

# Open Door Initiative

of Lancaster County, Nebraska



St. Monica's



***Collaborative services that meet the complex needs of women who experience domestic violence, mental health concerns, and substance use issues.***

## Needs Assessment Plan

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The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Office on Violence Against Women, U.S. Department of Justice.

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## Preface

This document contains the Needs Assessment Plan and Tools, which is the second stage in the planning and development phase of the Disability Grant Program.

Please note the following terms of reference used within this document:

- The terms “collaboration” and “collaborative” are used interchangeably. Refer to page 18 of the Glossary in the Collaboration Charter for more information.
- The term “collaboration member” refers to the individuals designated by each of the five partner agencies to represent the agencies in the collaboration. (This term does not include reference to the Project Coordinator.) The term “collaboration representative” refers to various partner agency staff who are assisting with the needs assessment process (e.g., recruitment, advocate/observer facilitation team members, and interviewers) as well as consultants.
- The collaboration will focus its efforts on women who have experienced domestic violence with mental health concerns with or without substance use issues. Thus, the term “women who are survivors of domestic violence, mental health concerns, and/or substance use issues” equates to the term “women who are survivors of domestic violence with mental health concerns who also may experience substance use issues.” (Refer to the Open Door Initiative Collaboration Charter)

# Open Door Initiative Needs Assessment Plan

## Introduction

The Open Door Initiative is a collaborative project created to improve the community's response to women who experience domestic violence, mental health concerns, and/or substance use issues. The collaboration is engaged in a three-year project, which began in October 2008 and consists of two phases. The first phase focuses on building the collaboration, identifying needs, and developing strategies for addressing these needs. The second phase will focus on the implementation of identified changes. The project is funded through a grant from the Office on Violence Against Women, U.S. Department of Justice.

The Open Door Initiative is a collaboration of five community-based agencies in Lancaster County, Nebraska as described below. Each of the Open Door Initiative's collaborative organizations is committed to the Core Values as outlined in the Collaboration Charter.

- **Friendship Home** provides a continuum of safe, confidential shelter and support options for women and children experiencing domestic violence. The rich array of strength-based services includes emergency and transitional shelter, crisis intervention, counseling, case management, support groups for women and children, education about domestic violence, information about community resources, advocacy, and ongoing support after women and children leave the shelter.
- **Voices of Hope** provides 24-hour crisis services for survivors of domestic violence and sexual assault. Voices of Hope provides the following services: a confidential, 24-hour crisis line; 24-hour advocacy in response to calls from hospital emergency departments and law enforcement for assistance with a victim; crisis and short-term counseling; support groups for adult victims of domestic violence, sexual assault, and incest; legal advocacy; assistance with protection orders; community awareness; and professional training to individuals and groups who work with victims of these crimes.
- **Community Mental Health Center (CMHC)** of Lancaster County is dedicated to providing quality mental health care and rehabilitation services for adults who experience acute psychological distress or serious mental illness. Services of CMHC include: medical services; outpatient therapy; partial hospitalization program; community support services; inpatient psychiatric evaluation; behavioral health jail diversion; sex offender program; 24-hour crisis intervention; day rehabilitation; homeless/special needs outreach; peer, volunteer, and student placement; and the Open Studio/Writer's Wordshop.
- **St. Monica's** provides gender-specific, trauma-informed substance abuse and mental health treatment to women and adolescent girls diagnosed with drug or alcohol dependence. Services include the following: outpatient and intensive outpatient programming; short- and long-term residential treatment, including residential treatment in which women are able to reside with their children; medical services including psychiatric assessment and medication management; community support; family therapy; and early childhood care.

- **CenterPointe, Inc.** offers a continuum of care to persons with co-occurring mental health and substance use disorders using integrated and simultaneous treatment for both disorders. Services include outpatient counseling, case management, and day rehabilitation along with housing programs. CenterPointe also provides adult and youth long-term residential treatment for co-occurring disorders, as well as short-term residential substance use services for adults.

## Mission

The mission of the Open Door Initiative is to transform services in Lancaster County into a seamless, responsive, and sustainable system that fully meets the needs of women who are survivors of domestic violence with mental health concerns who may also experience substance use issues. Within and among our collaborating agencies, we will promote and foster:

- A culture that honors and empowers the women we serve.
- A nimble collaboration that is innovative, intentional, and ethical in its communication.
- Knowledge of these co-occurring issues that ensures integrated and individualized services.
- Environments that are physically and emotionally safe.
- Policies and practices that promote accessibility and safety.

## Vision

The vision of the Open Door Initiative is that women in Lancaster County who are survivors of domestic violence with mental health concerns who may also experience substance use issues will be welcomed into an empowering, inclusive, respectful environment when they access our services. Regardless of which agency door they open, women will access a rich array of comprehensive, individualized, seamless services and will be safer as a result of our collaboration.

## Focus

The Open Door Initiative will focus its efforts on women who have experienced domestic violence and who meet the following three criteria:

- 1) **Age 19 and older.** The age of majority in Nebraska is 19 years of age.
- 2) **Resident of Lancaster County, Nebraska.** Although some of the partner agencies provide services to residents of other Nebraska counties, it was decided that the scope of this project would be limited to residents of Lancaster County.
- 3) **Mental health concerns with or without substance use issues.** Mental health is the disability focus chosen by the partner agencies as each of these agencies provides services to women who experience mental health concerns (diagnosed or undiagnosed). Due to the high co-occurrence of mental health concerns and substance use as well as the high correlation between domestic violence and substance use, this supplemental focus was included by the partner agencies.

## **Sites of Change**

The five programs that comprise the Open Door Initiative have the capacity and have made the commitment to foster sustainable change within each partner agency. While the collaborative will focus on the partner agencies as the sites of change, the Open Door Initiative has the potential to be a catalyst of change within Lancaster County, Nebraska because of the existing collaborations between multiple community agencies.

## **Purpose of the Needs Assessment**

The Open Door Initiative is conducting this needs assessment to inform the collaborative of both strengths and gaps in services that exist for the target population. Information from the needs assessment will be used to develop a strategic plan that creates a rich array of comprehensive, individualized, seamless services regardless of which of the five partner agency doors clients enter.

## **Needs Assessment Goals**

The Open Door Initiative has three primary themes for the needs assessment as indicated below. The collaboration will combine the findings from the needs assessment with the collaborative partner agencies' overarching values of empowerment, safety, cultural competency, sustainability, and confidentiality to develop a comprehensive strategic plan.

The needs assessment will explore three overarching themes:

- 1) What are the needs of women who experience domestic violence, mental health concerns, and/or substance use issues?
- 2) How do individual partner agencies currently meet client needs?
- 3) How can the collaborative partner agencies improve service coordination to better meet client needs?

The collaboration has identified the following goals, but will not exclude other areas of interest that may arise:

### **Goal 1: Identify client needs**

- A. Identify clients' methods of finding and accessing services.
- B. Identify clients' perceptions of the availability, appropriateness, and approachability of services.
- C. Identify clients' opinions of the effectiveness of services in meeting their needs.
- D. Identify clients' visions for the ideal set of services and experiences.

## **Goal 2: Assess how individual partner agencies meet client needs**

- A. Assess knowledge and attitudes regarding domestic violence, mental health, substance use, and related areas.
- B. Review relevant policies and practices at every level of service provision including screening, assessment, referral, and intervention.
- C. Identify barriers and facilitators to delivering quality seamless services within each partner agency.
- D. Evaluate relationships, communication, and resource allocation within each partner agency.

## **Goal 3: Assess service coordination among partner agencies**

- A. Assess knowledge and attitudes towards partner agencies and disciplines.
- B. Review relevant policies and practices regarding service provision among partner agencies.
- C. Identify barriers and facilitators to working among agencies to deliver quality, seamless services.
- D. Evaluate relationships, communication, and resource allocation among partner agencies.

## **Information Sources**

### **Existing Data**

At the direction of the Lincoln/Lancaster County (Nebraska) Human Services Administrator, a task force was created within the existing Community Services Initiative<sup>1</sup> to review issues pertaining to domestic violence and problems that exists for women who access services to become safe. The task force, Stop Abuse Coalition, began its work in October 2006. At a meeting held in November 2006, a representative from the United Way indicated that the perspective of that agency in recent years has been that there are victims of domestic violence who are not adequately accessing and receiving services within the system (i.e., community agencies). The Family Violence Committee of United Way expressed an interest in knowing where women enter the system and seem to get “hung up” and not able to get services they need. Initially, it was determined that solutions must be developed that aren’t agency-specific or agency-driven but victim-driven and systemic.

