within 24 hours following the focus group/interview.
* During the RSVP process, individuals will be provided with a consent guide as well as a consent form which will only require their initials in order to actively consent to participation.
* If the participant is interested in receiving an optional meeting reminder phone call or email, individuals will be asked for an email address or phone number which will be used only to provide a meeting reminder. The Project Director will utilize a separate anonymous email account for email reminders that will only be used for the needs assessment process. For safety purposes, voicemails will only be left if permission is explicitly provided on the RSVP form. The Project Director will keep RSVP forms for those who request a meeting reminder call/email only until a reminder is made. Immediately following the reminder call/email, the Project Director will dispose of the RSVP form so as not to maintain any identifying information.
* During focus groups and interviews, participants will be asked not to provide any identifying information about themselves, specific staff or program participants.
* The recruiters who receive the RSVP, Accommodation Request forms and Consent forms will keep the forms in a sealed envelope while in their possession. Recruiters will give the RSVP forms to a designated HEAL of Tri-County team member within their agency within 24 hours of receipt of RSVP form. HEAL of Tri-County team members who receive the sealed envelopes will ensure that the forms are provided to the Project Director.
* Focus group participants will be asked to keep confidential any information discussed or shared during the focus group. Additionally, participants will be asked to not discuss what is said in the group with other group participants once the focus group is completed.
* The note taker will not link personal identifying information to comments made during any focus groups or interviews.
* The final needs assessment report will identify trends, barriers and strengths, linked to what each organization and group as a whole stated during the needs assessment process in summary form.
* RSVP forms, Accommodation Request forms, Consent forms and any information gathered during the needs assessment process will be secured in a locked file drawer until the time in which it will be disposed.
* If the note-taker is someone other than the Project Director, the Project Director will receive all original notes from the alternate note-taker to create the summary.
* Following each focus group, the facilitator, floater and note-taker will briefly meet to ensure all information is captured and consistent.
* Recordings of focus groups and interviews will be deleted once reviewed by the Project Director to ensure accuracy of notes.
* Draft copies of the needs assessment report will be kept in a locked cabinet and/or stored in a password protected computer that is only accessible to the Project Director.
* Draft copies of the needs assessment report will be transported via a locked mobile chest to Collaboration team meetings, when necessary. The report will not be shared with anyone outside of HEAL of Tri-County until it has been approved by the Collaboration, the Vera Institute of Justice and the Office on Violence Against Women.
* All notes and any other documentation related to the needs assessment will be disposed of after the strategic plan has been approved by Office on Violence Against Women.
* Disposal methods will include shredding of documents at the office where the documents are confidentially stored and deletion of all recordings.

**Mandatory Reporting**

Some members of HEAL of Tri-County have been identified as mandated reporters which has been taken into consideration for the needs assessment process. Team members who have been identified as mandated reporters will be excluded from participating in focus groups and interviews that include participants that have the potential to be identified as vulnerable adults, whenever possible. All participants in focus groups and interviews will be informed of the mandatory reporting requirements in New Jersey at the time of recruitment as well as at the start of the focus group or interview. In the case in which a mandated report must be made, HEAL of Tri-County members will follow the process established in the HEAL of Tri-County Charter.

**Safety and Accessibility Considerations**

**Safety Considerations**

Safety is of the utmost importance for HEAL of Tri-County. We understand that the definition of safety differs for each individual. Therefore, we agree that every effort will be made to ensure the physical and emotional safety of individuals participating in the needs assessment process. HEAL of Tri-County will also make every effort to develop tools and processes to maximize the safety of all involved.

The following safety measures will be taken:

* Each participant will be recruited through the individual’s service organization preferably during a regularly scheduled appointment.
* Each participant will be recruited by someone they are familiar with within their service organization, whenever possible.
* No public notices will be used to recruit for or advertise the focus group.
* No materials will be mailed to or given to participants that could compromise their safety.
* Only individuals that are part of the focus group will be permitted to attend. Outside observers will not be permitted to attend the focus groups or individual interviews.
* Focus group and interview questions are carefully worded in a way that is not intended to elicit the sharing of personal experiences related to violence, abuse or neglect.
* If the discussion of services or service access brings up memories or intense feelings and/or if a participant appears likely to disclose personal experiences related to violence, abuse or neglect, the facilitator will first redirect and attempt to stop the disclosure; a counselor or advocate will be available at each focus group involving individuals outside of organization staff to provide emotional support for anyone needing it either during or immediately following the focus group. A private, accessible space will be made available to ensure confidentiality and safety.
* Mandatory reporting requirements of abuse/neglect of a vulnerable adult as defined by New Jersey statutes will be enforced, but every precaution will be taken to avoid disclosures during the meeting.
* A list of local resources will be made available to any participant upon request.
* Any participant can choose to discontinue or leave the focus group at any point. Eligible participants will still receive their stipend, even if they leave prior to the end of the focus group or interview.
* Participants can choose to decline responding to any question for any reason at any time during the focus group or interview.
* There will be no consequences to employment or services for anyone who chooses to participate or not participate in the needs assessment process.
* No personal identifying information will be linked to those participating in a focus group or interview, other than to provide them with their requested accommodations and optional meeting reminders.
* Optional interviews will be offered to anyone who would prefer to participate outside of a group setting.
* The meeting card reminder will not include the location of the focus group or interview and will not include any information related to HEAL of Tri-County or the agencies included in the Collaboration.
* Print materials and signage at focus groups and interviews will not mention HEAL of Tri-County or use language regarding the intersection of domestic and/or sexual violence and disabilities.
* An individual’s own Personal Care Attendant (PCA) will not be permitted in the room during focus groups or interviews. PCAs may accompany participants to/from the focus group room but must wait in a separate room until needed. Alternate PCA’s will be provided, upon request.
* HEAL of Tri-County will make every effort to select sites to hold focus groups and interviews where participants already have a routine, as familiarity may contribute to feeling safe, welcome and comfortable.
* For participants eligible to receive a $25 stipend for their participation in a focus group or interview, designated staff may hold onto the gift card for distribution at a later date if there are any safety concerns surrounding taking the gift card home.

**Accessibility Considerations**

HEAL of Tri-County is committed to providing fully accessible focus groups and interviews for all participants throughout the needs assessment process, to the best of our ability. Accessibility will be ensured through the following:

* Accessible space will be used for all focus groups and interviews. Whenever possible, focus groups and interviews will take place in a space that is commonly used by participants so that they are already familiar with the space.
* Reasonable accommodations will be provided to those participating in a focus group or interview. The Accommodations Request form will include a checklist of available accommodations as well as space to suggest any additional accommodation that might be needed. The Project Director will be responsible for overseeing requested accommodations that may involve support by other HEAL of Tri-County team members.
* Transportation may be provided, upon request.
* Recruiters and facilitators will be instructed to speak in a clear manner that is understood by all participants.
* Assistive communication devices will be available for D/HH individuals, if requested.
* All print materials and needs assessment tools will be available in 14 point font.
* All questions for participants have been written to enhance accessibility and understanding by using common language and visual cues.
* Facilitators of focus groups that include individuals living with I/DD will be experienced in working with individuals living with I/DD. Smaller group maximums will be considered for focus groups including individuals living with I/DD to ensure that ample opportunities for information gathering, clarification and understanding are provided.
* Facilitators of focus groups including individuals who are D/HH will be experienced in working with individuals who are D/HH, will be fluent in American Sign Language and have a working knowledge of Deaf Culture.
* Whenever possible, focus groups will include visual aids to support the clarity and understanding of questions.

**Work Plan/Timeline**

|  |  |  |
| --- | --- | --- |
| **Deliverable** | **Action Items** | **Timeframe** |
| Collaboration Charter | Development, Internal Review & Team Approval | April & May 2019 |
|  | Submit to Vera for Review & Approval | May 2019 |
|  | Submit to OVW for Approval | June 2019 |
| Progress Report | Complete Progress Report and Submit | July 2019 |
| Statement of Focus | Development, Internal Review & Team Approval | August 2019 |
|  | Submit to Vera for Review & Approval | August 2019 |
|  | Submit to OVW for Approval | August 2019 |
| Performance Indicators | Complete Performance Indicators & Submit | September 2019 |
| Needs Assessment Plan | Development, Internal Review & Team Approval | September - November 2019 |
|  | Submit to Vera for Review & Approval | December 2019 |
|  | Submit to OVW for Approval | December 2019 |
| Progress Report | Complete Progress Report and Submit | January 2020 |
| Needs Assessment | Conduct Needs Assessment | End February – April 2020 |
| Performance Indicators | Complete Performance Indicators & Submit | March 2020 |
| Needs Assessment Report | Compile Data, Develop Findings Report, Internal Review & Team Approval | April – May 2020 |
|  | Submit to Vera for Review & Approval | May 2020 |
|  | Submit to OVW for Approval | May 2020 |
| Strategic Plan | Develop Strategic Plan, Internal Review & Team Approval | July – August 2020 |
|  | Submit to Vera for Review & Approval | August 2020 |
|  | Submit to OVW for Approval | August 2020 |
| Implementation |  | November 2020-October 2021 |

**Appendix A – Letters of Invitation**

**Letter of Invitation for SERV Management, Staff & Advocates**

Dear \_\_\_\_\_\_\_\_\_\_,

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. - Recovery Network for Deaf, Hard of Hearing & Hearing Loss Program
* The Arc Gloucester

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and/or sexual violence who are D/deaf, hard of hearing or have hearing loss and/or are living with intellectual and developmental disabilities. In order to achieve our goal, we are conducting a needs assessment with various levels of staff within each of our agencies as well as with the individuals we serve.

We would like to invite you to participate in a focus group to discuss information related to your program’s policies and procedures, challenges and successes, and staff training as they relate to meeting the needs of individuals who have experienced domestic and/or sexual violence and who are Deaf and/or are living with intellectual and developmental disabilities.

Additionally, we would like to invite your *(staff/advocates)* to participate in a focus group to learn about their experiences in working with individuals who have experienced domestic and/or sexual violence and who are Deaf and/or are living with intellectual and developmental disabilities. We aim to learn what kind of training and technical assistance would be most useful to them so we can better serve these populations.

The focus group would last approximately 1-1/2 to 2 hours and would be scheduled within the next couple of months at your office or a location most convenient for you and your *(staff/advocates)*, likely during a regularly scheduled meeting. We are also extending the option to participate in an individual interview, if someone is uncomfortable with participating in a focus group or is unable to attend a scheduled focus group.

I’ve attached an explanation of activities document that provides more details about the focus groups (or optional interviews). I’d be happy to answer any questions you have by email to maria.armstrong@centerffs.org or by phone to 609-472-9068. I will be following up with you in the next week to discuss scheduling the focus groups.

Your perspectives are of critical importance to the success of this project, and we appreciate your involvement in this process.

Sincerely,

Maria Armstrong

Project Director

HEAL of Tri-County

**Appendix A – Letters of Invitation**

**Letter of Invitation for The Arc Management & Staff**

Dear \_\_\_\_\_\_\_\_\_\_,

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. - Recovery Network for Deaf, Hard of Hearing & Hearing Loss Program
* The Arc Gloucester

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and/or sexual violence who are D/deaf, hard of hearing or have hearing loss and/or are living with intellectual and developmental disabilities. In order to achieve our goal, we are conducting a needs assessment with various levels of staff within each of our agencies as well as with the individuals we serve.

We would like to invite you to participate in a focus group to discuss information related to your program’s policies and procedures, challenges and success, and staff training as they relate to best supporting the needs of individuals who are living with intellectual and developmental disabilities and who may have experienced domestic and/or sexual violence. For clarity, we will not be asking any client about individual experiences of domestic or sexual violence, but may ask you about your actual or hypothetical experiences in serving clients with I/DD who have experienced violence.

Additionally, we would also like to invite your staff to participate in a focus group to learn about their knowledge and experiences in working with individuals who have experienced domestic and/or sexual violence who are Deaf and/or are living with intellectual and developmental disabilities. We aim to learn what kind of training and technical assistance would be most useful to them so we can better serve these populations.

The focus group would last approximately 1-1/2 to 2 hours and would be scheduled within the next couple of months at your office or a location most convenient for you and your staff. We are also extending the option to participate in an individual interview, if someone is uncomfortable with participating in a focus group or is unable to attend a scheduled focus group.

I’ve attached an explanation of activities document that provides more details about the focus groups (or optional interviews). I’d be happy to answer any questions you have by email to maria.armstrong@centerffs.org or by phone to 609-472-9068. I will be following up with you in the next week to discuss scheduling the focus groups.

Your perspectives are of critical importance to the success of this project, and we appreciate your involvement in this process.

Sincerely,

Maria Armstrong

Project Director

HEAL of Tri-County

**Appendix A – Letters of Invitation**

**Letter of Invitation for RND Management & Staff**

Dear \_\_\_\_\_\_\_\_\_\_,

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. - Recovery Network for Deaf, Hard of Hearing & Hearing Loss Program
* The Arc Gloucester

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and/or sexual violence who are D/deaf, hard of hearing or have hearing loss and/or are living with intellectual and developmental disabilities. In order to achieve our goal, we are conducting a needs assessment within each of our agencies as well as with the individuals we serve.

We would like to invite you to participate in an individual interview to discuss information related to your program’s policies and procedures, challenges and successes, and staff training as they relate to best supporting the needs of individuals you serve and who may have experienced domestic violence and/or sexual violence and/or may be living with intellectual and developmental disabilities.

The interview would last approximately 1 hour and would be scheduled within the next couple of months at your office or a location most convenient for you.

I’ve attached an explanation of activities document that provides more details about the interview. I’d be happy to answer any questions you have by email to maria.armstrong@centerffs.org or by phone to 609-472-9068. I will be following up with you in the next week to discuss scheduling the interview.

Your perspective is of critical importance to the success of this project, and we appreciate your involvement in this process.

Sincerely,

Maria Armstrong

Project Director

HEAL of Tri-County

**Appendix A – Letters of Invitation**

**Letter of Invitation for SERV Leadership**

Dear \_\_\_\_\_\_\_\_\_\_,

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. - The Recovery Network for Deaf, Hard of Hearing & Hearing Loss Program
* The Arc Gloucester

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and/or sexual violence who are D/deaf, hard of hearing or have hearing loss and/or are living with intellectual and developmental disabilities. In order to achieve our goal, we are conducting a needs assessment with various levels of staff within each of our agencies as well as with the individuals we serve.

We would like to invite you to participate in an individual interview to discuss information related to your program’s policies and procedures, challenges, and staff training as they relate to meeting the needs of individuals who have experienced domestic and/or sexual violence who are Deaf/hard-of-hearing and/or are living with intellectual and developmental disabilities.

The interview would last approximately 1 hour and would be scheduled within the next couple of months at your office or a location most convenient for you.

I’d be happy to answer any questions you have by email to maria.armstrong@centerffs.org or by phone to 609-472-9068.

Your perspective is of critical importance to the success of this project, and we appreciate your involvement in this process.

Sincerely,

Maria Armstrong

Project Director

HEAL of Tri-County

**Appendix A – Letters of Invitation**

**Letter of Invitation for The Arc Leadership**

Dear \_\_\_\_\_\_\_\_\_\_,

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. - The Recovery Network for Deaf, Hard of Hearing & Hearing Loss Program
* The Arc Gloucester

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and/or sexual violence who are D/deaf, hard of hearing or have hearing loss and/or are living with intellectual and developmental disabilities. In order to achieve our goal, we are conducting a needs assessment with various levels of staff within each of our agencies as well as with the individuals we serve.

We would like to invite you to participate in an individual interview to discuss information related to your program’s policies and procedures, challenges, and staff training as they relate to meeting the needs of individuals living with intellectual and developmental disabilities who have experienced domestic and/or sexual violence, and individuals who may also be Deaf/hard-of-hearing.

The interview would last approximately 1 hour and would be scheduled within the next couple of months at your office or a location most convenient for you.

I’d be happy to answer any questions you have by email to maria.armstrong@centerffs.org or by phone to 609-472-9068.

Your perspective is of critical importance to the success of this project, and we appreciate your involvement in this process.