For the purposes of the study on this issue, a survey was created using the Human Services Federation’s SurveyMonkey in order to get a broad range of inputs from people working with agencies. In addition, a series of presentations was held from 10 agencies that provide services to victims of domestic violence. (These agencies were: Friendship Home, Fresh Start Home, St. Monica’s, Legal Aid of Nebraska, People’s City Mission, Community Mental Health Center, Voices of Hope, Cedars Youth Services, CenterPointe, and Family Service Association of Lincoln.) Data from several agencies on past clients’ needs and experiences was also reviewed.

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<sup>1</sup> Additional information about the Human Services Federation, Community Services Initiative (CSI) can be found at <http://www.hsfed.org>.

The survey results and notes regarding the agency reports are included as appendices to the Stop Abuse Transition Study Report of August 22, 2007.<sup>2</sup> The agencies not only reported on their services and experience, but also identified what they perceived as gaps and barriers for domestic violence victims seeking safety.

**Common Concerns.** In reviewing the data that was gathered, the following were identified as the common concerns for victims of domestic violence seeking services within Lancaster County:

- **Waiting lists everywhere:** All service providers have waiting lists. While some assistance is often available; rapid, systematic assistance is unavailable.
- **Growth in number of clients with multiple needs:** Although the cause is uncertain, all agencies report growing numbers of clients presenting with multiple needs, often including mental health problems, substance use or abuse issues, and/or a criminal history. These issues often preclude victims from receiving services. Again, the problem is not that domestic violence victims can't get some services, but they can't get a package of services they need or they can't get the services they need staged in a needed progression to be successful in implementing their safety plans.
- **Income/resource issues:** Many victims meet with limited or no success in responding to their crisis and resulting safety needs because they lack needed income or lack resources. They confront what appears to them as a confusing array of services and just don't have the capacity to negotiate the system.
- **Housing needs, both short and long term:** Housing is an income/resource issue, but it deserves special attention because it remains a problem. The primary concern is victims who are not eligible for housing assistance because of criminal history, substance use/abuse and/or mental health issues. Finding and sustaining housing remains a major barrier.
- **Worries about impact on children, including losing children:** Many victims come forward because of concerns about safety for their children, but then find themselves in a battle to retain their children. Others simply refuse to come forward, fearing what will happen to their children. Many victims fear that juvenile and family court actions are increasingly more hostile to them.
- **Increased demand for shelter resulting from child abuse system changes:** With the state adding additional Child Protective Services workers, and with other changes in the child abuse system, Friendship Home finds an increasing number of women who are being ordered to go into shelter as part of their case plans.
- **Safety:** Victims are justifiably concerned for their safety and fears about safety often serve as barriers. Abusers still are the cause of abuse. A systematic response to stopping abusers needs greater emphasis.

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<sup>2</sup> The CSI Stop Abuse Transition Study Report (2007) can be found at <http://www.hsfed.org>.



**System response strengths.** In reviewing the data, however, the committee did not want to simply focus on gaps/needs. Instead, the committee wanted to also look at strengths that might form a basis for improved response. Some perceived strengths are:

- **Collaboration success.** Willingness of service providers to collaborate and history of creating and successfully implementing collaborative, multi-disciplinary projects.
- **Successful planning and plan implementation.** Creative thinking that has led to successful planning and plan implementation.
- **Stable, strong leadership.** Most of the agencies have experienced stable, strong leadership that has supported collaboration, creativity and planning.
- **Successful experience.** We now have had many years experience in safely responding to victims. Collaboration, creativity and planning have led to significant improvements.
- **Good array of services.** A good mix of programs and relatively comprehensive array of services are available.

**Specific Action Ideas.** Additional areas identified for focus were:

- **Successful planning and plan implementation.** Creative thinking that has led to successful planning and plan implementation.
- **Implement a pilot planning project and service response that focuses on rapid, holistic response that is client-focused.**

**Enhanced case management.** (Human Services Federation. 2007 Community Services Initiative. Stop Abuse Transition Report, pp. 2-3.)

The CSI Report (cited above) identified the common concerns from which the collaboration identified the area of focus for the Open Door Initiative (i.e., survivors of domestic violence with mental health concerns and/or substance use issues who cannot access the integrated services necessary to meet their needs). While the CSI Report provided the context for the focus, additional information is necessary to expand the knowledge and data in order to develop a strategic plan to create collaborative services that will meet the complex needs of survivors of domestic violence with mental health concerns and/or substance use issues. The collaboration will seek and collect information that builds upon the initial survey of the CSI Stop Abuse Transition Report.

## **New Data**

New data will be gathered during this needs assessment process through focus groups and interviews as described in the Methods section of this plan. In addition, the collaborative will review intake forms as well as selected policies and procedures that are used at each partner agency. These documents can reveal the presence or absence of awareness of issues regarding women who experience domestic violence, mental health concerns, and/or substance use issues. Information obtained from the materials will also be used to identify commonalities, strengths, and gaps in services at each partner agency.

## **Methods**

The methodology to be used by the Open Door Initiative during this needs assessment is briefly described as follows:

- **Method 1: Focus groups.** Each partner agency will identify relevant groups of internal stakeholders (e.g., clients, staff, volunteers, interns, and board or governing entity members) for participation in the assessment process.
- **Method 2: Interviews.** Each partner agency will identify key groups of providers within the partner agencies for participation in the needs assessment process.
- **Method 3: Optional interviews.** Individual interviews will be offered to individual clients and providers who are not comfortable with the group process or for any individuals whose focus group was cancelled because less than four people registered.

**Note:** If at any point during the needs assessment process it appears that saturation has occurred and the collaboration is no longer receiving new information from the focus groups and interviews, a meeting will be held with the Vera Institute Technical Assistant to discuss whether to cancel the remaining activities.

## **Registration Forms**

Registration forms are an essential element of the recruitment, invitation, safety, and accessibility processes. The process of registration begins a channel of communication with potential participants. Each agency will use one form per respondent to collect the specifics about any accommodations or arrangements that an individual might require to participate in a focus group or interview (e.g., interpreters, alternative formats, or other needs). Client registration forms will include space to request specific incentives (e.g., transportation assistance, childcare) in addition to necessary accommodations. (Appendices A.2, A.5., and B.3.) Identifying information will be used to make necessary arrangements for the focus groups (or interviews) and coordinate individual accommodations.

Accommodations will include whether someone will need a personal care attendant for the duration of a focus group or interview. If the collaboration hires an alternate personal care attendant for the participant, she/he has the right to her/his preference regarding the specific attendant selected.

Registration forms for client focus groups and interviews will ask the individual to identify the safest method of contact. A client participant will only be contacted to notify her of any changes regarding the focus group (or interview) and/or to ensure that individual accommodations are arranged. For clients, the registration form will provide a no-contact option. (Refer to the Safety section of this document for more information.) The collaboration members at each partner agency will forward the completed registration forms to the Project Coordinator, who will coordinate accommodations.

## **Participant Pre-Focus Group and Pre-Interview Questionnaires**

Pre-focus group and pre-interview questionnaires will be given to participants during the orientation process. (Appendices I.1. and I.2.) Completion of the questionnaire is voluntary. The form will not ask for any personal identifying information. The questionnaires will be used primarily to collect demographic information.

**Clients.** The needs assessment process has been designed to include women from diverse backgrounds. The demographic data will provide additional information about the participants, which will be used to determine whether there are women who are over or under represented (such as age, race, primary language, etc). The collaboration will also gain insight about participants' utilization of services offered by the partner agencies as well as whether they have tried to access other services. The supplemental data, along with information obtained from the focus groups and interviews will help the collaboration to determine gaps or lack of integrated services.

**Providers.** The provider questionnaire will collect specific information regarding the experience and skills of participants. The information collected will include the number of years working with survivors and survivors with mental health concerns and/or substance use issues. It will also provide specific information regarding the amount of training participants have received and whether they believe they are adequately trained. In addition, participants will have the opportunity to indicate whether they are comfortable discussing domestic violence (mental health and substance use agencies) and mental health concerns and/or substance use issues (domestic violence agencies) with clients. The supplemental data, along with the information obtained from the focus groups and interviews will help the collaboration to determine strengths and needs of providers in partner agencies.

Regarding focus groups, participants will be asked to place the completed questionnaires into a box located in the room in which the focus group is held. The Project Coordinator will take the pre-focus group questionnaires from the box at the conclusion of each focus group. For interviews, participants will be asked to place the pre-interview questionnaire in an envelope and seal the envelope.

The interviewers will be responsible for delivering the pre-interview questionnaires to the Project Coordinator. The Project Coordinator will enter the data into a database. The data, when not in use, will be stored in a locked file cabinet in the Project Coordinator's office.