Sincerely,

Maria Armstrong

Project Director

HEAL of Tri-County

**Appendix A – Letters of Invitation**

**Letter of Invitation for CFS Board of Directors**

Dear \_\_\_\_\_\_\_\_\_\_,

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. - Recovery Network for Deaf, Hard of Hearing & Hearing Loss Program
* The Arc Gloucester

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and/or sexual violence who are D/deaf, hard of hearing or have hearing loss and/or are living with intellectual and developmental disabilities. In order to achieve our goal, we are conducting a needs assessment with various levels of staff within each of our agencies as well as with the individuals we serve.

We are interested in obtaining your input on how this project aligns with your understanding of Center for Family Service’s goals, values and strategic initiatives, and how you see the Board of Directors as being able to influence and support this project.

Your feedback will help guide HEAL of Tri-County in identifying strengths and weaknesses as well as knowledge and expertise within our organizations which can be utilized to create change that will lead to a more accessible, safe and responsive service system.

Please consider responding to this survey, as your input is incredibly valuable.

*(insert link to survey)*

We appreciate your involvement in this process.

Sincerely,

Maria Armstrong

Project Director

HEAL of Tri-County

**Appendix A – Letters of Invitation**

**Letter of Invitation for The Arc Board of Directors**

Dear \_\_\_\_\_\_\_\_\_\_,

HEAL of Tri-County formed in 2018 and is a collaboration between the following organizations:

* Center for Family Services, Inc. – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. - Recovery Network for Deaf, Hard of Hearing & Hearing Loss Program
* The Arc Gloucester

The goal of our collaboration is to create permanent change within each of our agencies to support individuals who have experienced domestic and/or sexual violence who are D/deaf, hard of hearing or have hearing loss and/or are living with intellectual and developmental disabilities. In order to achieve our goal, we are conducting a needs assessment with various levels of staff within each of our agencies as well as with the individuals we serve.

We are interested in obtaining your input on how this project aligns with your understanding of The Arc Gloucester’s Mission and strategic initiatives, and how you see the Board of Directors as being able to influence and support this project.

Your feedback will help guide HEAL of Tri-County in identifying strengths and weaknesses as well as knowledge and expertise within our organizations which can be utilized to create change that will lead to a more accessible, safe and responsive service system.

Please consider responding to this survey, as your input is incredibly valuable.

*(insert link to survey)*

We appreciate your involvement in this process.

Sincerely,

Maria Armstrong

Project Director

HEAL of Tri-County

**Appendix B – Explanation of Activities**

**Explanation of Activities – ASL Interpreters**

**HEAL of Tri-County Needs Assessment**

**Explanation of Activities**

**What is HEAL of Tri-County?**

HEAL of Tri-County stands for Healing Equality for All Lives in Camden, Gloucester and Cumberland counties of New Jersey. This is a collaboration between the following organizations:

* Center for Family Services, Inc. (CFS) – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. (CFS) - Recovery Network for Deaf, Hard of Hearing & Hearing Loss (RND) Program
* The Arc Gloucester (The Arc)

**Who is a part of HEAL of Tri-County?**

HEAL of Tri-County’s Project Director is Maria Armstrong. Center for Family Services has two representatives, Regina Ridge (from SERV) and Julie Doerrmann (from Recovery Network for Deaf, Hard of Hearing and Hearing Loss). The Arc Gloucester has two representatives, Lisa Foster and Louise McCarthy. These representatives have been working together since 2018, meeting regularly to develop a plan that will make changes in the accessibility of services individuals receive within each of our organizations.

HEAL of Tri-County believes in a trauma-informed approach for individuals who have experienced domestic violence and/or sexual violence. Due to the unique nature of that work, we assume that there are needs within the interpreter community in serving Deaf individuals who have experienced domestic violence and sexual violence. To ensure that we achieve our goal of providing safe, accessible services, we understand that we need to rely on ASL interpreters to provide effective and safe communication. Therefore, we will be conducting focus groups with ASL interpreters to assess where they see gaps in services for individuals they interpret for.

**What is a focus group and what will happen during the focus group?**

A focus group is a group of individuals that have been brought together for a facilitated, interactive discussion about a specific topic. You will attend a group meeting along with several other participants. A facilitator will ask a variety of questions related to what works and what doesn’t work when providing interpreting services to Deaf individuals who have experienced domestic violence and/or sexual violence. It is our hope that you and other group participants will share openly, answer questions based on your own personal knowledge and experience as well as provide any ideas you may have about areas that could be improved.

**What kind of information are you looking for and why do you want my input?**

We are looking for information on safety, accessibility and areas that need improvement in our organizations to provide better services for individuals who have experienced domestic and/or sexual violence and are Deaf/Hard of Hearing and/or are living with intellectual and developmental disabilities. As you have experienced providing interpreting services to individuals who are Deaf/Hard of Hearing, we believe that you are one of the people who can best tell us what works well, what doesn’t work well, and what areas can be improved to provide safe, accessible and comfortable services for individuals who are Deaf/Hard of Hearing.

**How long is the focus group?**

The focus group will be approximately 1 to 1-1/2 hours.

**Is what I say be confidential?**

Yes! Although we will be recording and taking notes that will include things that you say, we will not be documenting any personally identifying information to link you to the information you share. The recordings will be destroyed once the Project Director has reviewed the notes for accuracy. The Project Director will destroy the notes once summaries have been developed for our needs assessment report. Throughout the process, your name will not be included.

**What are the exceptions to confidentiality?**

Some members of our collaboration are mandated reporters and are required by law to report situations of suspected abuse or neglect. During the focus group, we will only ask questions pertaining to services, and we ask that you not share detailed stories or information about individuals that may identify them.

**What are the safety considerations for my participation?**

We will make every effort to ensure that the needs assessment process is safe and comfortable for everyone. However, if you feel uncomfortable or unsafe during the focus group, you may leave at any time. You also are not required to answer every question that is asked. Your participation is completely voluntary during every part of the process. Because the nature of this topic can be emotionally sensitive, we will have an advocate available during the focus group as well as a list of local resources, should you find that you would like additional support. The advocate will be available to speak with you privately in a separate room, and everything you say to the advocate will remain confidential.

**What accommodations are available to support my participation?**

If you choose to participate in a focus group, we ask that you complete a Request for Accommodations form and return the form to the person who recruited you as soon as possible. We will make every effort to accommodate the requests of those participating in the focus group.

**What will you do with the information you collect?**

The notes from each focus group will be compiled and summarized in a needs assessment report that will ultimately be used to inform our strategic plan. These documents will help us identify ways to improve services, policies and programs.

**Who will receive the needs assessment report?**

The report will be used internally and will be shared with the U.S. Department of Justice, Office on Violence Against Women as well as Vera Institute of Justice, our technical assistance provider assisting us with this project.

**What if I’m not comfortable being part of a focus group but want to help answer your questions?**

We understand that some people may feel uncomfortable sharing information in a group setting. Therefore, we are happy to offer the option of an individual interview instead. If you would prefer an individual interview, please notify the person who invited you to participate in the focus group or contact the HEAL of Tri-County Project Director (see information below).

**Will I receive something in return for participating in the focus group/interview?**

As a thank you for your participation, we will provide you with a gift card valued up to $25. Even if you choose to leave the focus group at any point, you will still receive the gift card. Once we give you the gift card, it will be your responsibility to keep it safe. We cannot give a replacement gift card if it is lost or stolen. Also, light refreshments will be provided during focus group sessions. Refreshments will not be provided during individual interviews.

**What if I agree to participate in a focus group but then can’t attend? Who do I inform?**

If you decide you will participate and find out that you are unable to attend, let the person that invited you know or contact the Project Director (see contact information below). If you would still like to participate in an individual interview, we can see if there is another time available for you to participate.

**What if I have additional questions?**

Please feel free to contact HEAL of Tri-County’s Project Director, Maria Armstrong, with any additional questions that you may have. Maria’s contact information is below:

Maria Armstrong - Project Director, HEAL of Tri-County

Phone: 609-472-9068 VP: 856-345-2471

meeting.reminder2020@gmail.com

**Appendix B – Explanation of Activities**

**Explanation of Activities – SERV Management, Staff & Advocates**

**HEAL of Tri-County Needs Assessment**

**Explanation of Activities**

**What is HEAL of Tri-County?**

HEAL of Tri-County stands for Healing Equality for All Lives in Camden, Gloucester and Cumberland counties of New Jersey. This is a collaboration between the following organizations:

* Center for Family Services, Inc. (CFS) – Services Empowering Rights of Victims (SERV) Program
* Center for Family Services, Inc. (CFS) - Recovery Network for Deaf, Hard of Hearing & Hearing Loss (RND) Program
* The Arc Gloucester (The Arc)

This is a 3-year project funded by the United States Department of Justice, Office on Violence Against Women (OVW).

**What is HEAL of Tri-County’s Vision?**

HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey.

**What is HEAL of Tri-County’s Mission?**

Through this collaboration, we will transform our organizational cultures to be fully able to provide healing services that provide cultural humility, are trauma focused and empower the individual to access options and a pathway to healing with dignity and respect. We will accomplish this by:

* Practicing cultural humility by:
  1. Embracing cultural differences to inform our efforts;
  2. Utilizing a non-judgmental approach to create culturally responsive and inclusive support systems; and
  3. Building an atmosphere of mutual trust.
* Incorporating trauma-focused practices by:
  + Treating each person as an individual and with dignity and respect;
  + Using person-first language;
  + Empowering individuals by recognizing strengths, challenges and personal abilities; and
  + Providing options for individualized paths toward recovery

HEAL of Tri-County will be responsive and accountable to the needs of each person we serve at the first point of contact. We will foster a culture of full access, supporting meaningful participation for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence.

**Who is a part of HEAL of Tri-County?**

HEAL of Tri-County’s Project Director is Maria Armstrong. Center for Family Services has two representatives, Regina Ridge (from SERV) and Julie Doerrmann (from Recovery Network for Deaf, Hard of Hearing and Hearing Loss). The Arc Gloucester has two representatives, Lisa Foster and Louise McCarthy. These representatives have been working together since 2018, meeting regularly to develop a plan that will make changes in the accessibility of services individuals receive within each of our organizations.

**What is the purpose of the needs assessment?**

The purpose of the needs assessment is to gather information about our existing organizational strengths, gaps and barriers with regard to policies, procedures and practices that address how to identify, serve and support individuals who are Deaf/Hard of Hearing and/or individuals who are living with intellectual and developmental disabilities who have experienced domestic violence and/or sexual violence. We seek to learn from the communities we serve about what makes an environment safe, comfortable and accessible. We also aim to identify opportunities for improvement within our agencies to ensure accessible, safe, welcoming, culturally humble environments. To accomplish this, we will be conducting focus groups, individual interviews and surveys.

**Who is being asked to participate?**

We are seeking feedback from individuals who have received services from each of the agencies within the collaboration as well as all levels of staff within each agency. There will be no negative consequences for anything you say, or by declining to participate.

**Why do you want my input?**

Our collaboration recognizes that your experience with the agency provides you with specific knowledge on how our agency provides services. It is our hope that you will share openly about your experiences within the agency so that we can use this data to inform our strategic plan. By gathering information directly from you, we are ensuring that any changes we make are coming from those we serve and those who work directly with them.

**How long is the focus group?**

The focus group will be approximately 1-1/2 to 2 hours.

**Is this a safe and confidential process?**

We are making every effort to make this process safe, confidential and comfortable for everyone. Each focus group with staff will be conducted without your management present. If you feel uncomfortable or unsafe at any time for any reason, you may leave or choose not to respond to any question. Although we will be recording and taking notes that will include things that you say, we will not be documenting any personally identifying information to link you to the information you share. The recording will only be reviewed by the Project Director and will be destroyed once the Project Director has reviewed the notes for accuracy. The notes will be destroyed once summaries have been developed for our needs assessment report. Throughout the process, your name will not be included.

**What are the exceptions to confidentiality?**

Some members of our collaboration are mandated reporters and are required by law to report situations of suspected abuse or neglect. During the focus group, we will only ask questions pertaining to services, and we ask that you not share detailed stories or information about individuals that may identify them.

**What accommodations are available to support my participation?**

If you choose to participate in a focus group, we ask that you complete a Request for Accommodations form and return the form to the person who recruited you as soon as possible. We will make every effort to accommodate the requests of those participating in the focus group.

**What will you do with the information you collect?**

The notes from each focus group will be compiled and summarized in a needs assessment report that will ultimately be used to inform our strategic plan. These documents will help us identify ways to improve services, policies and programs.

**Who will receive the needs assessment report?**

The report will be used internally and will be shared with the U.S. Department of Justice, Office on Violence Against Women as well as Vera Institute of Justice, our technical assistance provider assisting us with this project.

**What if I’m not comfortable being part of a focus group but want to help answer your questions?**

We understand that some people may feel uncomfortable sharing information in a group setting. Therefore, we are happy to offer the option of an individual interview instead. If you would prefer an individual interview, please notify the person who invited you to participate in the focus group or contact the HEAL of Tri-County Project Director (see information below).

**What if I have additional questions?**

Please feel free to contact HEAL of Tri-County’s Project Director, Maria Armstrong, with any additional questions that you may have. Maria’s contact information is below:

Maria Armstrong - Project Director, HEAL of Tri-County

Phone: 609-472-9068 VP: 856-345-2471

maria.armstrong@centerffs.org meeting.reminder2020@gmail.com

**Appendix B – Explanation of Activities**

**Explanation of Activities – The Arc Management & Staff**

**HEAL of Tri-County Needs Assessment**

**Explanation of Activities**

**What is HEAL of Tri-County?**

HEAL of Tri-County stands for Healing Equality for All Lives in Camden, Gloucester and Cumberland counties of New Jersey. This is a collaboration between the following organizations:

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* The Arc Gloucester (The Arc)

This is a 3-year project funded by the United States Department of Justice, Office on Violence Against Women (OVW).

**What is HEAL of Tri-County’s Vision?**

HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey.

**What is HEAL of Tri-County’s Mission?**

Through this collaboration, we will transform our organizational cultures to be fully able to provide healing services that provide cultural humility, are trauma focused and empower the individual to access options and a pathway to healing with dignity and respect. We will accomplish this by:

* Practicing cultural humility by:
  1. Embracing cultural differences to inform our efforts;
  2. Utilizing a non-judgmental approach to create culturally responsive and inclusive support systems; and
  3. Building an atmosphere of mutual trust.
* Incorporating trauma-focused practices by:
  + Treating each person as an individual and with dignity and respect;
  + Using person-first language;
  + Empowering individuals by recognizing strengths, challenges and personal abilities; and
  + Providing options for individualized paths toward recovery

HEAL of Tri-County will be responsive and accountable to the needs of each person we serve at the first point of contact. We will foster a culture of full access, supporting meaningful participation for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence.

**Who is a part of HEAL of Tri-County?**

HEAL of Tri-County’s Project Director is Maria Armstrong. Center for Family Services has two representatives, Regina Ridge (from SERV) and Julie Doerrmann (from Recovery Network for Deaf, Hard of Hearing and Hearing Loss). The Arc Gloucester has two representatives, Lisa Foster and Louise McCarthy. These representatives have been working together since 2018, meeting regularly to develop a plan that will make changes in the accessibility of services individuals receive within each of our organizations.

**What is the purpose of the needs assessment?**

The purpose of the needs assessment is to gather information about our existing organizational strengths, gaps and barriers with regard to policies, procedures and practices that address how to identify, serve and support individuals who are Deaf/Hard of Hearing and/or individuals who are living with intellectual and developmental disabilities who have experienced domestic violence and/or sexual violence. We seek to learn from the communities we serve about what makes an environment safe, comfortable and accessible. We also aim to identify opportunities for improvement within our agencies to ensure accessible, safe, welcoming, culturally humble environments. To accomplish this, we will be conducting focus groups, individual interviews and surveys.

**Who is being asked to participate?**

We are seeking feedback from individuals who have received services from each of the agencies within the collaboration as well as all levels of staff within each agency. There will be no negative consequences for anything you say, or by declining to participate.

**Why do you want my input?**

Our collaboration recognizes that your experience with the agency provides you with specific knowledge on how our agency provides services. It is our hope that you will share openly about your experiences within the agency so that we can use this data to inform our strategic plan. By gathering information directly from you, we are ensuring that any changes we make are coming from those we serve and those who work directly with them.

**How long is the focus group?**

The focus group will be approximately 1-1/2 to 2 hours.

**Is this a safe and confidential process?**

We are making every effort to make this process safe, confidential and comfortable for everyone. Each focus group with staff will be conducted without your management present. If you feel uncomfortable or unsafe at any time for any reason, you may leave or choose not to respond to any question. Although we will be recording and taking notes that will include things that you say, we will not be documenting any personally identifying information to link you to the information you share. The recording will only be reviewed by the Project Director and will be destroyed once the Project Director has reviewed the notes for accuracy. The notes will be destroyed once summaries have been developed for our needs assessment report. Throughout the process, your name will not be included.

**What accommodations are available to support my participation?**

If you choose to participate in a focus group, we ask that you complete a Request for Accommodations form and return the form to the person who recruited you as soon as possible. We will make every effort to accommodate the requests of those participating in the focus group.

**What are the exceptions to confidentiality?**

Some members of our collaboration are mandated reporters and are required by law to report situations of suspected abuse or neglect. During the focus group, we will only ask questions pertaining to services, and we ask that you not share detailed stories or information about individuals living with intellectual and developmental disabilities that may identify them.

**What will you do with the information you collect?**

The notes from each focus group will be compiled and summarized in a needs assessment report that will ultimately be used to inform our strategic plan. These documents will help us identify ways to improve services, policies and programs.

**Who will receive the needs assessment report?**

The report will be used internally and will be shared with the U.S. Department of Justice, Office on Violence Against Women as well as Vera Institute of Justice, our technical assistance provider assisting us with this project.

**What if I’m not comfortable being part of a focus group but want to help answer your questions?**

We understand that some people may feel uncomfortable sharing information in a group setting. Therefore, we are happy to offer the option of an individual interview instead. If you would prefer an individual interview, please notify the person who invited you to participate in the focus group or contact the HEAL of Tri-County Project Director (see information below).

**What if I have additional questions?**

Please feel free to contact HEAL of Tri-County’s Project Director, Maria Armstrong, with any additional questions that you may have. Maria’s contact information is below:

Maria Armstrong - Project Director, HEAL of Tri-County

Phone: 609-472-9068 VP: 856-345-2471

maria.armstrong@centerffs.org meeting.reminder2020@gmail.com

**Appendix B – Explanation of Activities**

**Explanation of Activities – RND Management & Staff, SERV Leadership & The Arc Leadership**

**HEAL of Tri-County Needs Assessment**

**Explanation of Activities**

**What is HEAL of Tri-County?**

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* Center for Family Services, Inc. (CFS) - Recovery Network for Deaf, Hard of Hearing & Hearing Loss (RND) Program
* The Arc Gloucester (The Arc)

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HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey.

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* Practicing cultural humility by:
  1. Embracing cultural differences to inform our efforts;
  2. Utilizing a non-judgmental approach to create culturally responsive and inclusive support systems; and
  3. Building an atmosphere of mutual trust.
* Incorporating trauma-focused practices by:
  + Treating each person as an individual and with dignity and respect;
  + Using person-first language;
  + Empowering individuals by recognizing strengths, challenges and personal abilities; and
  + Providing options for individualized paths toward recovery

HEAL of Tri-County will be responsive and accountable to the needs of each person we serve at the first point of contact. We will foster a culture of full access, supporting meaningful participation for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence.

**Who is a part of HEAL of Tri-County?**

HEAL of Tri-County’s Project Director is Maria Armstrong. Center for Family Services has two representatives, Regina Ridge (from SERV) and Julie Doerrmann (from Recovery Network for Deaf, Hard of Hearing and Hearing Loss). The Arc Gloucester has two representatives, Lisa Foster and Louise McCarthy. These representatives have been working together since 2018, meeting regularly to develop a plan that will make changes in the accessibility of services individuals receive within each of our organizations.

**What is the purpose of the needs assessment?**

The purpose of the needs assessment is to gather information about our existing organizational strengths, gaps and barriers with regard to policies, procedures and practices that address how to identify, serve and support individuals who are Deaf/Hard of Hearing and/or individuals who are living with intellectual and developmental disabilities who have experienced domestic violence and/or sexual violence. We seek to learn from the communities we serve about what makes an environment safe, comfortable and accessible. We also aim to identify opportunities for improvement within our agencies to ensure accessible, safe, welcoming, culturally humble environments. To accomplish this, we will be conducting focus groups, individual interviews and surveys.

**Who is being asked to participate?**

We are seeking feedback from individuals who have received services from each of the agencies within the collaboration as well as all levels of staff within each agency. There will be no negative consequences for anything you say, or by declining to participate.

**Why do you want my input?**

Our collaboration recognizes that your experience with the agency provides you with specific knowledge on how our agency provides services. It is our hope that you will share openly about your experiences within the agency so that we can use this data to inform our strategic plan. By gathering information directly from you, we are ensuring that any changes we make are coming from those we serve and those who work directly with them.

**How long is the individual interview?**

The interview will be approximately 1 hour.

**Is this a safe and confidential process?**

We are making every effort to make this process safe, confidential and comfortable for everyone. If you feel uncomfortable or unsafe at any time for any reason, you may leave or choose not to respond to any question. Although we will be recording and taking notes that will include things that you say, we will not be documenting any personally identifying information to link you to the information you share. The recording will only be reviewed by the Project Director and will be destroyed once the Project Director has reviewed the notes for accuracy. The notes will be destroyed once summaries have been developed for our needs assessment report. Throughout the process, your name will not be included.

**What are the exceptions to confidentiality?**

Some members of our collaboration are mandated reporters and are required by law to report situations of suspected abuse or neglect. During the interview, we will only ask questions pertaining to services, and we ask that you not share detailed stories or information about individuals that may identify them.

**What accommodations are available to support my participation?**

If you choose to participate in an individual interview, we ask that you complete a Request for Accommodations form and return the form to the person who recruited you as soon as possible. We will make every effort to accommodate the requests of those participating.

**What will you do with the information you collect?**

The notes from each focus group and individual interview will be compiled and summarized in a needs assessment report that will ultimately be used to inform our strategic plan. These documents will help us identify ways to improve services, policies and programs.

**Who will receive the needs assessment report?**

The report will be used internally and will be shared with the U.S. Department of Justice, Office on Violence Against Women as well as Vera Institute of Justice, our technical assistance provider assisting us with this project.

**What if I have additional questions?**

Please feel free to contact HEAL of Tri-County’s Project Director, Maria Armstrong, with any additional questions that you may have. Maria’s contact information is below:

Maria Armstrong - Project Director, HEAL of Tri-County

Phone: 609-472-9068

VP: 856-345-2471

maria.armstrong@centerffs.org meeting.reminder2020@gmail.com

**Appendix C – Informed Consent Guide**

**For Survivors of DV/SV**



**HEAL of Tri-County Needs Assessment**

**Informed Consent Guide**

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| HEAL of Tri-County is a partnership between:  Center for Family Services – SERV  Center for Family Services – Recovery Network for Deaf, Hard of Hearing, Hearing Loss  The Arc Gloucester |  |

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| HEAL of Tri-County is hosting a focus group to learn about how to improve services for individuals who have experienced domestic violence and sexual violence.  As you have experienced receiving services from SERV, we are asking for your help. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A2B33E57.tmp | |
| **What kind of information are you looking for?** | | |
| We are looking for information on safety, accessibility and areas that need improvement in our organizations to provide better services for individuals who have experienced domestic violence and/or sexual violence. We will be asking questions such as:  What can organizations do to support you?  How do you look for services you need?  What is helpful or not helpful when getting services?  As you have experienced receiving services from SERV, we believe that you are one of the people who can best tell us what SERV does well, what SERV can improve on, and what makes services feel safe, accessible and comfortable. | | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9E3715A.tmp** |

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| **How long is the focus group?** | |
| 1 to 1-1/2 hours | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\60AB0B44.tmp** |
| **Will what I say be confidential?** | |
| Yes! Although we will be recording and taking notes that will include things you say, we will not be documenting any personally identifying information to link you to the information you share.  The only person that will listen to the recordings is the Project Director. The recording will be deleted as soon as it is reviewed to ensure that the notes are accurate.  The notes will be destroyed once summaries have been written.  Throughout the process, your name will not be used at all. | Image result for privacy |

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| **Are there exceptions to confidentiality?** | |
| Some members of our collaboration are mandated reporters and are required by law to report situations of suspected abuse or neglect.  During the focus group, we will only ask questions pertaining to services.  We ask that you not share detailed, personal stories or information about individuals that may identify them. | Image result for breaking confidentiality |

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| **What are you doing to make it feel safe for me to participate?** | |
| You can answer only the questions that you feel comfortable answering.  You can take a break or leave the group at any time.  Nothing bad will happen because you said yes or no to participating in the focus group.  There will be someone available that you can talk to during or after the group if you need to. | Image result for safety |

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| **Do I have to participate in this focus group?** | |
| No.  You can choose to participate, or choose not to.  It is completely up to you.  You can change your mind at any time, for any reason.  Your choice to participate or not participate will not affect your relationship or services with any organizations within our collaboration in any way. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D001E36A.tmp |
| **What accommodations are available to support my participation?** | |
| We have a Request for Accommodations form that we can help you fill out. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\45F32809.tmp |

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| **What will you do with the information you collect?** | |
| The notes from each focus group will be combined into a report.  This report will help us figure out how we can improve our services. | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\DEF969F4.tmp** |

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| **What if I’m not comfortable being part of a focus group but want to help answer your questions?** | | |
| We understand some people may feel uncomfortable talking around other people.  We are happy to talk to you individually instead.  If you would prefer this, tell the person that gave you this paper and initial the appropriate space at the bottom of this consent guide. | Image result for one to one interview | |
| **Will I receive something in return for participating in the focus group?** | | |
| Yes! You will get a gift card valued up to $25 for participating.  Once we give you the gift card, it will be your responsibility to keep it safe. We cannot give a replacement gift card if it is lost or stolen.  Food will also be provided at the focus group (not for individual interviews). | | Image result for generic $25 gift card |

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| **What if it’s not safe for me to receive the gift card at the focus group?** | |
| If there are any safety concerns surrounding taking the gift card home, a designated staff member may hold onto the gift card for distribution at a later date. | Image result for safety |

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| **What if I agree to participate in a focus group but then can’t attend? Who do I tell?** | |
| If you say yes to joining a focus group but later find out that you can’t go or no longer want to go:  Tell the person that invited you or contact the Project Director (see below for contact information). | Image result for it's ok to change your mind |

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| **What if I have more questions?** | |
| If you have more questions, feel free to contact the Project Director:  Maria Armstrong  Phone: 609-472-9068  VP: 856-345-2471  meeting.reminder2020@gmail.com | **C:\Users\Maria.Armstrong\Pictures\Camera Roll\Maria Armstrong Blue and White Day (2).jpg** |

**I understand the Consent Guide and agree to participate in a focus group:**

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

**(initial here)**

**I understand the Consent Guide and agree to participate in an individual interview:**

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

**(initial here)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Letter of Last Name: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix C – Informed Consent Guide**

**For Individuals who are D/HH**



**HEAL of Tri-County Needs Assessment**

**Informed Consent Guide**

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| HEAL of Tri-County is a partnership between:  Center for Family Services – SERV  Center for Family Services – Recovery Network for Deaf, Hard of Hearing, Hearing Loss  The Arc Gloucester |  |

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| A focus group is a group of people that come together to talk about a specific topic.  A person from our team will ask questions about what works and what doesn’t work for you when seeking services and help in your community. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A2B33E57.tmp | |
| **What kind of information are you looking for?** | | |
| **Safety, accessibility and areas that we can improve. We will ask questions such as:**  What can organizations do to support you?  How do you look for services you need?  What is helpful or not helpful when getting services?  As a Deaf/Hard-of-Hearing individual, we believe that you are one of the people who can best tell us what makes services feel safe, accessible and comfortable. | | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9E3715A.tmp** |

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| **How long is the focus group?** | |
| 1 to 1-1/2 hours | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\60AB0B44.tmp** |

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| **Will what I say be confidential?** | |
| Yes!  Although we will be video recording and taking notes that will include things you say, we will not be writing down your name at all. No one will know that it was you who said what we wrote.  The only person that will watch the video is the Project Director. The video will be deleted as soon as it is reviewed to ensure that the notes are accurate.  The notes will be destroyed once summaries have been written.  Throughout the process, your name will not be used at all. | Image result for privacy |

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| **Are there exceptions to confidentiality?** | |
| Sometimes we have to report things people tell us. It’s the law. If you tell us someone is hurting you, we might have to tell someone. We may stop you in the middle of a story. We are not being rude. We want to make sure you do not say something that we have to report. | Image result for breaking confidentiality |

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| **What are you doing to make it feel safe for me to participate?** | |
| You can answer only the questions that you feel comfortable answering.  You can take a break or leave the group at any time.  Nothing bad will happen because you said yes or no to participating in the focus group.  There will be someone available that you can talk to during or after the group if you need to. | Image result for safety |

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| **Do I have to participate in this focus group?** | |
| No.  You can choose to participate, or choose not to.  It is completely up to you.  You can change your mind at any time, for any reason.  Your choice to participate or not participate will not affect your relationship or services with any organizations within our collaboration in any way. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D001E36A.tmp |

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| **What accommodations are available to support my participation?** | |
| We have a Request for Accommodations form that we can help you fill out. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\45F32809.tmp |

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| --- | --- |
| **What will you do with the information you collect?** | |
| The notes from each focus group will be combined into a report.  This report will help us figure out how we can improve our services. | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\DEF969F4.tmp** |

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| **What if I’m not comfortable being part of a focus group but want to help answer your questions?** | | |
| We understand some people may feel uncomfortable talking around other people.  We are happy to talk to you individually instead.  If you would prefer this, tell the person that gave you this paper and initial the appropriate space at the bottom of this consent guide. | Image result for one to one interview | |
| **Will I receive something in return for participating in the focus group?** | | |
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| **What if I have more questions?** | |
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**I understand the Consent Guide and agree to participate in a focus group:**

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

**(initial here)**

**I understand the Consent Guide and agree to participate in an individual interview:**

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

**(initial here)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Letter of Last Name: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix C – Informed Consent Guide**

**For Individuals who are D/HH**

***(ASL Interpreted Version)***



**HEAL of Tri-County Needs Assessment**

**Informed Consent Guide**

|  |  |
| --- | --- |
| HEAL of Tri-County, what? Partnership:  Center for Family Services – SERV  Center for Family Services – Recovery Network for Deaf, Hard of Hearing, Hearing Loss  The Arc Gloucester |  |

|  |  |  |
| --- | --- | --- |
| Focus group, what? People, group meeting, discuss topic specific.  Our team person ask-ask – you need help, service, search community - successful, not successful, what? | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A2B33E57.tmp | |
| **Information you looking for, what?** | | |
| **Safety, accessibility, areas we can improve. Questions, what?**  Organizations do best support you, how?  Need services, you search, how?  Helpful, not helpful when get services, what?  You Deaf/Hard-of-Hearing, mean we believe you best person inform what makes services feel safe, accessible, comfortable. | | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9E3715A.tmp** |

|  |  |
| --- | --- |
| **Focus group, meeting, how long?** | |
| 1 to 1-1/2 hours | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\60AB0B44.tmp** |

|  |  |
| --- | --- |
| **My words private, confidential?** | |
| Yes! Respect private.  We will video, write notes, your words, yes. But your name include, never. No identify.  After meeting, video, paper write, locked box, Project Director carry, closet lock. Keep private.  Project Director check-check, signs writing, match – yes? Finish, erase video.  Notes combine all, make summary important goal-goal. Remember, your name, include never.  Summary write finish, papers rip, throw away. Finish. | Image result for privacy |

|  |  |
| --- | --- |
| **Special rule, break confidentiality, when?** | |
| Sometimes law require us report danger situation, must. If you inform someone hurting you, we might require report. You talk, we might interrupt, stop conversation. Rude, no. Important prevent talk danger, focus service. | Image result for breaking confidentiality |

|  |  |
| --- | --- |
| **Feel safe during meeting, how?** | |
| Questions, feel comfortable – answer. Not comfortable – no answer. Think yourself.  Need break, need leave, fine, any time.  Say yes/no join focus group, no problem. Nothing bad will happen.  Need talk private, someone available during and after group, talk different room. | Image result for safety |

|  |  |
| --- | --- |
| **Participate in focus group meeting, must?** | |
| No.  Must? No, your decision.  Change mind later, fine. No problem.  You decide join – yes, no – impact relationship or services with our agencies, no. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D001E36A.tmp |

|  |  |
| --- | --- |
| **Accommodations need, available, what?** | |
| Request for Accommodations form, have. We help you fill, if need. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\45F32809.tmp |

|  |  |
| --- | --- |
| **Information collect, you do what?** | |
| Notes write each focus group, combine, summary, write report.  Report, for-for? Help us figure out improve services, how. | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\DEF969F4.tmp** |

|  |  |  |
| --- | --- | --- |
| **Want help, yes, but not comfortable group meeting, do-do?** | | |
| We understand some people not comfortable talk group people.  Other option, one-to-one talk instead.  If you prefer, person gave this paper, tell, and initial consent guide, right space bottom. | Image result for one to one interview | |
| **Join focus group, yes. Receive what?** | | |
| Meeting finish, or when you leave, gift card, we give, why? Thank you involve meeting.  After gift card give, you responsible gift card. Lost, stolen, sorry no replace.  During meeting, food we provide. (one-to-one interview, no food). | | Image result for generic $25 gift card |

|  |  |
| --- | --- |
| **Bring home gift card right now, not safe. Do-do?** | |
| Gift card bring home, bad time? No problem. Staff hold, give later, better time. | Image result for safety |

|  |  |
| --- | --- |
| **If yes, agree participate focus group meeting, later change mind or can’t go, do what?** | |
| If say yes, agree join, later change mind, tell person invite you or contact Project Director – VP or email – contact information see paper bottom. | Image result for it's ok to change your mind |

|  |  |
| --- | --- |
| **More questions, find answer how?** | |
| More questions, contact Project Director:  Maria Armstrong  Phone: 609-472-9068  VP: 856-345-2471  meeting.reminder2020@gmail.com | **C:\Users\Maria.Armstrong\Pictures\Camera Roll\Maria Armstrong Blue and White Day (2).jpg** |