## The Recruitment Process

**Identification of Recruiters.** Recruiters will be collaboration members and other designated staff from partner agencies. Potential recruiters will be identified by collaboration members at each respective partner agency and will recruit participants from their respective agency. All recruiters will meet directly (face to face) with women who use services from their respective agencies. Whenever possible, recruiters will be individuals who are known to the potential participant (e.g., case managers, counselors, group facilitators).

### ***Recruitment of Clients.***

- Survivors of domestic violence will be recruited from domestic violence agencies (Friendship Home and Voices of Hope).
- Women with mental health concerns and/or substance use issues will be recruited from mental health/substance use partner agencies (CenterPointe and Community Mental Health Center).
- Survivors of domestic violence with mental health concerns and/or substance use issues will be recruited from St. Monica's which provides specialized services for women who have self-identified as survivors of domestic violence with mental health concerns and substance use issues. The collaboration member from St. Monica's who works directly with the clients will serve as the recruiter.

**Training of Recruiters.** Collaboration members will provide recruiters with a description of the Open Door Initiative and will explain the purpose of the needs assessment and the role of the recruiter. Materials will be written in easily understood language that is appropriate for the audience and in accessible formats. (Refer to the Accessibility section for more information.)

**Responsibilities of the Recruiters.** The responsibility of recruiters is to convey information in a consistent manner, answer questions, and assist potential participants with registration. When meeting with potential focus group and interview participants, the recruiter will provide a verbal overview of the Open Door Initiative and the purpose of the needs assessment using scripts developed by the collaboration. (Appendices A.1., A.4., and B.1. through B.2.)

**Recruitment Process.** When inviting individuals to participate, recruiters will emphasize the unique perspective that potential participants can offer to the needs assessment, either as a client who receives services or as a professional who provides services. A Frequently Asked Questions (FAQ) Sheet will be reviewed or read to them, depending on the needs of the potential participants. The recruiter will use the FAQ Sheet to explain consent, safety, and confidentiality (to include mandatory reporting). (Appendices A.3., A.6., and B.4.)

All potential participants will be told that they can end their participation at any time if they do not want to continue. If a participant is uncomfortable with the focus group format, an individual interview will be scheduled. As described elsewhere in the Methods section (Method 1: Focus Group Overview), client participants will also be informed of the stipend that is available to them if they should decide to participate in focus groups or interviews.

Following the description of the needs assessment, the recruiter will distribute registration forms. Potential participants will be told that the main purpose of the registration form is so that necessary accommodations can be provided and to obtain contact information. Client participants will be informed that providing safe contact information is helpful, but not required. (Refer to the Safety and Accessibility sections for more information.)

The recruiter will announce the available dates, times, and locations for each focus group. Interviews will be scheduled directly between the interviewer and potential participant. The recruiter will answer questions and assist potential participants to complete the registration form.

At the end of the meeting, the recruiter will collect the FAQ sheets and registration forms. The latter will be reviewed to ensure that the scheduled date, time, and location of the focus group has been indicated on each registration form and accommodations have been requested (if needed). (Potential participants will not be allowed to keep the FAQ sheets unless the individual specifically requests them and the recruiter has discussed safety issues.)

Recruiters will give completed registration forms to the respective collaboration member who will then forward them to the Project Coordinator. She will be responsible for making reasonable accommodation arrangements for focus group and interview participants.

## **Guardianship Issues**

Women who volunteer to participate in the needs assessment activities might indicate they have a legal guardian. The extent of the legal relationship will be further explored with the potential participant to determine if the guardianship is full or limited. In Nebraska, courts favor the least restrictive guardianship in which individuals may enter into activities and make decisions. In the spirit of concern for participant safety and self-determination, permission must be provided by the potential participant to the Open Door Initiative (via a release of information document) prior to contact being made with the guardian. This contact will consist of describing the project, the options for participation in the needs assessment, and enlisting the guardian's support. If appropriate, the Informed Consent form will be sent to the guardian at least one week prior to the focus group or interview.

## **Method 1: Focus Groups**

### **Overview**

Focus groups will be the main method of collecting information since they offer an efficient means of gathering a great amount of information in a short period of time. The focus group was chosen as the primary method to gather information specific to strengths, challenges, practices, attitudes, cultures, and systems response for women who experience domestic violence, mental health concerns, and/or substance use issues as well as for partner agency providers.

Focus groups offer a rich source of information from the exchange of information and variety of views shared in a small group setting. Open-ended scripted questions offer individual input, dynamic group interaction, and the opportunity to use prompts to gain deeper perspectives, insights and specific challenges of the focus group participants. The collaborative has intentionally structured the focus groups to provide for the enhancement of safety,

confidentiality, and accessibility for participants. (Refer to the Safety, Confidentiality, and Accessibility sections of this document for more information.) Individuals who are uncomfortable with the focus group format may request an interview instead of attending the focus group.

All focus group discussions will be held for approximately 1 - 1 ½ hours. Focus groups will be held with a minimum of four people and a maximum of ten people. Snacks will be served based on the information received on the registration forms regarding dietary accommodations. Other requested accommodations will be available at each focus group. Focus groups will begin with a check-in for participants to ensure that individual accommodations meet participant needs.

All client participants will receive a \$25 Walgreens gift card when they arrive at the focus group. Participants in the provider focus groups will not receive gift cards; however, refreshments will be available for each focus group. (Refer to the Safety and Accessibility sections of this document for more information.)

Focus groups for clients will be held at the site at which the individual receives services. Women who receive services from multiple partner agencies may participate in focus groups at more than one agency. Each site will be safe and accessible for participants.

Focus groups for providers will be held at partner agency sites. The collaboration member of each partner agency will arrange for an accessible, comfortable, and private room in which to hold these groups. The groups will be conducted during convenient, regular operating hours.

Participants will also be told that although the needs assessment report may contain direct quotes, their names will not be used and that information shared during the focus group will be aggregated in the final report. They will be assured that the purpose of the needs assessment is to gain information that will lead to systems change within each organization and ultimately improve the service delivery system for women who experience domestic violence, mental health concerns, and/or substance use issues.

## **Facilitation Team**

**Facilitator.** Consultants who are not affiliated with any of the partner agencies will facilitate all focus groups. This decision was made by the collaboration to enhance neutrality and objectivity of the facilitators. Qualifications for this position include previous experience as a group facilitator and knowledge about services for women who experience domestic violence, mental health concerns, and/or substance use issues. The facilitator(s) will be oriented to the needs assessment process by the collaboration and Project Coordinator. The facilitator(s) will sign a statement of confidentiality as a term of the contract.

The facilitator's main responsibility is to attend to the environment of the focus group, including opening and closing the group as well as maintaining the focus of the discussion. The facilitator will also be responsible for following the scripts and scripted questions developed by the collaboration. (Appendices D.1. through D.2., G.1. through G.3., and H.1. through H.7.)

At the beginning of the focus group, the facilitator will welcome the participants to the group and introduce the other facilitation team members. As the session begins, the facilitator will make sure that everyone is comfortable and review general housekeeping details such as the location of restrooms and the need for breaks.

The facilitator will carefully review the purpose of the focus group as well as safety and confidentiality issues. The facilitator will explain the roles of the note taker and advocate (client focus groups) or observer (provider focus groups). The facilitator will review the Informed Consent form, invite questions, and ask client participants to sign the form if they choose to participate in the focus group.

A critical role of the facilitator is to create an atmosphere where all participants have a genuine opportunity to answer questions and contribute. In addition, it will be the responsibility of the facilitator to keep the discussion in line with the scripted questions and intervene promptly in cases of potential personal disclosures. The facilitator will be responsible for asking the questions and using the prompts as set out in the script to obtain information that is more extensive. The facilitator will use a paper easel pad to record participant comments. The facilitator will monitor the time with the assistance of the note taker and advocate/observer. The facilitator will review the comments with the participants and conclude by thanking the participants for their contributions and time.

**Note Taker.** The Project Coordinator will serve as the note taker for the majority of the focus groups. The exception to this is that a collaboration member or collaboration representative will not serve as note taker for the focus groups at the agency where the Project Coordinator is employed (Friendship Home) or when there is a conflict of interest.

The primary job of the note taker is to objectively record statements made during the focus group in relation to the focus group questions. She will also note significant statements made during the focus groups in relation to the focus group questions. The note taker will use a computer to record the information. The note taker will not participate in the discussion or offer any facilitation. Participants will be informed that the note taker is in the room to take notes and that the notes will not identify any of the participants by name.

To ensure anonymity during the note taking process, participants will wear badges that identify the participant by a number. The note taker will document participant responses according to the person's assigned number and will record situations where emotions such as frustration, anger, or happiness are expressed.

The note taker may ask that something be repeated by raising her hand. Each set of focus group notes will be listed by group number, date, and location. The notes will be securely stored in the office of the Project Coordinator.