**I understand the Consent Guide and agree to participate in a focus group:**

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

**(initial here)**

**I understand the Consent Guide and agree to participate in an individual interview:**

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

**(initial here)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Letter of Last Name: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix C – Informed Consent Guide**

**For Individuals living with I/DD**



**HEAL of Tri-County Needs Assessment**

**Informed Consent Guide**

|  |  |
| --- | --- |
| HEAL of Tri-County is a partnership between:  Center for Family Services – SERV  Center for Family Services – Recovery Network for Deaf, Hard of Hearing, Hearing Loss  The Arc Gloucester |  |

|  |  |
| --- | --- |
| We want to find out about how to improve services for individuals living with I/DD. We are asking for your help.  You will go to a group meeting along with several other people where we will ask questions about what works and what doesn’t work for you when seeking services and help in your community | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A2B33E57.tmp |

|  |  |
| --- | --- |
| **What kind of information are you looking for?** | |
| **Safety, accessibility and areas that we can improve. We will ask questions such as:**  What can organizations do to support you?  How do you look for services you need?  What is helpful or not helpful when getting services? | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9E3715A.tmp** |

|  |  |
| --- | --- |
| **How long is the focus group?** | |
| 1 to 1-1/2 hours | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\60AB0B44.tmp** |

|  |  |  |
| --- | --- | --- |
| **Will what I say be confidential?** | | |
| Yes!  We will keep what you say confidential unless by law we have to tell if you are not safe.  We will write down some things you say but will never use your name. | | Image result for privacy |
| **Are there exceptions to confidentiality?** | | |
| Sometimes we have to report things people tell us. It’s the law.  If you tell us someone is hurting you, we might have to tell someone.  We may stop you in the middle of a story. We are not being rude. We want to make sure you do not say something that we have to report. | Image result for breaking confidentiality | |

|  |  |
| --- | --- |
| **What are you doing to make it feel safe for me to participate?** | |
| You can answer only the questions that you feel comfortable answering.  You can take a break or leave the group at any time.  Nothing bad will happen because you said yes or no to participating in the focus group.  There will be someone available that you can talk to during or after the group if you need to. | Image result for safety |

|  |  |
| --- | --- |
| **Do I have to participate in this focus group?** | |
| No.  You can choose to participate, or choose not to.  It is completely up to you.  You can change your mind at any time, for any reason. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D001E36A.tmp |

|  |  |
| --- | --- |
| **What accommodations are available to support my participation?** | |
| We have a Request for Accommodations form that we can help you fill out.  If you have a personal care assistant (PCA), they will not be able to come to the focus group.  We will have a different personal care assistant to help you if you need someone. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\45F32809.tmp |

|  |  |
| --- | --- |
| **What will you do with the information you collect?** | |
| The notes from each focus group will be combined into a report.  This report will help us figure out how we can improve our services. | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\DEF969F4.tmp** |

|  |  |
| --- | --- |
| **What if I’m not comfortable being part of a focus group but want to help answer your questions?** | |
| We understand some people may feel uncomfortable talking around other people.  We are happy to talk to you individually instead.  If you would prefer this, tell the person that gave you this paper  and  Write the first letter of your first and last name on the space at the bottom of this consent guide that says that you want an interview instead. | Image result for one to one interview |

|  |  |
| --- | --- |
| **Will I receive something in return for participating in the focus group?** | |
| Yes! You will get a gift card valued up to $25 for participating.  Once we give you the gift card, it will be your responsibility to keep it safe. We cannot give a replacement gift card if it is lost or stolen.  Food will also be provided at the focus group (not for individual interviews). | Image result for generic $25 gift card |

|  |  |
| --- | --- |
| **What if it’s not safe for me to receive the gift card at the focus group?** | |
| If there are any safety concerns surrounding taking the gift card home, a designated staff member may hold onto the gift card for distribution at a later date. | Image result for safety |

|  |  |
| --- | --- |
| **What if I agree to participate in a focus group but then can’t attend? Who do I tell?** | |
| If you say yes to joining a focus group but later find out that you can’t go or no longer want to go:  Tell the person that invited you or  contact the Project Director (see below for contact information). | Image result for it's ok to change your mind |

|  |  |
| --- | --- |
| **What if I have more questions?** | |
| If you have more questions, feel free to contact the Project Director:  Maria Armstrong  Phone: 609-472-9068  VP: 856-345-2471  meeting.reminder2020@gmail.com | **C:\Users\Maria.Armstrong\Pictures\Camera Roll\Maria Armstrong Blue and White Day (2).jpg** |

**I understand the Consent Guide and agree to participate in a focus group:**

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

**(initial here)**

**I understand the Consent Guide and agree to participate in an individual interview:**

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

**(initial here)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Letter of Last Name: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix C – Informed Consent Guide**

**For Caregivers of Individuals living with I/DD**



**HEAL of Tri-County Needs Assessment**

**Informed Consent Guide**

|  |  |
| --- | --- |
| HEAL of Tri-County is a partnership between:  Center for Family Services – SERV  Center for Family Services – Recovery Network for Deaf, Hard of Hearing, Hearing Loss  The Arc Gloucester |  |

|  |  |  |
| --- | --- | --- |
| HEAL of Tri-County wants to find out about how to improve services for individuals living with I/DD.  We are asking for your help.  A person from our team will ask questions about what works and what doesn’t work for you when assisting someone seeking services and help in your community. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A2B33E57.tmp | |
| **What kind of information are you looking for?** | | |
| We are looking for information on safety, accessibility and areas that need improvement in our organizations to provide better services for individuals living with intellectual and developmental disabilities. We will be asking questions such as:  What can organizations do to support you and the person you help?  How do you help someone look for services they need?  What is helpful or not helpful when getting services?  As you have likely experienced navigating services for the individual you care for, we believe that you are one of the people who can best tell us what organizations do well, areas of improvement, and what makes services feel safe, accessible and comfortable. | | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9E3715A.tmp** |

|  |  |
| --- | --- |
| **How long is the focus group?** | |
| 1 to 1-1/2 hours | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\60AB0B44.tmp** |

|  |  |
| --- | --- |
| **Will what I say be confidential?** | |
| Yes! Although we will be recording and taking notes that will include things you say, we will not be documenting any personally identifying information to link you to the information you share.  The recordings will be destroyed once the Project Director has reviewed the notes for accuracy. The Project Director will destroy the notes once summaries have been developed for our needs assessment report.  Throughout this process, your name will not be included. | Image result for privacy |

|  |  |
| --- | --- |
| **Are there exceptions to confidentiality?** | |
| Some members of our collaboration are mandated reporters and are required by law to report situations of suspected abuse or neglect.  During the focus group, we will only ask questions pertaining to services.  We ask that you not share detailed, personal stories or information about individuals that may identify them. | Image result for breaking confidentiality |

|  |  |
| --- | --- |
| **What are you doing to make it feel safe for me to participate?** | |
| You can answer only the questions that you feel comfortable answering.  You can take a break or leave the group at any time.  Nothing bad will happen because you said yes or no to participating in the focus group.  If our questions make you think of personal stories about people you assist that might reveal personally identifying information that could initiate a mandatory report, please don’t share them in the group.  There will be someone available that you can talk to during or after the group if you need to. | Image result for safety |

|  |  |
| --- | --- |
| **Do I have to participate in this focus group?** | |
| No. You can choose to participate, or choose not to.  It is completely up to you.  You can change your mind at any time, for any reason. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D001E36A.tmp |

|  |  |
| --- | --- |
| **What accommodations are available to support my participation?** | |
| We have a Request for Accommodations form that we can help you fill out. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\45F32809.tmp |

|  |  |
| --- | --- |
| **What will you do with the information you collect?** | |
| The notes from each focus group will be combined into a report.  This report will help us figure out how we can improve our services. | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\DEF969F4.tmp** |

|  |  |
| --- | --- |
| **What if I’m not comfortable being part of a focus group but want to help answer your questions?** | |
| We understand some people may feel uncomfortable talking around other people.  We are happy to talk to you individually instead.  If you would prefer this, tell the person that gave you this paper. | Image result for one to one interview |

|  |  |
| --- | --- |
| **Will I receive something in return for participating in the focus group?** | |
| Yes! You will get a gift card valued up to $25 for participating.  Once we give you the gift card, it will be your responsibility to keep it safe. We cannot give a replacement gift card if it is lost or stolen.  Food will also be provided at the focus group (not for individual interviews). | Image result for generic $25 gift card |

|  |  |
| --- | --- |
| **What if I agree to participate in a focus group but then can’t attend? Who do I tell?** | |
| If you say yes to joining a focus group but later find out that you can’t go or no longer want to go:  Tell the person that invited you or  contact the Project Director (see below for contact information). | Image result for it's ok to change your mind |

|  |  |
| --- | --- |
| **What if I have more questions?** | |
| If you have more questions, feel free to contact the Project Director:  Maria Armstrong  Phone: 609-472-9068  VP: 856-345-2471  meeting.reminder2020@gmail.com | **C:\Users\Maria.Armstrong\Pictures\Camera Roll\Maria Armstrong Blue and White Day (2).jpg** |

**I understand the Consent Guide and agree to participate in a focus group:**

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

**(initial here)**

**I understand the Consent Guide and agree to participate in an individual interview:**

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

**(initial here)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Letter of Last Name: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix C – Informed Consent Guide**

**For ASL Interpreters**



**HEAL of Tri-County Needs Assessment**

**Informed Consent Guide**

|  |  |  |  |
| --- | --- | --- | --- |
| HEAL of Tri-County is a partnership between:  Center for Family Services – SERV  Center for Family Services – Recovery Network for Deaf, Hard of Hearing, Hearing Loss  The Arc Gloucester |  | | |
| HEAL of Tri-County wants to find out about how to improve services for Deaf and hard of hearing individuals who have experienced domestic violence and/or sexual violence.  As someone who provides services for Deaf and hard of hearing individuals, we are asking for your help. | | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A2B33E57.tmp | |
| We want to ask you questions about your knowledge, experiences, beliefs and thoughts about providing services for individuals who have experienced domestic violence and/or sexual violence.  We will explain the process to you and will answer your questions. | | | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\9E3715A.tmp** |

|  |  |
| --- | --- |
| **Do I have to participate in this focus group?** | |
| No. You can choose to participate, or choose not to. It is completely up to you. You can change your mind at any time, for any reason.  Your choice to participate or not participate will not affect your relationship or services with any organizations within our collaboration in any way. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D001E36A.tmp |

|  |  |
| --- | --- |
| **Will you tell other people what I say?** | |
| No. We will be writing down the things you say and might use your words, but we will not use your name.  However, we are required by law to report situations of suspected abuse or neglect. Therefore, during the focus group, we will only ask questions pertaining to services. We ask that you not share detailed stories or information about individuals that may identify them. | Image result for privacy |
| **What are the expectations of my involvement?** | |
| We hope that you will share openly about your knowledge and experiences.  You can answer only the questions that you feel comfortable answering.  You can take a break or leave the group at any time, for any reason, without needing to tell us why.  There will be someone available that you can talk to during or after the group if you need to. | C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\82FB4256.tmp |

|  |  |
| --- | --- |
| **Will the focus group be audio recorded?** | |
| Yes, but the only person that will listen to it is the Project Director, Maria Armstrong.  The audio recording will be deleted as soon as it is reviewed to ensure that the notes that were written are accurate.  The notes will be destroyed once summaries have been written.  Throughout the process, your name will not be used at all. | **C:\Users\Maria.Armstrong\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\911559E1.tmp** |

|  |  |
| --- | --- |
| **What if I have more questions?** | |
| If you have more questions, feel free to contact the Project Director:  Maria Armstrong  Phone: 609-472-9068  VP: 856-345-2471  meeting.reminder2020@gmail.com | **C:\Users\Maria.Armstrong\Pictures\Camera Roll\Maria Armstrong Blue and White Day (2).jpg** |

**I understand the Consent Guide and agree to participate in a focus group:**

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

**(initial here)**

**I understand the Consent Guide and agree to participate in an individual interview:**

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

**(initial here)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Letter of Last Name: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix D – Recruitment Script**

**HEAL of Tri-County Needs Assessment**

**Recruitment Script**

HEAL of Tri-County is hosting focus groups to hear what you think about getting the services you need.

Things that are talked about in the focus groups will remain confidential.

Participants will receive a gift card valued up to $25.

If you’re interested in participating, please see me for more details.

**Appendix E – Focus Group/Interview RSVP Form**

**HEAL of Tri-County Needs Assessment**

**RSVP Form**

Please complete this form and return it to the person who invited you to participate. All information that you provide to us will remain confidential. This form will be stored by the Project Director until the time of the focus group or individual interview. After the focus group or interview, this form will be destroyed.

My First Name is: \_\_\_\_\_\_\_\_\_\_\_\_ The First Letter of my Last Name is: \_\_\_

The best way for me to participate is by:

Attending the focus group below:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Participating in an individual interview. Please contact me to schedule the interview.

**Meeting reminder options:**

\_\_\_\_ I would like a meeting reminder card.

\_\_\_\_ I would like a meeting reminder from the person who recruited me.

Best way to contact me (phone/email/text/VP):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to contact me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it safe to leave a message (yes/no)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign your initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix F – Accommodations Request Form**

|  |  |
| --- | --- |
| **Accommodations Request Form**  *Please include with RSVP*  It is important that the space feels comfortable for you and that you are able to fully participate in the group. Please put your initials next to any accommodations you would like during your focus group or individual interview. Initial all that apply for you. | |
|  | Alternate Personal Care Attendant (PCA)\* |
|  | American Sign Language (ASL) Interpreter |
|  | Assistive Listening Device |
|  | Documents in Braille |
|  | Documents in Large Print |
|  | Documents in Plain Language |
|  | Spoken Language Interpreter (specify language: \_\_\_\_\_\_\_\_\_\_\_) |
|  | Service Animal Accommodations |
|  | Tactile Interpreter (Deaf/Blind) |
|  | *For focus group only:*  Dietary Concerns or Food Allergies (specify) |
|  | Other Accommodations not listed above (specify) |

Any other information you want us to know:

\*For confidentiality purposes, your own PCA is not permitted in the room during focus groups or interviews.

**Appendix G – Meeting Reminder Card**

**Meeting Reminder**

Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_

Contact Information:

Maria

Phone: 609-472-9068 VP: 856-345-2471

meeting.reminder2020@gmail.com

**Appendix H – Facilitator Script**

**For Survivors of DV/SV**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For Survivors of DV/SV**

Hello! I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the facilitator today, and I work for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for volunteering your time to participate in this focus group. Your experiences are a vital part of the success of this project, so we’re glad you’re here!