**Advocate or Observer.** A collaboration member or collaboration representative will act as an advocate (client focus groups) or as an observer (provider focus groups). Typically, collaboration members/representatives will not be a part of the facilitation team for focus groups at the agency where they are employed or when there is a conflict of interest.

All advocates (client focus groups) will be collaboration members/representatives who are trained in crisis intervention and will provide support to the participants, as needed. The advocate in the client focus groups will primarily be responsible for overseeing the group and individual dynamics and for intervening if a client participant begins to feel overwhelmed, wishes to talk individually, or needs to leave. In addition, the advocate will collect the Informed Consent forms from the participants and provide them to the note taker. (Refer to the Consent section of this document for more information.)

Overall, the advocate/observer's role is to watch over safety, accessibility, comfort levels, and time concerns in the focus groups. The advocate/observer will help anyone who needs his or her personal care attendant. The advocate/observer will provide any assistance that is needed to participants and members of the facilitation team. Finally, the advocate/observer will let the facilitator know when there are five minutes remaining in the focus group and when the focus group time has ended.

## **De-Briefing and Evaluation of Process**

Following each focus group, the facilitation team will meet to complete a brief evaluation. (Appendix E.) The note taker will review the summary with the facilitator and the advocate/observer. As part of the review, they will make sure that data was accurately recorded and that anything missed by the note taker is added. Focus group notes will include themes that emerge during the focus group, additional comments, and suggestions. In addition, after completing the first five focus groups, the collaboration will convene to discuss broad themes, successes and challenges, and any adjustments to the assessment process that need to be made. Subsequently, the collaboration will meet periodically to review the process and determine if saturation of information has occurred.

## **Audience and Number**

The number of key groups of stakeholders within each agency will vary according to the organizational structure of the agency, range of programs and services offered, job duties of staff members, and relevance of each group to the work of the collaboration. The number of focus groups has been determined to ensure representation from those areas that are relevant to the work of the collaboration.

The following audiences will participate in the focus groups:

- Survivors of Domestic Violence
- Women Who Experience Mental Health Concerns and/or Substance use Issues
- Survivors of Domestic Violence Who Experience Mental Health Concerns and/or Substance Use Issues
- Leaders and Management of Partner Agencies
- Direct Service Staff of Partner Agencies

Table 1 (following page) represents the planned focus groups including the name of the partner agency, the audience of the focus group, and the projected number of participants in each group. A summary total of focus groups is located at the end of the table.



<b>TABLE 1: FOCUS GROUPS</b>		
<b>AGENCY</b>	<b>AUDIENCE</b>	<b>NO. OF PEOPLE</b>
<b><i>Survivors of Domestic Violence</i></b>		
Friendship Home #1	Survivors currently receiving services	4-10
Friendship Home #2	Survivors currently receiving services	4-10
Voices of Hope #1	Survivors currently receiving services	4-10
Voices of Hope #2	Survivors currently receiving services	4-10
<b><i>Women with Mental Health Concerns and/or Substance Use Issues</i></b>		
CenterPointe #1	Clients currently receiving services	4-10
CenterPointe #2	Clients currently receiving services	4-10
Community Mental Health Center #1	Clients currently receiving services	4-10
Community Mental Health Center #2	Clients currently receiving services	4-10
Community Mental Health Center #3	Clients currently receiving services	4-10
Community Mental Health Center #4	Clients currently receiving services	4-10
<b><i>Survivors of Domestic Violence Who Experience Mental Health Concerns and/or Substance Use Issues</i></b>		
St. Monica's #1	Clients currently receiving services	4-10
St. Monica's #2	Clients currently receiving services	4-10
<b><i>Leaders and Management</i></b>		
CenterPointe #3	Program Directors	4-10
Community Mental Health Center #5	Program Coordinators & Team Supervisors	4-10
Community Mental Health Center #6	Advisory Committee	17
St. Monica's #3	Program Directors	4-10
<b><i>Direct Service Staff</i></b>		
Friendship Home #3	Case Managers	4-10
Friendship Home #4	Advocates	4-10
CenterPointe #4	Technicians and Case Managers	4-10
CenterPointe #5	Counselors	4-10
Community Mental Health Center #7	Therapists and Interns	4-10
Community Mental Health Center #8	Case Managers	4-10
St. Monica's #4	Residential Coordinators & Counselors	4-10
St. Monica's #5	Therapeutic Mentors	4-10
Voices of Hope #4	Advocates and Counselors	4-10
CenterPointe, Community Mental Health Center, and St. Monica's	Peer Specialists	4-10

**Summary Total: Focus Groups**

- 4 = Survivors of Domestic Violence
- 6 = Women with Mental Health Concerns and/or Substance Use Issues
- 2 = Survivors of Domestic Violence with Mental Health Concerns and/or Substance Use Issues
- 4 = Leaders and Management
- 10 = Direct Service Staff

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**26 = Total Number of Focus Groups**

## Purpose, Audience, and Recruitment

**Client Focus Groups.** Focus groups will be held with clients of the partner agencies who are: survivors of domestic violence; women who experience mental health concerns and/or substance use issues; and survivors of domestic violence who experience mental health concerns and/or substance use issues.

- **Purpose / Goal.** Clients are the experts on what is working for them, what is not, and what can be improved in the provision of services. The collaboration hopes to learn directly from clients about how they perceive the system of services and staff practices as well as how agency policies and responses ensure or create barriers to safety, confidentiality, accessibility, and services that meet their needs. Accessibility and safety concerns will be taken into account with each audience group. Recruitment will include strategies to attract a broad range of ethnic and cultural diversity.
- **Audience and Recruitment.** A total of twelve (12) client focus groups are planned. Clients will be recruited only from within collaboration partner agencies. Each collaboration member will handle recruitment for her agency following the process developed by the collaboration. The times and dates of the focus group will be determined by each agency and the Project Coordinator. This information will be confirmed with the collaboration prior to recruitment.

Collaboration representatives will meet directly with women who use services from their respective agencies to augment recruitment. The collaboration believes that meeting directly with client support and therapy groups will result in recruiting a greater number of participants for the focus groups. Collaboration representatives will attend existing support groups for survivors of domestic violence (Friendship Home and Voices of Hope) and therapy groups for women in residential treatment for mental health concerns and substance use issues (CenterPointe and St. Monica's). In addition, collaboration representatives will meet with and recruit client participants during outpatient counseling and other service appointments. The collaboration representative will describe the Open Door Initiative, the focus group process, and the importance of participation by women who use services from the agency. (Appendix A.1.; Refer to the Recruitment Process section for more information.)

- **Survivors of Domestic Violence.** Participants for four (4) focus groups will be recruited from Voices of Hope and Friendship Home.
  - **Women Who Experience Mental Health Concerns and/or Substance Use Issues.** Participants for six (6) focus groups will be recruited from the Community Mental Health Center and CenterPointe.
  - **Survivors of Domestic Violence Who Experience Mental Health Concerns and/or Substance Use Issues.** Participants for two (2) focus groups will be recruited from St. Monica's.
- **Questions To Be Asked.** See Appendices G.1. through G.3.

**Provider Focus Groups.** Focus groups will be conducted with staff within each partner agency. Staff will include case managers, advocates for survivors, program directors, program coordinators, residential coordinators, counselors, mental health and substance use technicians, therapists, interns, mentors, and peer specialists.

- **Purpose / Goal.** Focus groups offer the opportunity to learn what providers believe works well in their agencies and what is seen as less effective. Providers can share information about the successes and barriers of existing policies and procedures, training, and communication between staff and management. In addition, the collaboration hopes to learn about specific examples of successes and challenges within each partner agency's current service delivery system.

There are a large number of agency stakeholders who can contribute important data to the needs assessment. In order to collect the greatest amount of data on the strengths and needs and to create the greatest amount of buy-in, varying recruitment strategies will be employed as described in the next paragraph. Accessibility and safety concerns will be taken into account with each audience group. Recruitment will include strategies to attract a broad range of ethnic and cultural diversity.

- **Audience and Recruitment.** A total of fourteen (14) agency focus groups are planned. Agency leaders and management, direct service staff, and affiliated agency representatives will be recruited only from within collaborative agency partners. Focus group composition will be based on job duties of staff members, work schedules, staff meeting schedules, and staff availability. Each collaboration member will handle recruitment for her agency following the process developed by the collaboration. The times and dates of the focus group will be determined by each agency and Project Coordinator. This information will be confirmed with the collaboration prior to recruitment.