I’d like to introduce you to some people who are here with us today to help out with this focus group. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_\_ and will be writing down the important things that you say. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_ and is assisting with the focus group today. We also have \_\_\_\_\_\_\_\_\_\_\_ who is an (*advocate/counselor*) who will be in another room in case you need to talk to someone or need some resources. *(\_\_\_\_\_\_\_\_\_\_ is our sign language interpreter who is trained to keep things confidential.)*

Please feel free to use the restrooms, get a snack or get up and move around if you need to at any time during the group. There are signs posted with arrows to the restroom, but \_\_\_\_\_\_ will gladly help direct you if you need assistance. The focus group will be about 1 to 1-1/2 hours, and we want you to feel comfortable throughout this process. At the end of the focus group, or when you leave, you will be given a gift card valued up to $25 as a thank you for your involvement in this focus group.

I want to remind you about the consent form that you reviewed and signed when you were invited to participate in this group.

It shared that we are trying to learn more about the delivery of services and are asking for your help. As we talk today about how you find, receive and use a variety of services, I want to emphasize that there are no right or wrong answers. Your point of view is what’s important. Please know that you do not have to answer any or all of the questions, and you can leave the group at any time.

I also want to stress that confidentiality is important to us. Although we will be recording and writing down the important things you say, we will not identify you in any way, either verbally or in writing, in any document that is prepared based on this focus group. The recording and notes will be transported in a secured mobile box and will be stored in a locked cabinet at a secure location to maintain confidentiality. The recording will be destroyed once our Project Director has reviewed it to ensure that the notes are written accurately. The notes will also be destroyed once summaries have been prepared. Throughout this process, your name will not be included at all. If at any time your name is said, it will not be written down in any notes or part of any report.

We want everyone to feel safe to share their ideas and comments, so we ask that you refrain from repeating anything that is said during this group after you leave. Since we cannot ensure that the people in the group will keep what is said confidential after you leave here, we encourage you to be careful of what you choose to share.

We want you to know that we care about your safety and state law requires us to report some kinds of danger. For these reasons, we encourage you not to share personal or specific information about abuse or violence that you or someone you know may have personally experienced. Remember, we are focusing on learning from you about accessing and receiving services.

We just want to make sure that you are all still agreeing to the consent form that you signed. If you changed your mind and want to leave, that is okay too. So, if you are all okay to stay, we can start. (Pause to make sure people have time to agree to stay.)

Okay, so welcome to our focus group!

We want to find out what you think is helpful or not helpful when you are trying to get services in the community. Remember, there are no right or wrong answers. You can choose to answer or not answer any question. I will wait after each question to make sure that you have a chance to respond and so that anyone who wants to speak has a turn.

Are there any questions before we start?

*(Answer questions, then follow Focus Group Questions for Survivors of DV/SV)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. If you would like any additional information, please let me know, and I will be glad to help you. Please be sure to pick up your gift card on your way out and have a great rest of the day!

**Appendix H – Facilitator Script**

**For Individuals who are Deaf/Hard of Hearing**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For Individuals who are Deaf/Hard of Hearing**

Hello! I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the facilitator today, and I work for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for volunteering your time to participate in this focus group. Your experiences are a vital part of the success of this project, so we’re glad you’re here!

I’d like to introduce you to some people who are here with us today to help out with this focus group. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_\_ and will be writing down the important things that you say. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_ and is assisting with the focus group today. We also have \_\_\_\_\_\_\_\_\_\_\_ who is an (*advocate/counselor*) who will be in another room in case you need to talk to someone or need some resources. *(\_\_\_\_\_\_\_\_\_\_ is our sign language interpreter who is trained to keep things confidential and will be voicing for us today.)*

Please feel free to use the restrooms, get a snack or get up and move around if you need to at any time during the group. There are signs posted with arrows to the restroom, but \_\_\_\_\_\_ will gladly help direct you if you need assistance. The focus group will be about 1 to 1-1/2 hours, and we want you to feel comfortable throughout this process. At the end of the focus group, or when you leave, you will be given a gift card valued up to $25 as a thank you for your involvement in this focus group.

I want to remind you about the consent form that you reviewed and signed when you were invited to participate in this group.

It shared that we are trying to learn more about the delivery of services and are asking for your help. As we talk today about how you find, receive and use a variety of services, I want to emphasize that there are no right or wrong answers. Your point of view is what’s important. Please know that you do not have to answer any or all of the questions, and you can leave the group at any time.

I also want to stress that confidentiality is important to us. Although we will be video recording and writing down the important things you say, we will not identify you in any way, either verbally or in writing, in any document that is prepared based on this focus group. The video recording and notes will be transported in a secured mobile box and will be stored in a locked cabinet at a secure location to maintain confidentiality. The recording will be destroyed once our Project Director has reviewed it to ensure that the notes are written accurately. The notes will also be destroyed once summaries have been prepared. Throughout this process, your name will not be included at all. If at any time your name is said, it will not be written down in any notes or part of any report.

We want everyone to feel safe to share their ideas and comments, so we ask that you refrain from repeating anything that is said during this group after you leave. Since we cannot ensure that the people in the group will keep what is said confidential after you leave here, we encourage you to be careful of what you choose to share.

We want you to know that we care about your safety and state law requires us to report some kinds of danger. For these reasons, we encourage you not to share personal or specific information about yourself or other people you know. Remember, we are focusing on learning from you about accessing and receiving services.

We just want to make sure that you are all still agreeing to the consent form that you signed. If you changed your mind and want to leave, that is okay too. So, if you are all okay to stay, we can start. (Pause to make sure people have time to agree to stay.)

Okay, so welcome to our focus group!

We want to find out what you think is helpful or not helpful when you are trying to get services in the community. Remember, there are no right or wrong answers. You can choose to answer or not answer any question. I will wait after each question to make sure that you have a chance to respond and so that anyone who wants to respond has a turn.

Are there any questions before we start?

*(Answer questions, then follow Focus Group Questions for Survivors of DV/SV)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. If you would like any additional information, please let me know, and I will be glad to help you. Please be sure to pick up your gift card on your way out and have a great rest of the day!

**Appendix H – Facilitator Script**

**For Individuals who are Deaf/Hard of Hearing**

**ASL Interpreted Version**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For Individuals who are Deaf/Hard of Hearing**

**ASL Interpreted Version**

Hello!

My name, \_\_\_\_\_\_\_\_\_\_\_\_, name sign (*name sign*). I facilitate group today. My job, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you agree volunteer your time join focus group (meeting). Your experiences important for-for success project. We’re glad you’re here!

Want introduce people help today with focus group. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*hearing/hearing know sign/Deaf/HH*), job, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Do-do today, what? Write important information you say. \_\_\_\_\_\_\_\_\_\_\_\_\_ (hearing/hearing know sign/Deaf/HH). Do-do today, what? Help with focus group. Also, \_\_\_\_\_\_\_\_\_\_\_\_, (Deaf advocate/counselor) in different room if-if need talk private or more information need. \_\_\_\_\_\_\_\_\_, sign language interpreter, trained keep private talk, job – what? Most voice for writing notes today.

Think yourself, use bathroom, eat, get up move, any time during group. See signs (point) show restroom where, but ask \_\_\_\_\_\_\_\_\_ if need help find.

Meeting long, 1 to 1-1/2 hours. Want you feel comfortable. Meeting finish, or when you leave, gift card, we give, why? Thank you involve (meeting).

Remember consent form read, sign, agree join focus group meeting, finish?

Explain we ask-ask, learn about access, receive services. Answers, think right wrong, no. Important, what? Your perspective. Answer questions, must? No. Any time, want leave, think yourself.

Important, what? Confidentiality (private). Yes, video recording and writing information. Your name write, never. No identify. Match name, words, no. After meeting, video, paper write, locked box, Project Director carry, bring closet lock. Keep private. Project Director check-check, signs match writing, yes, finish, erase video. Notes combine all, make summary important goal-goal. Remember, your name, include never. Summary finish, papers (tear up). Finish. Gone.

Want all feel safe, open share ideas, comments. After finish, leave, please no talk about focus group, private. We can’t force people respect private, encourage you careful information share here.

Also, we care your safety. State law require report some situations danger. Personal information or specific information about you or other people you know, please don’t tell us. Remember, point what? Learn from you about accessing and receiving services.

Want make sure all still agree consent form. If change mind, want leave, fine. No problem. If accept, stay, we can (go-ahead). (Pause to make sure people have time to agree to stay.)

Okay, welcome focus group!

You involve community, need services – help, not help, what? – we want learn your experience what. Remember, right answer, wrong answer, no. If want answer, great. If question, don’t want answer, fine. Answer must, no. After ask question, finish, I wait patient you decide feedback, take turn.

Any questions?

*(Answer questions, then follow Focus Group Questions for Deaf/Hard of Hearing Individuals)*

**Conclusion**

Thank you spend time today and help feedback. If want more information, let me know. Happy help. Make sure get gift card before leave. Have great day!

**Appendix H – Facilitator Script**

**For Individuals living with I/DD**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For Individuals living with I/DD**

Hello! I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I work for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for agreeing to help us!

\_\_\_\_\_\_\_\_\_\_\_\_ is our note-taker and will be writing things we say down and will be recording our voices just to make sure that what is written down is right. We won’t use anyone’s names when writing things down. Once we’re done making sure that what we write is correct and get the information we need from it, we will be tearing up the notes and erasing the recording.

Please use the restrooms, get a snack or get up and move around if you need to at any time during this meeting. There are signs posted with arrows to help you find the restroom, but \_\_\_\_\_\_ will gladly help you find it.

I want to remind you about the consent form that you went over and signed about this meeting. It said that we will keep what we say private so that people can feel comfortable sharing. But if someone is in danger, that is the only time we would not be able to keep it private, because of safety.

We are so glad that you came here to talk to us today, and I just want to make sure you are all still agreeing to that consent form that you signed. If you changed your mind and want to leave, that is okay too. (Pause to make sure people have time to agree to stay.)

Okay, so welcome to our focus group! We want to find out what you think is helpful or not helpful when people with I/DD are trying to get services in the community. You can answer these questions about any services you think about in the community. There are no right or wrong answers. I am not going to call on people. You can choose to answer or not answer any question. I will wait after each question to make sure you have time to think about an answer and so that anyone who wants to speak has a turn. Let’s make sure that we give everyone a chance to speak if they want to and take turns.

Just as a reminder, please don’t share really personal things about yourself here. We understand that even just talking about some things that don’t go well with services can be hard. So we have a (counselor/advocate) in another room, just in case you need someone to talk to. We’ll spend about an hour or so talking today, and we’ll be giving you a gift card to take home with you when you leave. You will still be able to keep your gift card even if you don’t answer the questions or choose to leave before the group ends. Remember, the things you say will be kept private, so you can tell us what you really think.

Are there any questions before we start?

*(Answer questions, then follow Focus Group Questions for Individuals living with I/DD)*

**Conclusion**

Thank you so much for coming today and for your help. If you would like more information, please let me know, and I will be glad to help you. Please be sure to pick up your gift card on your way out and have a great rest of the day!

**Appendix H – Facilitator Script**

**For Caregivers of Individuals living with I/DD**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For Caregivers of Individuals living with I/DD**

Hello! I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the facilitator today, and I work for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for volunteering your time to participate in this focus group. Your experiences are a vital part of the success of this project, so we’re glad you’re here!

I’d like to introduce you to some people who are here with us today to help out with this focus group. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_\_ and will be writing down the important things that you say. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_ and is assisting with the focus group today. We also have \_\_\_\_\_\_\_\_\_\_\_ who is an (*advocate/counselor*) who will be in another room in case you need to talk to someone or need some resources.

Please feel free to use the restrooms, get a snack or get up and move around if you need to at any time during the group. There are signs posted with arrows to the restroom, but \_\_\_\_\_\_ will gladly help direct you if you need assistance. The focus group will be about 1 to 1-1/2 hours, and we want you to feel comfortable throughout this process. At the end of the focus group, or when you leave, you will be given a gift card as a thank you for your involvement in this focus group.

I want to remind you about the consent form that you reviewed and signed when you were invited to participate in this group.

It shared that we are trying to learn more about the delivery of services and are asking for your help. As we talk today about how you find, receive and use a variety of services for the individual you care for, I want to emphasize that there are no right or wrong answers. Your point of view is what’s important. Please know that you do not have to answer any or all of the questions, and you can leave the group at any time.

I also want to stress that confidentiality is important to us. Although we will be recording and writing down the important things you say, we will not identify you or the person you assist in any way, either verbally or in writing, in any document that is prepared based on this focus group. The recording and notes will be transported in a secured mobile box and will be stored in a locked cabinet at a secure location to maintain confidentiality. The recording will be destroyed once our Project Director has reviewed it to ensure that the notes are written accurately. The notes will also be destroyed once summaries have been prepared. Throughout this process, your name or the name of the person you assist will not be included at all. If it happens to be mentioned here, we will not transcribe it.

We want everyone to feel safe to share their ideas and comments, so we ask that you refrain from repeating anything that is said during this group after you leave. Since we cannot ensure that the people in the group will keep what is said confidential after you leave here, we encourage you to be careful of what you choose to share.

We want you to know that we care about safety and state law requires us to report some kinds of danger. For these reasons, we encourage you not to share personal information or stories about you or someone you know, including the person you assist, especially if it relates to stories of abuse or neglect. Remember, we are focusing on learning from you about accessing and receiving services for the individual you care for.

We just want to make sure that you are all still agreeing to the consent form that you signed. If you changed your mind and want to leave, that is okay too. So, if you are all okay to stay, we can start. (Pause to make sure people have time to agree to stay.)

Okay, so welcome to our focus group!

We want to find out what you think is helpful or not helpful when you are trying to get services in the community for the individual you care for. Remember, there are no right or wrong answers. You can choose to answer or not answer any question. I will wait after each question to make sure that you have a chance to respond and so that anyone who wants to speak has a turn.

Are there any questions before we start?

*(Answer questions, then follow Focus Group Questions for Caregivers of Individuals living with I/DD)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. If you would like any additional information, please let me know, and I will be glad to help you. Please be sure to pick up your gift card on your way out and have a great rest of the day!

**Appendix H – Facilitator Script**

**For ASL Interpreters**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For ASL Interpreters**

Hello! I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the facilitator today, and I work for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for volunteering your time to participate in this focus group. Your experiences are a vital part of the success of this project, so we’re glad you’re here!

I’d like to introduce you to some people who are here with us today to help out with this focus group. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_\_ and will be writing down the important things that you say. \_\_\_\_\_\_\_\_\_\_\_\_ works for \_\_\_\_\_\_\_\_\_\_\_\_ and is assisting with the focus group today. We also have \_\_\_\_\_\_\_\_\_\_\_ who is an (*advocate/counselor*) who will be in another room in case you need to talk to someone or need some resources.

Please feel free to use the restrooms, get a snack or get up and move around if you need to at any time during the group. There are signs posted with arrows to the restroom, but \_\_\_\_\_\_ will gladly help direct you if you need assistance. The focus group will be about 1-1/2 hours, and we want you to feel comfortable throughout this process. At the end of the focus group, or when you leave, you will be given a gift card as a thank you for your involvement in this focus group.

I want to remind you about the consent form that you reviewed and signed when you were invited to participate in this group.

It shared that we are trying to learn more about the delivery of services and are asking for your help. As we talk today, I want to emphasize that there are no right or wrong answers. Your point of view is what’s important. Please know that you do not have to answer any or all of the questions, and you can leave the group at any time.

I also want to stress that confidentiality is important to us. Although we will be recording and writing down the important things you say, we will not identify you in any way, either verbally or in writing, in any document that is prepared based on this focus group. The recording and notes will be transported in a secured mobile box and will be stored in a locked cabinet at a secure location to maintain confidentiality. The recording will be destroyed once our Project Director has reviewed it to ensure that the notes are written accurately. The notes will also be destroyed once summaries have been prepared. Throughout this process, your name will not be included at all. If it is said here today, it will not be transcribed in any notes or report.

We want everyone to feel safe to share their ideas and comments, so we ask that you refrain from repeating anything that is said during this group after you leave. Since we cannot ensure that the people in the group will keep what is said confidential after you leave here, we encourage you to be careful of what you choose to share.

We want you to know that we care about your safety and state law requires us to report some kinds of danger. For these reasons, we encourage you not to share personal or specific information about abuse or violence that you or someone you know may have personally experienced. Remember, we are focusing on learning from you about service delivery.

We just want to make sure that you are all still agreeing to the consent form that you signed. If you changed your mind and want to leave, that is okay too. So, if you are all okay to stay, we can start. (Pause to make sure people have time to agree to stay.)

Okay, so welcome to our focus group!

As you already know, we are part of a project called HEAL of Tri-County which is a collaboration between the Services Empowering Rights of Victims (SERV) program within Center for Family Services, the Recovery Network for Deaf, Hard of Hearing and Hearing Loss program within Center for Family Services, and The Arc Gloucester.

We want to learn about what is helpful and not helpful in providing services to Deaf individuals and gaps in services. Remember, there are no right or wrong answers. You can choose to answer or not answer any question. I will wait after each question to make sure that you have a chance to respond and so that anyone who wants to speak has a turn.

Are there any questions before we start?

*(Answer questions, then follow Focus Group Questions for ASL Interpreters)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. If you would like any additional information, please let me know, and I will be glad to help you. Please be sure to pick up your gift card on your way out and have a great rest of the day!

**Appendix H – Facilitator Script**

**For SERV Management, Staff & Advocates**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For SERV Management, Staff & Advocates**

Good morning/afternoon!

Thank you for being a part of this focus group. Your feedback and opinions are a vital part of the success of this project, so we’re glad you’re here!

I’m \_\_\_\_\_\_\_\_\_, and I am the \_\_\_\_\_\_\_\_\_\_\_\_ for HEAL of Tri-County. I will be facilitating our discussion today. \_\_\_\_\_\_\_\_\_\_\_ will be taking notes for today’s focus group.

We will also be recording this focus group. However, I want to assure you that the recording is only going to be reviewed by the Project Director, Maria Armstrong, to ensure that the notes that are written are accurate. Once the recording has been reviewed, the video will be erased. The notes that we are writing will not include your name or any identifying information, even if it is said here today. The notes will be compiled with notes that are taken from all of the focus groups and will be used to create a summary. Once the summary has been prepared, the notes will be shredded. Throughout this process, none of your names will be included.

For those of you who don’t already know, HEAL of Tri-County is a collaboration between SERV, Recovery Network for Deaf, Hard of Hearing and Hearing loss which is another CFS program and The Arc Gloucester.

HEAL of Tri-County was formed in 2018 and is funded through a grant by the Office on Violence Against Women (OVW). The goal of our project is to identify and create sustainable, systemic change within each of our agencies to support individuals who have experienced domestic and sexual violence who are Deaf, hard of hearing or have hearing loss and/or are living with Intellectual and/or Developmental Disabilities.

We are currently in our planning and development stage of this project and are working on our Needs Assessment. We will be conducting focus groups like this one with various levels of staff within each agency as well as with the individuals we serve.

Before we get started, we have a few more important points to make about confidentiality, housekeeping and group guidelines:

* 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 that you share may be included in a Needs Assessment Report that will be reviewed by our organizations as well as OVW.
* We ask that you respect each other’s confidentiality by not talking about what is shared today outside of the focus group. Since we cannot guarantee that others will keep information private, we ask that you not reveal any personal identifying information.
* Regarding confidentiality, please do not share names in this process. For example, if you relay an experience that involves a colleague or an individual we serve, please do not say the person’s name when describing it.
* When one person is talking, please refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and gives everyone the opportunity to share their thoughts and ideas.
* No one will be pressured to answer every question, but your participation is greatly encouraged. Your involvement is incredibly valuable to this process, and we appreciate your willingness to share.
* The focus group will last about 1-1/2 to 2 hours. If you need to take a break, feel free to take one at any time.
* We ask that you refrain from using your cell phone during this time, for confidentiality reasons and so as not to distract yourself and others. I’d appreciate if you could put your phones on silent or vibrate, and will give you the opportunity to do so now.

Does anyone have any questions before we start?

*(Answer questions)*

Okay, great! Let’s get started!

*(Follow Focus Group Questions for SERV Management, Staff & Advocates)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. It will be incredibly useful as we work towards reaching our goals. Have a great day!

**Appendix H – Facilitator Script**

**For The Arc Management & Staff**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – The Arc Management & Staff**

Good morning/afternoon!

Thank you for being a part of this focus group. Your feedback and opinions are a vital part of the success of this project, so we’re glad you’re here!

I’m \_\_\_\_\_\_\_\_\_, and I am the \_\_\_\_\_\_\_\_\_\_\_\_ for HEAL of Tri-County. I will be facilitating our discussion today. \_\_\_\_\_\_\_\_\_\_\_ will be taking notes for today’s focus group.

We will also be recording this focus group. However, I want to assure you that the recording is only going to be reviewed by the Project Director, Maria Armstrong, to ensure that the notes that are written are accurate. Once the recording has been reviewed, the video will be erased. The notes that we are writing will not include your name or any identifying information, even if it’s said here in the room today. The notes will be compiled with notes that are taken from all of the focus groups and will be used to create a summary. Once the summary has been prepared, the notes will be shredded. Throughout this process, none of your names will be included.

For those of you who don’t already know, HEAL of Tri-County is a collaboration between SERV, Recovery Network for Deaf, Hard of Hearing and Hearing loss which is another CFS program and The Arc Gloucester.

HEAL of Tri-County was formed in 2018 and is funded through a grant by the Office on Violence Against Women (OVW). The goal of our project is to identify and create sustainable, systemic change within each of our agencies to support individuals who have experienced domestic and sexual violence who are Deaf, hard of hearing or have hearing loss and/or are living with Intellectual and/or Developmental Disabilities.

We are currently in our planning and development stage of this project and are working on our Needs Assessment. We will be conducting focus groups like this one with various levels of staff within each agency as well as with the individuals we serve.

Before we get started, we have a few more important points to make about confidentiality, housekeeping and group guidelines:

* 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 that you share may be included in a Needs Assessment Report that will be reviewed by our organizations as well as OVW.
* We ask that you respect each other’s confidentiality by not talking about what is shared today outside of the focus group. Since we cannot guarantee that others will keep information private, we ask that you not reveal any personal identifying information.
* Regarding confidentiality, please do not share names in this process. For example, if you relay an experience that involves a colleague or an individual we serve, please do not say the person’s name when describing it.
* When one person is talking, please refrain from interrupting or speaking over others. This will allow for an easy flow of conversation and gives everyone the opportunity to share their thoughts and ideas.
* No one will be pressured to answer every question, but your participation is greatly encouraged. Your involvement is incredibly valuable to this process, and we appreciate your willingness to share.
* The focus group will last about 1-1/2 to 2 hours. If you need to take a break, feel free to take one at any time.
* We ask that you refrain from using your cell phone during this time, for confidentiality reasons and so as not to distract yourself and others. I’d appreciate if you could put your phones on silent or vibrate, and will give you the opportunity to do so now.

Does anyone have any questions before we start?

*(Answer questions)*

Okay, great! Let’s get started!

*(Follow Focus Group Questions for The Arc Management & Staff)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. It will be incredibly useful as we work towards reaching our goals. Have a great day!

**Appendix H – Facilitator Script**

**For RND Management & Staff**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – RND Management & Staff**

Good morning/afternoon!

Thank you for agreeing to participate in our needs assessment. Your feedback and opinion is a vital part of the success of this project, so we’re glad you’re here!

I’m \_\_\_\_\_\_\_\_\_, and I am the \_\_\_\_\_\_\_\_\_\_\_\_ for HEAL of Tri-County. I will be facilitating our discussion today. \_\_\_\_\_\_\_\_\_\_\_ will be taking notes.

We will also be recording this interview. However, I want to assure you that the recording is only going to be reviewed by me to ensure that the notes that are written are accurate. Once the recording has been reviewed, the video will be erased. The notes that we are writing will not include your name or any identifying information. We recognize that there are few of you, but we will still not use any names in this process or in the notes. The notes will be compiled with notes that are taken from all of the focus groups and will be used to create a summary. Once the summary has been prepared, the notes will be shredded.

HEAL of Tri-County is a collaboration between the SERV program within CFS, Recovery Network for Deaf, Hard of Hearing and Hearing loss and The Arc Gloucester.

HEAL of Tri-County was formed in 2018 and is funded through a grant by the Office on Violence Against Women (OVW). The goal of our project is to identify and create sustainable, systemic change within each of our agencies to support individuals who have experienced domestic and sexual violence who are Deaf, hard of hearing or have hearing loss and/or are living with Intellectual and/or Developmental Disabilities.

We are currently in our planning and development stage of this project and are working on our needs assessment. We will be conducting focus groups and interviews like this one with various levels of staff within each agency as well as with the individuals we serve.

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

* 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 that you share may be included in a Needs Assessment Report that will be reviewed by our organizations as well as OVW.
* Regarding confidentiality, please do not share names in this process. For example, if you relay an experience that involves a colleague or an individual we serve, please do not say the person’s name when describing it.
* There is no pressure to answer every question, but your participation is greatly encouraged. Your involvement is incredibly valuable to this process, and we appreciate your willingness to share.
* The interview will last about 1 hour. If you need to take a break, feel free to take one at any time.
* We ask that you refrain from using your cell phone during this time, for confidentiality reasons and so as not to distract yourself and others. I’d appreciate if you could put your phone on silent or vibrate, and will give you the opportunity to do so now.

Does you have any questions before we start?

*(Answer questions)*

Okay, great! Let’s get started!

*(Follow Individual Interview Questions for RND Management & Staff)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. It will be incredibly useful as we work towards reaching our goals. Have a great day!

**Appendix H – Facilitator Script**

**For SERV Leadership**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For SERV Leadership**

Good morning/afternoon!

Thank you for agreeing to participate in our needs assessment. Your feedback and opinion is a vital part of the success of this project, so we’re glad you’re here!

I’m \_\_\_\_\_\_\_\_\_, and I am the \_\_\_\_\_\_\_\_\_\_\_\_ for HEAL of Tri-County. I will be facilitating our discussion today. \_\_\_\_\_\_\_\_\_\_\_ will be taking notes.

We will also be recording this interview. However, I want to assure you that the recording is only going to be reviewed by me to ensure that the notes that are written are accurate. Once the recording has been reviewed, the video will be erased. The notes that we are writing will not include your name or any identifying information. We recognize that there are few of you, but we will still not use any names in this process or in the notes. The notes will be compiled with notes that are taken from all of the focus groups and will be used to create a summary. Once the summary has been prepared, the notes will be shredded.

HEAL of Tri-County is a collaboration between the SERV program within CFS, Recovery Network for Deaf, Hard of Hearing and Hearing loss and The Arc Gloucester.

HEAL of Tri-County was formed in 2018 and is funded through a grant by the Office on Violence Against Women (OVW). The goal of our project is to identify and create sustainable, systemic change within each of our agencies to support individuals who have experienced domestic and sexual violence who are Deaf, hard of hearing or have hearing loss and/or are living with Intellectual and/or Developmental Disabilities.

We are currently in our planning and development stage of this project and are working on our needs assessment. We will be conducting focus groups and interviews like this one with various levels of staff within each agency as well as with the individuals we serve.

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

* 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 that you share may be included in a Needs Assessment Report that will be reviewed by our organizations as well as OVW.
* Regarding confidentiality, please do not share names in this process. For example, if you relay an experience that involves a colleague or an individual we serve, please do not say the person’s name when describing it.
* There is no pressure to answer every question, but your participation is greatly encouraged. Your involvement is incredibly valuable to this process, and we appreciate your willingness to share.
* The interview will last about 1 hour. If you need to take a break, feel free to take one at any time.
* We ask that you refrain from using your cell phone during this time, for confidentiality reasons and so as not to distract yourself and others. I’d appreciate if you could put your phone on silent or vibrate, and will give you the opportunity to do so now.

Does you have any questions before we start?

*(Answer questions)*

Okay, great! Let’s get started!

*(Follow Individual Interview Questions for SERV Leadership)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. It will be incredibly useful as we work towards reaching our goals. Have a great day!

**Appendix H – Facilitator Script**

**For The Arc Leadership**

**HEAL of Tri-County Needs Assessment**

**Facilitator Script – For The Arc Leadership**

Good morning/afternoon!

Thank you for agreeing to participate in our needs assessment. Your feedback and opinion is a vital part of the success of this project, so we’re glad you’re here!

I’m \_\_\_\_\_\_\_\_\_, and I am the \_\_\_\_\_\_\_\_\_\_\_\_ for HEAL of Tri-County. I will be facilitating our discussion today. \_\_\_\_\_\_\_\_\_\_\_ will be taking notes.

We will also be recording this interview. However, I want to assure you that the recording is only going to be reviewed by me to ensure that the notes that are written are accurate. Once the recording has been reviewed, the video will be erased. The notes that we are writing will not include your name or any identifying information. We recognize that there are few of you, but we will still not use any names in this process or in the notes. The notes will be compiled with notes that are taken from all of the focus groups and will be used to create a summary. Once the summary has been prepared, the notes will be shredded.

HEAL of Tri-County is a collaboration between the SERV program within CFS, Recovery Network for Deaf, Hard of Hearing and Hearing loss and The Arc Gloucester.

HEAL of Tri-County was formed in 2018 and is funded through a grant by the Office on Violence Against Women (OVW). The goal of our project is to identify and create sustainable, systemic change within each of our agencies to support individuals who have experienced domestic and sexual violence who are Deaf, hard of hearing or have hearing loss and/or are living with Intellectual and/or Developmental Disabilities.

We are currently in our planning and development stage of this project and are working on our needs assessment. We will be conducting focus groups and interviews like this one with various levels of staff within each agency as well as with the individuals we serve.

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

* 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 that you share may be included in a Needs Assessment Report that will be reviewed by our organizations as well as OVW.
* Regarding confidentiality, please do not share names in this process. For example, if you relay an experience that involves a colleague or an individual we serve, please do not say the person’s name when describing it.
* There is no pressure to answer every question, but your participation is greatly encouraged. Your involvement is incredibly valuable to this process, and we appreciate your willingness to share.
* The interview will last about 1 hour. If you need to take a break, feel free to take one at any time.
* We ask that you refrain from using your cell phone during this time, for confidentiality reasons and so as not to distract yourself and others. I’d appreciate if you could put your phone on silent or vibrate, and will give you the opportunity to do so now.

Does you have any questions before we start?

*(Answer questions)*

Okay, great! Let’s get started!

*(Follow Individual Interview Questions for The Arc Leadership)*

**Conclusion**

Thank you so much for your time today and for your help in answering these questions. It will be incredibly useful as we work towards reaching our goals. Have a great day!

**Appendix I – Focus Group Questions**

**For Survivors of DV/SV**

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – Survivors of DV/SV**

1. **How did you learn about services available to individuals who have experienced violence?**

a. Where are good places to provide information about services that are available? (Prompts: churches, bulletins, websites, social media)

1. **What can agencies do to encourage people to seek services for (domestic violence/sexual violence)?**

a. What things do agencies do to help individuals who have experienced violence feel more comfortable disclosing or talking about their need for support or services?

b. What things do they do to help individuals trust and have confidence in them?

1. **If you are receiving services from an organization, what makes you feel safe and comfortable?**

a. What about the location? The building? The space?

b. What was your initial/first contact like? Was it a phone call, walk-in, internet, crisis line?

b. How can staff make the environment welcoming, comfortable & safe?

(i.e. staff knowledge, competency, environment, atmosphere)

c. What can staff do to help you feel more comfortable disclosing or talking about your experience of (domestic/sexual) violence?

1. **On the other hand, what has an agency or service provider done that might have made you feel uncomfortable or unsafe, or prevented you from trusting them or having confidence in them?**

a. Physical space/location

b. Overall atmosphere, comfort level, approachability

c. Staff behavior, competency, knowledge

1. **I’d like to focus now on confidentiality in the context of seeking services as an individual who has experienced (domestic/sexual) violence. By confidentiality, we mean keeping your personal information and identifying details about what you experienced private.**

a. How important is confidentiality when you’re seeking or receiving services?

b. How do you feel about an agency sharing your information?

c. Is it ever okay for a staff person or agency to share information with you about others?

d. Did they require you to sign a release of information when you first met with them?

i. If yes, did you feel that you had to sign the release form?

ii. Did they explain what a release is and who they would share the information, and how you could control that information?