Recruitment of providers will be conducted by the collaboration partners primarily by collaboration representatives attending routine meetings at all levels of their respective agency or by other personal contact. The collaboration believes that meeting directly with agency staff and affiliated agency representatives will produce a greater interest in the needs assessment and will result in an increased number of participants for the focus groups. The collaboration representative will describe the Open Door Initiative, the needs assessment, and the importance of participation of agency staff and affiliated agency representatives. (Refer to the Recruitment Process section of this document for more information.) If a staff person is interested in participating in the needs assessment, she/he will be asked to complete a registration form. (Appendix A.5.; Refer to the Recruitment Process section for more information.)

- **Advisory Committee of Community Mental Health Center.** Participants for one focus group will be recruited from the Community Mental Health Center.
- **Leaders and Management at Mental Health and Substance Use Agencies.** Participants for three (3) focus groups will be recruited from St. Monica's, CenterPointe, and the Community Mental Health Center.
- **Direct Service Staff at Domestic Violence Agencies.** Participants for three (3) focus groups will be recruited from Voices of Hope and Friendship Home.

- **Direct Service Staff at Mental Health and Substance Use Agencies.** Participants for seven (7) focus groups will be recruited from St. Monica’s, CenterPointe, and the Community Mental Health Center.

Leaders and management at domestic violence agencies will be recruited to participate in the needs assessment through individual interviews since there is an insufficient number of leaders and management level staff to conduct focus groups.

- **Questions To Be Asked.** See Appendices H.1. through H.7.

## **Method 2: Interviews**

### **Overview**

Interviews will be the primary method used for board members, executive directors, leaders and management, clinical directors, physicians, and medical staff of partner agencies. Interviews will also be held with other partner agency staff, interns, and volunteers. Individual interviews will be offered to individual clients and providers who are not comfortable with the group process or to any individuals whose focus group was cancelled because less than four people registered. (Refer to the Method 3 section of this document for more information.)

The purpose of the interviews is to gather detailed and broad agency-specific information regarding current agency policies, practices, attitudes, strengths, and challenges of service delivery systems of partner agencies. The process has been designed to foster a safe environment for the identification of any agency areas of current need or challenges. Interviews have been designed to serve as a means to gain organizational buy-in and commitment to the development of the strategic plan and its implementation.

Individual interviews will allow the interviewer to explore topics in greater depth. In addition, the interviewee will have the opportunity to provide specific information about agency policies, procedures, fiscal planning, and commitment to change without concern about another’s reaction. The collaboration believes that the one-to-one interview strategy will give the interviewer the chance to establish a rapport and connection with the interviewee.

Potential participants will be personally contacted by a collaboration representative and subsequently provided with information that outlines the purpose, process, and logistics of the interviews. Participants will be told that interviews are expected to last approximately one hour. Accommodations will be provided according to the needs specified on the registration forms.

Individual interviews will be conducted in a safe, accessible, comfortable, and private room. Safety, confidentiality, and consent will be reviewed at the beginning of each interview according to the script. (Appendices F.1. and F.2.)

Participants will be informed that the interview notes will be given to the Project Coordinator who will store them in a locked cabinet in her office. Participants will also be told that although the needs assessment report may contain direct quotes, their names will not be used and that information shared during the interview will be aggregated in the final report. They will be assured that the purpose of the needs assessment is to gain information that will lead to systems change within each organization and ultimately improve the service delivery system for women who experience domestic violence, mental health concerns, and/or substance use issues.

## **Interviewers**

Interviewers will be collaboration members and collaboration representatives (to include professional consultants who will facilitate the focus groups). Typically, collaborative interviewers will not conduct interviews with staff in the agency in which they are employed or when there is a conflict of interest. All interviewers will have experience conducting interviews and knowledge about services for women who experience domestic violence, mental health concerns, and/or substance use issues. Interviewers will be oriented to the needs assessment process by the collaboration and Project Coordinator.

## **Purpose, Audience, and Number**

The number of key groups of stakeholders within each agency will vary according to the organizational structure of the agency, range of programs and services offered, job duties of staff members, and relevance of each group to the work of the collaboration. The number of participant interviews will be determined so as to ensure representation from those areas that are relevant to the work of the collaboration.

The following audiences will participate in interviews:

- Board of Directors
- Leaders and Management
- Medical Staff
- Direct Service Staff
- Optional Interviews

Table 2 (following page) represents the planned interviews. The table lists the partner agency involved, the audiences for the interviews, and the projected number of interviews. The summary total of interviews is located at the end of the table.

<b>TABLE 2: INTERVIEWS</b>		
<b>AGENCY</b>	<b>AUDIENCE</b>	<b>NO. OF PEOPLE</b>
<b><i>Board of Directors</i></b>		
Friendship Home	Board Member	1
CenterPointe	Board Member	1
St. Monica's	Board Member	1
Voices of Hope	Board Members	2
<b><i>Leaders and Management</i></b>		
Friendship Home	Executive Director	1
Friendship Home	Program Director	1
Friendship Home	Program Coordinator	1
Friendship Home	Intern Coordinator	1
CenterPointe	Executive Director	1
CenterPointe	Director of MIS	1
Community Mental Health Center	Executive Director	1
Community Mental Health Center	Deputy Director	1
Community Mental Health Center	Medical Director	1
St. Monica's	Executive Director	1
St. Monica's	Clinical Director	1
Voices of Hope	Executive Director	1
Voices of Hope	Communications Director	1
<b><i>Medical Staff</i></b>		
Community Mental Health Center	Advanced Practice Registered Nurse	1
CenterPointe	Medical Director	1
<b><i>Direct Service Staff</i></b>		
Community Mental Health Center	Psychologist	1
Voices of Hope	Advocates and Counselors	4
Voices of Hope	Volunteers	2
<b><i>Optional Interviews</i></b>		
Individuals not wishing to participate in a focus group and who would prefer an interview	Clients and provider staff	Unknown

**Summary Total: Interviews**

- 5 = Board
- 13 = Leaders and Management
- 2 = Medical Staff
- 7 = Direct Service Staff
- ? = Optional Interviews

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**27 = Total Number of Interviews**

## Board of Directors

- **Purpose / Goal.** Individual interviews will be held with board members of partner agencies. This will offer the collaboration the opportunity to learn about their perspectives regarding services for women who experience domestic violence, mental health concerns, and/or substance use issues. The interviews will provide the opportunity to explore the board/advisory members' involvement in collaborative efforts to improve services, prioritize funding and budgets, and support changes to agency policies and procedures.
- **Audience and Recruitment.** A total of five (5) board members of Voices of Hope, Friendship Home, CenterPointe, and St. Monica's will be recruited for individual interviews. The executive director of the respective partner agency (or his or her designee) will personally contact the selected board/advisory members. The personal contact, such as a face-to-face meeting or phone call, will provide an overview of the Open Door Initiative, needs assessment, and the importance of his or her participation. (Appendix B.1.) Following the initial personal contact, an e-mail or letter will be provided that begins with an expression of appreciation for his or her participation in the needs assessment. A template will be written by the collaboration and sent to the executive director (or his or her designee) to aid with this contact. (Appendices B.2. through B.4.) The correspondence will provide the name of the interviewer, needs assessment FAQ, registration form, Accessing Safety website address, and the Open Door Initiative link. A collaboration representative will personally contact the board/advisory member to schedule a date, time, and location for the interview.
  - **Domestic Violence Agencies.** Three (3) board members will be recruited from Voices of Hope and Friendship Home.
  - **Mental Health and Substance Use Agencies.** Two (2) board members will be recruited from St. Monica's and CenterPointe.
- **Questions To Be Asked.** See Appendices H.1 and H.2.

## Leaders and Management

- **Purpose / Goal.** Individual interviews will be held with the executive directors, leaders and management of partner agencies. This will offer the collaboration the opportunity to gain insight into the agency's willingness, commitment, and ability (including financial) to make changes suggested through the needs assessment. The interviews will help identify what policies and procedures exist at each program that address the needs of women who experience domestic violence, mental health concerns, and/or substance use issues. In addition, the interviews will provide leaders and management the opportunity to share their views on the prioritization of areas of strengths and challenges.
- **Audience and Recruitment.** A total of thirteen (13) executive directors, leaders and management of partner agencies will be recruited. Executive directors will be personally contacted by the respective collaboration member to request his or her participation in the Open Door Initiative needs assessment. Leaders and management will be personally contacted by the executive director of the respective partner agency (or his or her designee). The personal contact, such as a face-to-face meeting or phone call, will provide an overview of the Open Door Initiative, needs assessment, and the importance of his or her participation. (Appendix B.1.) Following the initial personal contact, an e-mail or letter will be provided that begins with an expression of appreciation for his or her participation in the needs assessment. A template will be written by the collaboration and sent to the executive

director (or his or her designee) to aid with this contact. (Appendices B.2. through B.4.) The correspondence will provide the name of the interviewer, needs assessment FAQ, registration form, Accessing Safety website address, and the Open Door Initiative link. A collaborative representative will personally contact the leader to schedule a date, time, and location for the interview.