1. **What challenges have you experienced when seeking safe, welcoming and effective services in your community?**

a. Tell us about challenges you experienced because of stigmas or stereotypes associated with victims of (domestic violence/sexual violence).

b. How did you overcome those challenges?

1. **What types of accommodations may individuals who have experienced violence need?**
2. **What else would you like service providers to know about how to best support individuals who have experienced (domestic/sexual) violence?**
3. **Do you have any other feedback for us?**

**Appendix I – Focus Group Questions**

**For Individuals who are Deaf/Hard of Hearing**

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – For Individuals who are**

**Deaf/Hard of Hearing**

1. **How did you find out about the services available to the Deaf community?**

a. Where are good places to provide information about services that are available? (Prompts: churches, bulletins, websites, social media)

b. which is of these ways would be the best choice when reaching out to Deaf/Hard of Hearing people?

1. **Think of a hearing agency that you go to for help. What makes you feel comfortable in dealing with them?**
2. **What makes the hearing agency feel more Deaf-friendly and accessible?**

a. What can staff do to make sure you know that you can request accommodations?

b. How do you inform staff that they are helping your problems? Or if they are not helping?

1. **What are the biggest barriers you have experienced in getting help from agencies?**

a. What didn’t work well with that agency?

b. What are the challenges you’ve experienced because of stigma and assumptions associated with Deaf individuals.

1. **If you looked for help at an agency & requested accommodations, were your accommodations met?**

a. If so, what process did you go through that worked?

b. If not, what was your experience?

1. **What kind of information do you think agencies need to better serve people who are Deaf/Hard of Hearing? What would be the most important thing you would teach them?**
2. **Is there any additional information you would like to share related to agency services for people who are Deaf/Hard of Hearing?**

**Appendix I – Focus Group Questions**

**For Individuals who are Deaf/Hard of Hearing**

***ASL Interpreted Version***

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – For Individuals who are**

**Deaf/Hard of Hearing**

**ASL Interpreted Version**

1. **Services for Deaf in community, search-search, find how?**

a. Services good for Deaf, spread news best way how? (Prompts: churches, bulletins, websites, social media)

b. Reach Deaf people, #1 champ, best way, information spread, how?

1. **Think about, you need help, go hearing agency. Feel comfortable, good match, how?**
2. **Deaf-friendly, accessible – hearing agency must do what, you feel match good?**

a. Need accommodations, access – staff must do what?

b. If staff helpful, you inform, how? If staff not helpful, you inform, how?

1. **You need help, but barriers (block-block), lousy service. Problems you experience, what?**

a. Bad experience, what?

b. Challenges, hearing not understand Deaf, your experience, what?

1. **If you search, need help hearing agency, accommodations request, provide no problem, yes or no?**

a. If yes, process smooth success, how?

b. If no, problem what?

1. **Hearing agency need information, know best support Deaf, what? If you teach, most important points about best service Deaf, what?**
2. **Any other information you want share about agency services for Deaf/HH?**

**Appendix I – Focus Group Questions**

**For Individuals Living with I/DD**

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – For Individuals Living with I/DD**

1. **How do you find what you need out in the community?**

a. Where do you go first when you think you need something?

b. What’s a good way to tell other people with disabilities how to find services they need?

b. Did anyone help you find this information (i.e. PCA, staff, friend, family, co-worker, case manager, counselor)

1. **Let’s talk about the idea of needing help. We all need help sometimes, but it can be hard to ask for help from others. Think about the last time you needed help from someone. How did you get the help that you needed?**

a. How did you know to get the help from that person or agency?

b. What did the staff do to make it easy for you to share your needs or ask for help?

c. How did they tell you whether they are accessible – like for wheelchairs and easy to read, big print brochures?

d. What can agencies do to help people with disabilities feel comfortable and give them a feeling of trust?

1. **Some agencies make it hard to get information about what they do. Can you think of things agencies do that make it hard to get information?**

a. For example, how they communicate with you might make you feel like they don’t understand you, or you don’t understand them.

b. Did they provide accommodations?

c. Was it accessible for you?

d. Were the materials available to you in a way that made it easier for you to understand them?

1. **When you go somewhere in the community for services and people don’t understand you and your disability, what is that like?**

a. What would help them better understand you?

1. **If you looked for help at an agency & requested accommodations, how did they respond? What if they were not able to meet your request. What did you do?**
2. **We’re now going to talk about confidentiality, which means keeping your information private, in the context of seeking services.**

a. How important is confidentiality when you’re seeking or receiving services?

b. How do you feel about an agency sharing your information?

c. Is it ever okay for a staff person or agency to share information with you about others?

d. Did anyone ever require you to sign a release of information when you first met with them?

i. If yes, did you feel that you had to sign the release form?

ii. Did they explain what a release is and who they would share the information, and how you could control that information?

1. **What would you like people in the community to know about how to best support you?**
2. **Is there anything else you want to make sure we know or can tell others about helping people with I/DD get good services?**

**Appendix I – Focus Group Questions**

**For Caregivers of Individuals Living with I/DD**

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – For Caregivers of**

**Individuals Living with I/DD**

1. **How did you become the caretaker of the person you care for? (court appointed, family friend, family member, etc.)**
2. **How did you find the services the individual you care for needed?**

a. What’s a good way to tell other people who might be looking for that information to find services they need?

b. Did anyone help you find this information (i.e. other PCAs, staff, friend, family, co-worker, case manager, government agency, counselor)

1. **Let’s talk about the idea of the individual you care for needing help. We all need help sometimes, but it can be hard to ask for help from others. How do you think you’ve made it easier for the person you care for to ask for help?**
2. **Now think about the last time you needed help from someone else in your role as caretaker. How did you get the help that you needed on their behalf?**

a. How easy is it to find the help you need in your community?

b. How did you know to get the help from that person or agency?

b. What did the staff do to make it easy for you or the individual you care for to share their needs or ask for help?

c. How did they tell you whether they are accessible – like for wheelchairs and easy to read, big print brochures? Did you have to ask or did they offer?

d. What can agencies do to help people with disabilities feel comfortable and give them a feeling of trust?

1. **Some agencies make it hard to get information about what they do. Can you think of things agencies do that make it hard to get information?**

a. For example, how they communicate with the individual you care for that might make you feel like they don’t understand or in a way that the individual you care for doesn’t understand.

b. Did they provide accommodations?

c. Was it accessible for the individual you care for?

d. Were the materials available to you in a way that made it easier for the individual you care for to understand them?

1. **When you go somewhere in the community for services and people don’t understand the disability of the person you care for, what is that like?**

a. What would help them better understand?

1. **If you looked for help at an agency & requested accommodations for the individual you care for, how did they respond?**
2. **What would you like people in the community to know about how to best support the individual you care for?**
3. **Where are good places to provide information about services that are available to people living with I/DD?**
4. **Is there anything else you want to make sure we know or can tell others about helping people who are living with I/DD get good services?**

**Appendix I – Focus Group Questions**

**For ASL Interpreters**

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – For ASL Interpreters**

1. **When you interpret, what are some things staff members or clients do that help you provide your services appropriately?**

a. Can you give examples of things that staff members or clients do that are helpful?

b. Can you give examples of some staff or client behaviors that seem problematic?

1. **Have you found yourself taking on roles other than interpreting with a client?**
2. **Have you ever noticed that you were emotionally affected by an assignment or a client’s story?** **If so, how did you respond during or after the assignment?**
3. **Have you ever spoken with a provider before or after an assignment about the assignment? If so, could you describe a typical conversation? What was helpful or not helpful?**
4. **What could a staff member or client do to help the assignment go smoothly?**
5. **What kinds of cultural issues have emerged when working with a provider?**
6. **What types of training have you received?**

a. Have you received specialized training on DV/SV, related signs and safety issues?

i. If so, where? How often?

ii. If not, do you believe you would benefit from such training?

b. Do you receive training specifically around mandatory reporting?

i. If so, where? How often?

ii. If not, do you believe you would benefit from such training?

c. What makes it easy or difficult to obtain training?

d. Where do you learn about what trainings are available in the community? Where are some good places to share information on trainings that are available?

1. **Think about a time when you’ve provided interpreting services in a DV/SV agency. What unique issues, if any, have you encountered?**

a. How are you contacted to provide interpreting services for individuals interacting with DV/SV agency staff?

b. What was your impression of the comfort level of the DV/SV agency staff?

c. Do you have a regular contract with the agency?

1. **Again, think about a time when you’ve provided interpreting services in a DV/SV situation.**

a. How comfortable are you interpreting for assignments involving DV/SV? What would increase your level of comfort or confidence? What has interfered?

b. Have you ever turned down an assignment? If so, why?

c. Who, if anyone, do you turn to for support and guidance?

1. **Is there anything else you’d like to share about what you need in order to provide interpreting services for Deaf individuals who have experienced DV/SV?**

**Appendix I – Focus Group Questions**

**For SERV Management, Staff & Advocates**

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – For SERV Management, Staff & Advocates**

*First, let’s focus on working with individuals who are Deaf or hard of hearing. When listening to these questions, please think about your own job and role within SERV. Speak to any experience where you may have worked with a Deaf or hard of hearing survivor of domestic violence or sexual violence. If you haven’t experienced this yet, think about any hypothetical situations where you might work with an individual who is Deaf or hard of hearing or you may be the first point of contact for that person within SERV.*

1. **How can someone who is Deaf contact your agency?**

a. Is there a way to contact the crisis line other than by phone?

b. By email?

c. Do you have any VP/VRI/TTY technology?

1. **Tell us about a time when you were working with or providing services to a Deaf or hard of hearing survivor. What went well and what was challenging? What things were in place within your organization to help you? What types of things impacted the situation?**

**Potential prompts:**

a. Staff training on working with Deaf/hard of hearing survivors?

b. Survivor and staff access to resources such as ASL interpreters, relay service, video phone?

c. Supervisor support?

d. Other community relationships?

e. Policies and procedures?

f. Anything else?

1. **What policies and procedures do you have available at SERV to guide you in responding to a Deaf or hard of hearing survivor of domestic violence or sexual violence?**

**Potential prompts:**

a. What are the strengths of your policies and procedures?

b. What are some weaknesses?

c. Do you receive training in following these policies and procedures?

d. How does your agency provide support to you in following these policies and procedures?

e. What are some changes that you think could be made to give you more guidance in providing services to Deaf or hard of hearing survivors?

1. **What does SERV currently do that ensures services are accessible to Deaf or hard of hearing survivors?**

a. What processes does SERV have that create an opportunity for a Deaf or hard of hearing survivor to request an accommodation?

b. What do you think SERV could do to improve its accessibility to better serve Deaf or hard of hearing individuals?

c. Do you feel staff have what they need to meet accommodation requests?

1. **What do you see as SERV’s biggest barriers to providing services for Deaf or hard of hearing survivors?**

a. Anything regarding the organizational culture or atmosphere? For example, are there any stigmas or assumptions about Deaf or hard of hearing individuals?

b. How about the training your team received?

c. What do you wish you had in place at your organization to assist you in serving Deaf or hard of hearing individuals?

i. A system to understand someone’s accommodation needs?

ii. Training?

iii. Resources?

iv. Community partnerships?

v. Specific policies and procedures?

vi. Anything else?

1. **What type of assistive technology devices are you aware of for Deaf or hard of hearing individuals?**
   1. Where might you get this assistive technology?
   2. Does SERV have this on hand, do you know?
2. **How comfortable are you when working with a survivor who is Deaf or hard of hearing?**

**Potential prompts:**

a. In communicating with them?

b. In creating a safety plan?

c. In providing accommodations?

d. In creating an environment that is safe, comfortable and respectful of cultural differences?

e. What would make you more comfortable?

1. **What do you want Deaf and disability service providers to know about how to best serve survivors of domestic violence and sexual violence?**

a. What do they need to know about the impact trauma has on survivors?

b. If you were going to train their staff, what would you put in the training curriculum to ensure they had the basics for responding to and serving domestic violence and sexual violence survivors?

*Now, we’re going to focus on working with individuals who are living with intellectual and developmental disabilities. Once again, please think about your own job and role within SERV. Speak to any experience where you may have worked with an individual living with an intellectual and/or developmental disability who has experienced domestic violence or sexual violence. If you haven’t experienced this yet, think about any hypothetical situations where you might work with an individual who is living with an intellectual and/or developmental disability or you may be the first point of contact for that person within SERV.*

1. **How do you know you’re working with someone who has an intellectual and/or developmental disability?**

a. Questions during your intake process?

b. Individual discloses and/or requests accommodations?

c. Notification from referring agency or person?

d. Your observations?

e. Documentation in a file by other staff within the agency?

1. **What exists within your organization to help you to respond to the needs of an individual living with I/DD?**

**Potential prompts:**

a. Are you provided trainings that support your role on responding to survivors whom are living with I/DD?

b. What resources are available at your organization?

c. Do you feel supported by your supervisor? In what ways? What have they done that was helpful and what was not helpful?

d. What about other community relationships?

e. How accessible are the services that your organization provides?

f. What about the ability to meet the client’s accommodation requests?

*Think about a time in this organization when you responded to or served an individual you feel may have had I/DD and things did not go well. Don’t share the details, but rather think about it in relation to what types of things within your organization had an impact on the situation. Examples include: policies and procedures, intake, training, knowledge, resources, attitudes and bias.*

1. **What types of things within your organization negatively impacted your ability to best respond to and meet the needs of someone living with I/DD?**

a. Lack of or inadequate training?

b. Lack of knowledge of resources?

c. Lack of accessibility of services?

d. Lack of knowledge of community partnerships?

e. Lack of ability to meet the client’s accommodation requests?

f. Did the type of disability impact your ability to deliver services? If so, how?

g. Was there a dynamic of also working with a guardian in that situation? If so, what were those dynamics like and how did they create barriers to serving the person?

1. **How comfortable are you when working with a survivor living with I/DD?**

**Potential prompts:**

a. In knowing when and how to report a new disclosure to authorities?

b. In communicating with them, especially considering the idea that there may be individuals with limited communication abilities or individuals who may not have the words to describe what happened to them?

c. In creating a safety plan?

d. In providing accommodations?

e. In creating an environment that is safe, comfortable and respectful?

f. In knowing how to work with an individual with I/DD who may have a guardian?

g. What would make you more comfortable?

1. **What are the challenges faced in assisting individuals who are living with I/DD and have experienced domestic violence or sexual violence? Some examples might be:**

a. Staff capacity?

b. Organizational culture (believability, certain assumptions/stigma about individuals with I/DD)

c. Policies and procedures?

d. Other resources and training?

e. Providing any needed accommodation?

1. ***(For SV Staff)* What do you want disability service providers to know about being an advocate during a SAFE exam?**

a. What can staff do to prepare the individual living with I/DD 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?

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

**Appendix I – Focus Group Questions**

**For The Arc Management & Staff**

**HEAL of Tri-County Needs Assessment**

**Focus Group Questions – For The Arc Management & Staff**

*When listening to these questions, please think about your own job and role within The Arc Gloucester. Speak to any experience where you may have worked with an individual living with I/DD who has experienced domestic violence or sexual violence. If you haven’t experienced this yet, think about any hypothetical situations where you might work with an individual living with I/DD who has experienced domestic violence or sexual violence or you may be the first point of contact for that person within The Arc Gloucester.*

1. **How would you rate your awareness and ability to recognize the signs that someone living with I/DD may have been recently the victim of domestic violence or sexual violence?**

a. Low? Medium? High?

b. How did you gain this awareness?

c. What additional information would be helpful to you?

1. **What are some factors you believe make it possible for an individual to freely disclose their experience of domestic violence or sexual violence?**
2. **What are some factors that you believe might prevent an individual from disclosing domestic violence or sexual violence?**

**Possible prompts:**

* 1. Mandatory reporting.
  2. Don’t understand what they experienced is abuse.
  3. Lack of trust.
  4. Fear.

1. **What, if anything, is in place at The Arc Gloucester to let you know when you or one of your staff is working with an individual who has experienced domestic violence or sexual violence? Do you seek this information?**

a. Intake process?

b. Process for individuals to request accommodations?

c. Other policies or procedures?

d. Other?

1. **Let’s talk about your experience in responding to the needs of individuals who have experienced domestic violence or sexual violence.**

a. What went well?

b. What didn’t go well?

1. **How comfortable are you when working with an individual?**

a. Who has experienced domestic violence or sexual violence?

b. Who is actively disclosing?

c. To create an environment that is conducive to disclosure?

d. What would make you more comfortable?