- **Domestic Violence Agencies.** Six (6) executive directors, leaders and management staff will be recruited from Friendship Home and Voices of Hope.
  - **Mental Health and Substance Use Agencies.** Seven (7) executive directors, leaders, and management staff will be recruited from St. Monica's, CenterPointe, and the Community Mental Health Center.
- **Questions To Be Asked.** See Appendices H.3. and H.4.

### Medical Staff

- **Purpose / Goal.** Interviews will be held with a medical director and a nurse. This will offer the collaboration the opportunity to learn about their perspectives regarding services for women who experience domestic violence, mental health concerns, and/or substance use issues. The interviews will help identify what policies and procedures exist within medical and other services that address the strengths or present gaps in services for women who experience domestic violence, mental health concerns, and/or substance use issues.
  - **Audience and Recruitment.** A total of two (2) medical staff will be recruited for an individual interview. The executive director of the respective partner agency (or his or her designee) will personally contact the medical staff person. The personal contact, such as a face-to-face meeting or phone call, will provide an overview of the Open Door Initiative, needs assessment, and the importance of his or her participation. (Appendix B.1.) Following the initial personal contact, an e-mail or letter will be provided that begins with an expression of appreciation for his or her participation in the needs assessment. A template will be written by the collaboration and sent to the executive director (or his or her designee) to aid with this contact. (Appendices B.2. through B.4.) The correspondence will provide the name of the interviewer, needs assessment FAQ, registration form, Accessing Safety website address, and the Open Door Initiative link. A collaborative representative will personally contact the medical staff person to schedule a date, time, and location for the interview.
    - **Mental Health and Substance Use Agencies.** Two (2) medical staff will be recruited from the Community Mental Health Center and CenterPointe.
- **Questions To Be Asked.** See Appendix H.5.

### Direct Service Staff

- **Purpose / Goal.** Individual interviews will be held with the direct service staff (including volunteers) of partner agencies. This will offer the opportunity for the collaboration to obtain information from staff whose job responsibilities or work hours preclude their participation in a focus group and from agency staff positions that do not constitute sufficient numbers for a focus group.



- **Audience and Recruitment.** A total of seven (7) interviews will be held with direct service staff from partner agencies. The executive director of the respective partner agency (or his or her designee) will personally contact the staff member. The personal contact, such as a face-to-face meeting or phone call, will provide an overview of the Open Door Initiative, needs assessment, and the importance of his or her participation. (Appendix B.1.) Following the initial personal contact, an e-mail or letter will be provided that begins with an expression of appreciation for his or her participation in the needs assessment. A template will be written by the collaboration and sent to the executive director (or his or her designee) to aid with this contact. (Appendices B.2. through B.4.) The correspondence will provide the name of the interviewer, needs assessment FAQ, registration form, Accessing Safety website address, and the Open Door Initiative link. A collaborative representative will personally contact the assigned staff person to schedule a date, time, and location for the interview.
  - **Domestic Violence Agencies.** Six (6) direct service staff will be recruited from Voices of Hope.
  - **Mental Health and Substance Abuse Agencies.** One (1) direct service staff will be recruited from the Community Mental Health Center. (The majority of direct service staff at the Community Mental Health Center will be recruited to participate in the needs assessment through focus groups rather than individual interviews.)
- **Questions To Be Asked.** See Appendices H.6. and H.7.

### **Method 3: Optional Interviews**

Individual interviews will be offered to individual clients and providers who are not comfortable with the group process or to any individuals whose focus group was cancelled because less than four people registered. Any person who is uncomfortable with providing their perspective or experiences within a group process may find an interview to be a more comfortable option. (Refer to the Safety and Accessibility sections of this document for more information.)

**Client Interviews.** Client participants will be offered safety planning when the collaboration member/representative begins the process of scheduling the interview. (Refer to the Safety and Accessibility sections of this document for more information.) Participants will be told that interviews are expected to last approximately one hour.

Requested individual accommodations will be available at each interview. The interviewer will check with the participant to ensure that the requested accommodations meet the person's needs. Typically, interviewers will not conduct interviews with clients in the agency in which they are employed or when there is a conflict of interest.

According to the script, the interviewer will review safety, confidentiality, and consent (including mandatory reporting), with the participant at the beginning of each interview. (Appendix F.1.) Participants will be reminded that participation is voluntary; they may choose to skip questions and leave at any time. Client participants will also be told that they may still keep their \$25.00 gift card even if they are not able to complete the interview. The interviewer will review the Informed Consent form and ask the client to sign the form. The interviewer will countersign the form.

A CMHC Behavioral Health Resource Card (Appendix J.1.), which includes available crisis line numbers, will be offered to the client participants. The phone number for identified collaboration representatives will also be offered so participants may contact the respective agency for follow-up support or questions about the interview.

The interviewer will be responsible for delivering the Informed Consent form to the collaboration member at the respective agency. The interviewer will also ask the client participant to place the pre-interview questionnaire in an envelope and seal the envelope. The interviewer will be responsible for delivering the pre-interview questionnaire to the Project Coordinator.

**Provider Interviews.** Optional provider interviews will be conducted using the same processes as previously described in the Methods section as well as in the Safety and Accessibility sections. (Refer to these sections for a detailed description of the provider interview process.)

## **Consent Process**

The consent process is a reflection of the collaboration's concern for client welfare and safety. However, there are inherent personal risks in participating in a focus group or interview. For example, while self-disclosure of traumatic experiences is neither expected nor encouraged, it is possible that participants may be triggered by a discussion in the group. Another risk relates to confidentiality. The collaboration will ask and encourage participants to honor the confidentiality and privacy of each participant. However, the collaboration cannot guarantee that other participants of the focus groups will not breach confidentiality or privacy. The risks associated with participating in the needs assessment will be detailed in the Informed Consent form (for clients) and verbally stated in focus groups and interviews. Active consent will be used for client participants and passive consent for provider participants as described below.

### **Active Consent for Client Participants**

The collaboration has chosen to use a written informed consent process (i.e., active consent) regarding client participation in focus groups and interviews for the following reasons.

- It is essential that the rights of participants be protected. Active consent increases the likelihood that the client is fully informed about the risks and benefits of participation.
- In order to give informed consent, the participant must have all relevant facts at the time consent is given.
- In cases where an individual is provided insufficient information to form a reasoned decision, serious ethical issues arise.

In summary, the collaboration believes that active consent (i.e., a written document combined with a verbal review) is the best method of ensuring meaningful informed consent for client participants. The Informed Consent forms for clients of Friendship Home, the Community Mental Health Center, St. Monica's, and Voices of Hope will be stored in a locked cabinet in the Project Coordinator's office at Friendship Home separate from other documents related to the needs assessment (i.e., registration forms, focus group and interview notes, pre-focus group/interview questionnaires, etc.). (Appendices C.1. and C.2.) The forms will be destroyed after the strategic plan is approved.

CenterPointe's agency policies regarding liability require the client Informed Consent forms for clients of CenterPointe be placed in the participant's file. The policies also require that the forms be retained in the file for the full period of time designated by the agency's policies. As a result, a separate client Informed Consent form will be used for clients of CenterPointe. (Appendices C.3. and C.4.)

Client participants will be asked to sign the Informed Consent form on the day of a scheduled focus group or interview during the orientation portion of the meeting. This consent form indicates that the participant is voluntarily taking part in the focus group or interview and that she gives the Open Door Initiative the right to use information gained from her for the needs assessment plan and to develop a strategic plan.

The consent form will be reviewed with participants at the beginning of the focus group. An "X" or signature stamp will be accepted for the signature on the consent form if the person is unable to sign. Any member of the facilitation team who is in the room during the review of Informed Consent will countersign the Informed Consent form.

If the participant has a legal guardian, the consent form will be provided to the participant's legal guardian only upon the request of the participant and if the participant indicates that it is safe to do so. If this should occur, the consent form will be provided to the legal guardian at least one week prior to the scheduled focus group. If the Project Coordinator does not receive the signed consent form from the guardian at least two days prior to the focus group or interview, the Project Coordinator will contact either the client or legal guardian, depending on the client's preference.

### **Passive Consent for Provider Participants**

Passive consent will be used for provider participants in focus groups and interviews because the risk to provider participants is low given that the focus will be on their professional experiences and views. Providers who participate in a focus group or interview will be asked to verbally consent on the day of the scheduled event during the orientation portion of the focus group or interview. (Appendices D.2. and F.2.)

## **Incentives**

### **Clients**

The Open Door Initiative seeks to honor the valuable time and feedback shared by each client participant of focus groups and individual interviews. Therefore, each participant will receive a \$25 gift card to Walgreens for her valuable contribution to the Open Door Initiative needs assessment process. As an incentive, gift cards will be distributed to participants at the beginning of each focus group or individual interview. Provision of gift cards will not be contingent upon completion of the focus group or interview. If a participant leaves early because she feels uncomfortable or unsafe, she will still receive the gift card.

Additional incentives for participants will include food and beverages at each focus group, assistance with transportation, and childcare (as needed). The collaboration recognizes that grant funds may not be used for childcare; therefore, childcare will be provided by local volunteer organizations.

Client participants will choose whether it is safe for them to take gift card from the interview. If the client participant believes that it is not safe to take the gift card with her, the staff of the participating agency will arrange for these items to remain at the facility and will make them available to the person upon request (within three months of the date of the focus groups or interview).

## **Providers**

During provider focus groups, food and beverages will be available. Other incentives will not be given to providers, as their participation in focus groups or interviews will occur within their normal working hours and they will therefore be compensated through salary/wages. However, verbal and/or written acknowledgment of appreciation for participation will be given to service provider participants for their valuable contributions to the Open Door Initiative needs assessment process.

## **Accessibility**

### **Accessibility During the Recruitment Process**

As detailed in the Methods section of this document, potential focus group participants will be given information, verbally and in writing, about the collaboration and the needs assessment process. Assistance for completing the registration form will be provided upon request. Contact information for recruiters will be provided, verbally and/or in writing, for those who wish to register in private or over the phone. Potential participants will choose whether it is safe for them to take the recruiter contact information with them.

Those receiving calls from potential participants will have access to Nebraska Relay 7-1-1(NR), as needed. (NR is a free service that allows effortless communication with people who are Deaf, hard of hearing, deaf-blind, speech disabled, or hearing.) Potential interview participants will be contacted individually and may register verbally or in writing.

Verbal and written information will be provided to all potential participants in simple language. Potential participants may request accommodations during the recruitment process by writing the request on the registration form or speaking with the designated collaboration representative. (Refer to the Methods section of this document for more information.) All accommodation requests will be forwarded to the Project Coordinator who will be responsible for securing said accommodations.

### **Accessibility of Location**

Client focus groups will be held at locations in which participants currently receive services. Provider focus groups and interviews will be held at respective partner agencies as these are likely to be perceived as safe and familiar locations. All locations are on a public transportation route and are wheelchair accessible. During the recruitment process, participants will be asked to refrain from using scented products such as scented soaps, hand lotions, deodorants, perfumes, colognes, etc. A smoke-free environment will be required for all sites chosen for the needs assessment activities. Needs assessment participants, program staff, volunteers, and program participants will be asked to refrain from smoking in the building and outside of designated smoking areas.

## **Accessibility of Focus Groups and Interviews**

Upon arrival to the focus group or interview, participants will check in and be oriented to the facility. Rooms in which focus groups and interviews are to be held will be accessible with space available to accommodate walkers, wheelchairs, etc. Information will be provided in simple language.

The Open Door Initiative will provide reasonable accommodations to participants with sufficient notice (preferably ten days prior to the event). Interpreters of various languages (per request) and personal care attendants will be available, if previously requested. Written materials will be available in accessible formats, if previously requested. Other accommodations will be made available upon request. When food is provided, vegetarian and sugar-free options will be available. Other dietary accommodations (e.g., vegan) will be available upon request.

Participants may bring his or her regular personal care attendant with them; however, the personal care attendant will not be in the room where the focus group will take place. An area will be available where personal care attendants may wait during the focus group in case personal needs occur for the participant during the group. If participants have requested an alternate personal care attendant, the person will be available for the entire time of the focus group. If, at any time during the focus group, an individual requests his or her regular personal care attendant, the advocate/observer will go and get the attendant for the individual.

## **Safety**

### **Client Safety in Focus Groups**

The goal of the collaboration is to provide a safe and welcoming environment for clients to voice their experiences and suggestions. Therefore, focus groups will be conducted to evaluate the clients' experiences with victim assistance as well as mental health and substance use services. The open-ended format of this method facilitates exploration of the goals and other topics of interest to the needs assessment. Safety considerations for focus groups are based upon existing methods of providing safety planning, safe entry, and participation in the activities of each agency partner.

### **Phase 1: From Recruitment to Consent**

During recruitment, clients will meet with a collaboration representative, learn about the focus group, address safety, and become potential focus group participants. (Appendix A.1.) Potential participants will complete a registration form that includes the name of the participant and what accommodations will be needed to be able to attend the focus group. (Appendix A.2.) The form will ask how she may be safely contacted if further information is needed or to notify her of any changes regarding the focus group. Information about the means of safe contact will be recorded on the form. The form will clearly provide a no-contact option.

Another piece of the recruitment process will be to further describe the project and to ask participants to agree to maintain confidentiality of the identity of other participants as well as what is disclosed in the focus group. Potential participants will be informed that participation is voluntary and will have no impact on receiving services at present or in the future. The potential participant will be offered contact phone numbers so she may contact the collaboration representative or Project Coordinator for information or questions about the focus group.

## **Phase 2: Locating the Focus Groups**

The location of the focus group, as further explained in the Methods and Accessibility sections of this document, will be confidential, safe from intrusion, and accessible to participants with disabilities. Safety may be enhanced by disguising the focus group activity and calling it some other non-descript name to further protect the anonymity of participants.

Some focus group research methods recommend holding focus groups at neutral sites and not at the intervention site. However, the collaboration chose to supersede this recommendation with a decision that intervention sites are also the safest sites for the focus groups. Typically, collaboration members will not be a part of the facilitation team for focus groups at the agency where they are employed or when there is a conflict of interest.

## **Phase 3: Preparation for the Focus Groups**

Participants will be given an explanation of how their materials will be kept safe and where they will be stored. A few highlights of this explanation include:

- Registration forms used to gather information from participants of the focus groups will be shredded after the strategic plan is approved.
- Demographic and other information gathered from the pre-focus group questionnaire will be maintained in locked files in the Project Coordinator's office.
- The focus group notes and pre-focus group questionnaire will be destroyed after the strategic plan is approved.

Participants will be informed that self-disclosure of personal experiences of abuse or trauma are neither expected nor encouraged. The scripted questions asked during the focus group are designed to minimize self-disclosure and avoid eliciting participants' personal experience with violence. They will also be informed of the requirements of mandatory reporting. (Refer to the Confidentiality section of this document for more information.)

## **Phase 4: During the Focus Group**

At the beginning of the focus group, safety concerns will be reviewed with participants. They will also be offered the CMHC Behavioral Health Resource Card and informed that they may call the listed 24-hour crisis line numbers if they are in need of crisis intervention or referral. (Appendix J.1.) Staff of these crisis lines will be made aware of the potential calls from focus group participants. It was the opinion of the collaboration that it would be safe to distribute the CMHC Behavioral Health Resource Card because it contains general information about community resources and does not specifically identify a focus on domestic violence.

No outside observers, including personal care attendants or guardians, will be allowed to be present in the room where the focus group is taking place. However, should a person require a personal care attendant, an alternate personal care attendant may be requested in advance, or the participant's personal care attendant will be allowed within the agency building (in a separate area) so the participant can have access to his/her services.

Participants will choose whether it is safe for them to take materials from the focus group. If the participant believes that it is not safe to take materials or stipend with her, the staff of the participating agency will arrange for these items to remain at the facility and will make them available to the person upon request (within three months of the date of the focus group).

An advocate who is trained in crisis intervention will be available during each focus group. The advocate will be available to talk individually with participants as needed. Participants will not be forced to answer any questions. They may leave the focus group at any time and keep the stipend. Participants who cannot complete the group or would prefer another option will be offered the opportunity to participate in the needs assessment through an interview. The phone number for identified collaboration representatives will also be offered so participants may contact the respective agency for follow-up support or questions about the focus group.

Focus groups are a unique methodology because information will be shared not only with the facilitator, note taker, and advocate, but also with the other participants. Client participants in focus groups may not know each other and it is unlikely that they will know the facilitator, advocate, and note taker. Participants will be instructed to use numbers as identifiers, instead of names, to further protect their confidentiality. In addition, every group will be reminded that participants themselves are responsible for maintaining their own confidentiality as well as that of other participants.

## **Provider Safety in Focus Groups**

Providers will be recruited from collaborating agencies to provide feedback on topics relevant to the needs assessment. The topics will be supplied by the collaborative and presented by the facilitator of the provider focus group. This process may generate sensitive information so care must be taken to assure provider participants that they can safely share their experiences and opinions without negative evaluative repercussions for employment or affiliation with the partner agency.