1. **Is there anything you wish The Arc Gloucester did to better support staff who works with individuals who may have experienced domestic violence or sexual violence?**

a. Information/training on how to work with an individual who has limited 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 domestic violence or sexual violence?

c. Are there other organizational supports that The Arc Gloucester could provide?

d. Resources? What types of resources?

1. **What are the challenges that you or The Arc Gloucester have in assisting individuals who have experienced domestic violence or sexual violence? Some examples might be:**

a. Staff capacity?

b. Is there anything within the organizational culture that creates barriers? (believability, certain assumptions/stigma about DV/SV)

c. Policies and procedures?

d. Other resources and training?

*Now let’s focus on working with individuals living with I/DD who are also Deaf or hard of hearing. When listening to these questions, please think about your own job and role within The Arc Gloucester. Speak to any experience where you may have worked with a Deaf or hard of hearing individual living with I/DD. If you haven’t experienced this yet, think about any hypothetical situations where you might work with an individual who is Deaf or hard of hearing and living with I/DD or you may be the first point of contact for that person within The Arc Gloucester.*

1. **Tell us about a time when you were working with or providing services to an individual living with I/DD who is also Deaf or hard of hearing. What went well and what was challenging? What things were in place within your organization to help you? What types of things impacted the situation?**

**Possible prompts:**

a. Staff training on working with Deaf/hard of hearing individuals living with I/DD?

b. Individual and staff access to resources such as ASL interpreters, relay service, video phone?

c. Supervisor support?

d. Other community relationships?

e. Policies and procedures?

f. Anything else?

1. **What policies and procedures do you have available at The Arc Gloucester to guide you in responding to a Deaf or hard of hearing individual living with I/DD?**

**Possible prompts:**

a. What are the strengths of your policies and procedures?

b. What are some weaknesses?

c. Do you receive training in following these policies and procedures?

d. How does your agency provide support to you in following these policies and procedures?

e. What are some changes that you think could be made to give you more guidance in providing services to Deaf or hard of hearing individuals living with I/DD?

1. **What does The Arc Gloucester currently do that ensures services are accessible to Deaf or hard of hearing individuals living with I/DD?**

a. What is the process for staff or Deaf individuals at The Arc Gloucester to request an accommodation?

b. What do you think The Arc Gloucester could do to improve its accessibility to better serve Deaf or hard of hearing individuals living with I/DD?

c. Do you feel staff have what they need to meet accommodation requests?

1. **What do you see as The Arc Gloucester’s biggest barriers to providing services for Deaf or hard of hearing individuals living with I/DD?**

**Possible prompts:**

a. Anything regarding the organizational culture or atmosphere? For example, are there any stigmas or assumptions about Deaf or hard of hearing individuals?

b. How about the training your team received?

c. What do you wish you had in place at your organization to assist you in serving Deaf or hard of hearing individuals?

i. A system to understand someone’s accommodation needs?

ii. Training?

iii. Resources?

iv. Community partnerships?

v. Specific policies and procedures?

vi. Anything else?

1. **What type of assistive technology devices are you aware of for Deaf or hard of hearing individuals?**

a. Where might you get this assistive technology?

1. **How comfortable are you when working with an individual who is Deaf or hard of hearing and living with I/DD?**

**Possible prompts:**

a. In communicating with them?

b. In providing accommodations?

c. In creating an environment that is safe, comfortable and respectful of cultural differences?

d. What would make you more comfortable?

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

**Appendix J – Interview Questions**

**For RND Management & Staff**

**HEAL of Tri-County Needs Assessment**

**Interview Questions – For RND Management & Staff**

*When listening to these questions, please think about your own job and role within RND. Speak to any experience where you may have worked with a Deaf/hard of hearing individual who has experienced domestic violence or sexual violence. If you haven’t experienced this yet, think about any hypothetical situations where you might work with a Deaf/hard of hearing individual who has experienced domestic violence or sexual violence or you may be the first point of contact for that person within RND.*

1. **How would you rate your awareness and ability to recognize the signs that a Deaf/HH individual receiving services with RND may have been recently the victim of domestic violence or sexual violence?**

a. Low? Medium? High?

b. How did you gain this awareness?

c. What additional information would be helpful to you?

1. **What are some factors you believe make it possible for an individual to freely disclose their experience of domestic violence or sexual violence?**
2. **What are some factors that you believe might prevent an individual from disclosing domestic violence or sexual violence?**

**Possible prompts:**

a. Mandatory reporting.

b. Staff misunderstanding or lack of capacity.

c. Lack of trust.

d. Fear.

1. **What is in place at RND to let you know when you or one of your staff is working with an individual who has experienced domestic violence or sexual violence? Do you seek this information?**

**Possible prompts:**

a. Intake process?

b. Process for individuals to request accommodations?

c. Other policies or procedures?

d. Other?

1. **Let’s talk about your experience in responding to the needs of individuals who have experienced domestic violence or sexual violence.**

a. What went well?

b. What didn’t go well?

1. **How comfortable are you when working with an individual?**

a. Who has experienced domestic violence or sexual violence?

b. Who is actively disclosing?

c. To create an environment that is conducive to disclosure?

d. What would make you more comfortable?

1. **Is there anything you wish RND did to better support staff who works with individuals who may have experienced domestic violence or sexual violence?**

**Possible prompts:**

a. Are there policies and procedures that would be helpful to better serve individuals who have experienced domestic violence or sexual violence?

b. Are there other organizational supports that RND could provide?

c. Resources? What types of resources?

1. **What are the challenges that you or RND have in assisting individuals who have experienced domestic violence or sexual violence? Some examples might be:**

a. Staff capacity?

b. Is there anything within the organizational culture that creates barriers? (believability, certain assumptions/stigma about Deaf individuals experiencing DV/SV)

c. Policies and procedures?

d. Other resources and training?

e. Providing any needed accommodation for a survivor?

*Now let’s focus on working with Deaf/hard of hearing individuals who are also living with I/DD. When listening to these questions, please think about your own job and role within RND. Speak to any experience where you may have worked with a Deaf/hard of hearing individual living with I/DD. If you haven’t experienced this yet, think about any hypothetical situations where you might work with an individual who is Deaf/hard of hearing living with I/DD or you may be the first point of contact for that person within RND.*

1. **How do you know you’re working with someone who is living with I/DD? Is it something you seek out?**

**Possible prompts:**

a. Questions during your intake process?

b. Individual discloses and/or requests accommodations?

c. Notification from referring agency or person?

d. Your observations?

e. Documentation in a file by other staff within the agency?

1. **Tell us about a time when you were working with or providing services to a Deaf/hard of hearing individual living with I/DD. What went well and what was challenging? What things were in place within your organization to help you? What types of things impacted the situation?**

**Possible prompts:**

a. Staff training on working with Deaf/hard of hearing individuals living with I/DD?

b. Building accessibility?

c. Individual and staff access to resources?

c. Supervisor support?

d. Other community relationships?

e. Policies and procedures?

f. Anything else?

1. **What policies and procedures do you have available at RND, if any, to guide you in responding to a Deaf/hard of hearing individual living with I/DD?**

**Possible prompts:**

a. What are the strengths of your policies and procedures?

b. What are some weaknesses?

c. Do you receive training in following these policies and procedures?

d. How does your agency provide support to you in following these policies and procedures?

e. What are some changes that you think could be made to give you more guidance in providing services to Deaf or hard of hearing individuals living with I/DD?

1. **What does RND currently do that ensures services are accessible to Deaf/hard of hearing individuals living with I/DD?**

**Possible prompts:**

a. What processes does RND have that create an opportunity for a Deaf or hard of hearing individual living with I/DD to request an accommodation?

b. What do you think RND could do to improve its accessibility to better serve Deaf or hard of hearing individuals living with I/DD?

c. Do you feel staff have what they need to meet accommodation requests?

1. **What do you see as RND’s biggest barriers to providing services for Deaf or hard of hearing individuals living with I/DD?**

**Possible prompts:**

a. Anything regarding the organizational culture or atmosphere? For example, are there any stigmas or assumptions about Deaf or hard of hearing individuals living with I/DD?

b. How about the training your team received?

c. What do you wish you had in place at your organization to assist you in serving Deaf/hard of hearing individuals living with I/DD?

i. A system to understand someone’s accommodation needs?

ii. Training?

iii. Resources?

iv. Community partnerships?

v. Specific policies and procedures?

vi. Anything else?

1. **How comfortable are you when working with an individual who is Deaf/hard of hearing and living with I/DD?**

a. In communicating with them?

b. In providing accommodations?

c. In creating an environment that is safe, comfortable and respectful of cultural differences?

d. What would make you more comfortable?

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

**Appendix J – Interview Questions**

**Interview Questions for SERV Leadership**

**HEAL of Tri-County Needs Assessment**

**Interview Questions for SERV Leadership**

1. What do you think sets SERV apart from other programs in the area that serve individuals who have experienced domestic violence or sexual violence?

2. How familiar is SERV with the issue of domestic violence and sexual violence as experienced by individuals who are Deaf/hard of hearing? How about individuals living with intellectual and developmental disabilities?

a. How well do the organization’s policies address these issues?

b. How well are these populations prioritized within the organization?

c. Is there anything about the organization’s culture that could create a barrier to Deaf/hard of hearing individuals or individuals living with I/DD who have experienced domestic violence or sexual violence? (such as stigmas, stereotypes)

d. Are there assumptions made about Deaf/hard of hearing individuals or individuals living with I/DD and domestic violence or sexual violence that could create a barrier to services? (such as language capacity, guardianship)

e. Is there anything else at SERV that potentially creates barriers to assist Deaf/hard of hearing individuals or individuals living with I/DD who have experienced domestic violence or sexual violence? (such as budgeting for accommodations)

f. How can you support staff in responding to Deaf/hard of hearing individuals or individuals living with I/DD who have experienced DV/SV?

g. Do you have any thoughts about how to improve SERV’s response to Deaf/hard of hearing individuals or individuals living with I/DD who have experienced DV/SV?

3. How does change happen at SERV?

a. What is the decision-making process?

b. How are the policies and procedures created or changed?

c. How are decisions made regarding hiring personnel?

d. How are decisions about resource allocations made?

4. What challenges do you expect SERV to encounter when addressing DV/SV as experienced by Deaf/hard-of-hearing individuals or individuals living with I/DD?

a. Are there any rules or regulations that impact SERV’s ability to assist these populations?

b. Are there any challenges to meeting clients’ requests for assistance?

c. Do New Jersey’s mandatory reporting requirements challenge your ability to serve these clients who are victims of DV/SV?

d. How might guardianship present challenges?

e. How about staff preparedness and training?

5. What are your thoughts about how the vision of HEAL of Tri-County can continue beyond the funded period of this project?

a. Will you support the development and dedication of SERV 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 anything else you would like us to know?

**Appendix J – Interview Questions**

**Interview Questions for The Arc Leadership**

**HEAL of Tri-County Needs Assessment**

**Interview Questions for SERV Leadership**

1. What do you think sets The Arc Gloucester apart from other programs in the area that serve individuals living with intellectual and developmental disabilities?

2. How familiar is The Arc Gloucester with the issue of domestic violence and sexual violence as experienced by individuals living with intellectual and developmental disabilities? How about individuals who are Deaf/hard of hearing?

a. How well do the organization’s policies address these issues?

b. How well is the abuse of individuals living with I/DD prioritized within the organization?

c. Is there anything about the organization’s culture that could create a barrier to individuals living with I/DD who have experienced domestic violence or sexual violence? (such as stigmas, stereotypes)

d. Are there assumptions made about individuals or individuals living with I/DD and domestic violence or sexual violence that could create a barrier to services? (such as language capacity, guardianship)

e. Is there anything else at The Arc Gloucester that potentially creates barriers to assist individuals living with I/DD who have experienced domestic violence or sexual violence or Deaf/hard- of-hearing individuals living with I/DD? (such as budgeting for accommodations)

f. How can you support staff in responding to individuals living with I/DD who have experienced DV/SV? How about individuals living with I/DD who are also Deaf/hard-of-hearing?

g. Do you have any thoughts about how to improve The Arc Gloucester’s response to individuals living with I/DD, who may also be Deaf/hard-of-hearing, who have experienced DV/SV?

3. How does change happen at The Arc Gloucester?

a. What is the decision-making process?

b. How are the policies and procedures created or changed?

c. How are decisions made regarding hiring personnel?

d. How are decisions about resource allocations made?

4. What challenges do you expect The Arc Gloucester to encounter when addressing DV/SV as experienced by individuals living with I/DD? How about those who are also Deaf/hard-of-hearing?

a. Are there any rules or regulations that impact The Arc Gloucester’s ability to assist these populations?

b. Are there any challenges to meeting clients’ requests for assistance?

c. Do New Jersey’s mandatory reporting requirements challenge your ability to serve clients who are victims of DV/SV?

d. How might guardianship present challenges?

e. How about staff preparedness and training?

5. What are your thoughts about how the vision of HEAL of Tri-County can continue beyond the funded period of this project?

a. Will you support the development and dedication of The Arc Gloucester 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 anything else you would like us to know?

**Appendix K – Survey**

**Survey for CFS Board of Directors**

*(Survey to be administered through Survey Monkey or by mail)*

1. HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey. To what degree do you think this project is consistent with Center for Family Service’s mission of supporting and empowering individuals?

A. Strongly consistent

B. Somewhat consistent

C. Not consistent at all

Comments:

2. To what degree do you think this project aligns with Center for Family Service’s goals?

A. Strongly aligns

B. Somewhat aligns

C. Does not align at all

Comments:

3. To what degree would you be willing to support new initiatives at Center for Family Services to address the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

A. Definitely would

B. Likely would

C. Not sure

D. Likely would not

E. Definitely would not

F. Need more information

Comments:

4. How likely are you to utilize Center for Family Services staff or project partners for information or training needs at the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

A. Definitely would

B. Likely would

C. Not sure

D. Likely would not

E. Definitely would not

F. Need more information

Comments:

5. In what ways would you be willing to support the work at the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

6. To what extent do you see any challenges for Center for Family Services in addressing the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

A. Significant

B. Moderate

C. Minimal

D. None

Comments:

7. What challenges, if any, would you see for Center for Family Services in supporting the work of HEAL of Tri-County at the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

8. Would you like to provide any additional feedback?

**Appendix K – Survey**

**Survey for The Arc Board of Directors**

*(Survey to be administered through Survey Monkey or by mail)*

1. HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey. To what degree do you think this project is consistent with The Arc Gloucester’s mission of empowering individuals with intellectual and developmental disabilities to achieve their highest potential?

A. Strongly consistent

B. Somewhat consistent

C. Not consistent at all

Comments:

2. To what degree do you think this project aligns with The Arc Gloucester’s goals?

A. Strongly aligns

B. Somewhat aligns

C. Does not align at all

Comments:

3. To what degree would you be willing to support new initiatives at The Arc Gloucester to address the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

A. Definitely would

B. Likely would

C. Not sure

D. Likely would not

E. Definitely would not

F. Need more information

Comments:

4. How likely are you to utilize The Arc Gloucester’s staff or project partners for information or training needs at the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

A. Definitely would

B. Likely would

C. Not sure

D. Likely would not

E. Definitely would not

F. Need more information

Comments:

5. In what ways would you be willing to support the work at the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

6. To what extent do you see any challenges for The Arc Gloucester in addressing the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

A. Significant

B. Moderate

C. Minimal

D. None

Comments:

7. What challenges, if any, would you see for The Arc Gloucester in supporting the work of HEAL of Tri-County at the intersection of domestic violence, sexual violence, disability issues and Deaf/hard-of-hearing issues?

8. Would you like to provide any additional feedback?

**Appendix L – Focus Group Debriefing Form**

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Focus Group/Interview: / /

Group:

Individuals who have experienced DV/SV

Individuals who are D/HH

Individuals living with I/DD

Caretakers of Individuals living with I/DD

ASL Interpreters

Management/Staff

Staff

Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notetaker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Common Observations:

Memorable Quotes:

What are the strengths in services?

What are the gaps in services?

Other notes?

**Appendix M – Gift Card Tracking Form**

HEAL of Tri-County will follow CFS’s established policies pertaining to the tracking of gift cards and will utilize the following gift card distribution log to track all gift cards distributed in the needs assessment process.