### **Phase 1: From Recruitment to Consent**

During recruitment, providers will meet with a collaboration representative, learn about the focus group, address safety concerns, and become potential participants. (Appendix A.4.) Potential participants will complete a registration form that includes their name and what accommodations are needed to be able to attend the focus group. (Appendix A.5.) The form will ask whether the potential participant may be contacted if further information is needed or to notify him or her of any changes regarding the focus group.

Another piece of the recruitment process will be to further describe the needs assessment and to ask participants to agree to maintain confidentiality of the identity of other participants as well as what is disclosed in the focus group. Potential participants will be informed that participation is voluntary and will have no negative evaluative repercussions for employment or affiliation with the partner agency. The potential participant will be offered contact phone numbers so she/he may contact the collaboration representative or Project Coordinator for information or questions about the focus group.

Provider participants have an ongoing relationship with their agencies and other collaborative partner agencies. The purpose of the provider focus groups is for the collaborating agencies to have access to the experiences and ideas of the providers. This will not give the partner agencies unlimited access to what providers say. Therefore, the first step in protecting providers will be to demonstrate care that registration forms and notes are securely stored in the Project Coordinator's office. The notes will be destroyed after the strategic plan is approved.

## **Phase 2: Locating the Focus Groups**

The location of the focus group, as further explained in the Methods and Accessibility sections of this document, will be within the site of the agency where the provider is employed or affiliated. The site location will enhance the sense of confidentiality and will be accessible to agency management and staff. Typically, collaboration members will not be a part of the facilitation team for focus groups at the agency where they are employed or when there is a conflict of interest.

## **Phase 3: Preparation for the Focus Groups**

Participants will be given an explanation of how their materials will be kept safe and where they will be stored. A few highlights of this explanation include:

- Registration forms used to gather information from participants of the focus groups will be shredded after the strategic plan is approved.
- Demographic and other information gathered from the pre-focus group questionnaire will be maintained in locked files in the Project Coordinator's office.
- The focus group notes and pre-focus group questionnaire will be destroyed after the strategic plan is approved.

Participants will be informed that descriptions of client or staff experiences is neither expected nor encouraged. The scripted questions asked during the focus group will be designed to minimize self-disclosure of personal histories and maximize professional views of service delivery. Participants will also be informed of the requirements of mandatory reporting. (Refer to the Confidentiality section of this document for more information.)

## **Phase 4: During the Focus Group**

At the beginning of the focus group, referral information will be available for the Employee Assistance Program (EAP) for each partner agency, where applicable. It was the opinion of the collaboration that providers would be more likely to seek assistance from the EAP rather than the facilitation team observer. No outside observers will be allowed to be present in the room where the focus group is taking place. However, each focus group will have a collaboration member serving as an observer of the focus group. Participants will not be forced to answer any questions. Participants who cannot complete the group or would prefer another option will be offered the opportunity to participate in the needs assessment through an interview. The potential participant will be offered contact phone numbers so she/he may contact the collaboration representative or Project Coordinator for information or questions about the focus group.



Focus groups are a unique methodology because information will be shared not only with the facilitator, note taker, and observer, but also with the other participants. While provider participants may know each other, it is unlikely that they will know the facilitator, note taker, and observer. Therefore, participants will be instructed to use numbers as identifiers, instead of names, to further protect their confidentiality. In addition, every group will be reminded that participants themselves are responsible for maintaining their own privacy as well as that of other participants.

## **Client and Provider Safety in Interviews**

### **Phase 1: From Recruitment to Consent**

During recruitment, potential participants will be contacted by a collaboration representative, learn about the interview, address safety, and become potential participants. (Appendices A.1. and B.1. through B.4.) Potential participants will complete a registration form that includes their name and accommodations needed to be able to attend the interview. (Appendices A.2. and B.3.) The form will ask how potential participants may be safely contacted if further information is needed or to notify him or her of any changes regarding the interview. The client registration form will clearly provide a no-contact option.

Another piece of the recruitment process will be to further describe the needs assessment and review confidentiality. Potential participants will be informed that participation is voluntary and will have no impact on receiving services at present or in the future (clients) or no negative evaluative repercussions on employment or affiliation with the partner agency (providers). The potential participant will be offered contact phone numbers so she/ he may contact the collaboration representative or the Project Coordinator for information or questions about the interview.

### **Phase 2: Locating the Interview**

A collaboration representative will personally contact the participant to schedule a date, time, and location for the interview. The location of the interview, as further explained in the Methods and Accessibility sections of this document, will be confidential, safe from intrusion, and accessible to participants with disabilities. Interviews will be held in the agency where the participant receives services (client) or is employed or affiliated (provider). All individual interviews will be conducted in a private room. Typically, interviewers will not conduct interviews with clients or staff in the agency in which they are employed or when there is a conflict of interest.

### **Phase 3: Preparation for the Interview**

Overall, interviews offer greater anonymity and flexibility in safety planning. In preparation for the interview, participants will be given an explanation of how their materials will be kept safe and where they will be stored. A few highlights of this explanation include:

- Registration forms used to gather information from participants of interviews will be shredded after the strategic plan is approved.
- Demographic and other information gathered from the pre-interview questionnaire will be maintained in locked files in the Project Coordinator's office.

- The interview notes and pre-interview questionnaire will be destroyed after the strategic plan is approved.

Participants will be informed that self-disclosure of personal or professional experiences of abuse or trauma are neither expected nor encouraged. The scripted questions asked during the interview are designed to minimize self-disclosure and avoid eliciting participants' personal or professional experience with violence. (Appendices G.1. through G.3. and H.1. through H.7.)

Client participants will also be informed of the requirements of mandatory reporting. (Refer to the Confidentiality section of this document for more information.) An additional safeguard of confidentiality will be to protect the identity of participants. Interviewers will inform participants that the interview form will use a number identifier and will not include the participant's name.

#### **Phase 4: During the Interview**

At the beginning of the interview, the interviewer will review safety concerns with client participants. The CMHC Behavioral Health Resource Card will be offered to client participants. (Appendix J.1.) Client participants will choose whether it is safe for them to take materials or stipend from the interview. If the client participant believes that it is not safe to take materials or stipend with her, the staff of the participating agency will arrange for these items to remain at the facility and will make them available to the person upon request (within three months of the date of the interview). For providers, interviewers will have referral information available for the Employee Assistance Program (EAP), where applicable.

No outside observers, including personal care attendants or guardians, will be allowed to be present in the room where the interview is taking place. However, should a person require a personal care attendant, an alternate personal care attendant may be requested in advance, or the participant's personal care attendant will be allowed within the agency building (in a separate area) so the participant can have access to his/her services.

Interviews will be conducted by collaboration representatives. All client interviews will be conducted by collaboration members/representatives who are trained in crisis intervention and who will provide support to the participant, as needed. Participants will be not forced to answer any questions. They may leave the interview at any time and client participants may keep the stipend. For clients, the phone number for identified collaboration representatives will be offered to participants so they may contact the respective agency for follow-up support or questions about the interview. Provider participants will be offered contact phone numbers so she/he may contact the interviewer or Project Coordinator for information or questions about the interview.

## **Confidentiality**

### **Overview**

The Open Door Initiative considers confidentiality to be a key principle underlying the collaboration's work. The collaboration is committed to ensuring the confidentiality of all parties participating in the needs assessment to include providers and partner agencies. Respecting the confidentiality of women experiencing domestic violence, mental health concerns, and/or substance use issues is paramount to ensuring safe, accessible services.

The individual agencies of the collaboration operate under similar confidentiality guidelines provided by local, state or federal regulations and governing entities. Agencies providing mental health and/or substance use services are bound by HIPAA regulations; agencies providing substance use services are also bound by federal law governing Confidentiality of Alcohol and Drug Abuse Patient Records and its implementing regulations, 42 CFR Part 2. Agencies providing domestic violence services are guided by the Ethical Standards of the Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC). The laws of Nebraska further impact confidentiality requirements for agencies providing domestic violence services (Nebraska Statutes, NRS 29-4301 to 29-4304).

Collaboration partners will respect the boundaries and requirements of all partner agencies. Within their own agencies, partners will continue to follow their respective agencies' protocols. When working within the collaboration, partner agencies will follow the confidentiality guidelines as outlined in this document, which reflect the parameters set forth by the aforementioned laws.

The Needs Assessment Report will contain only aggregate data, qualitative and quantitative information, and non-identifying participant quotations. Unless indicated by mandatory reporting guidelines, identifying information gathered during the needs assessment process will not be disseminated outside of the collaboration in any form. Participants will be fully informed of procedures and confidentiality protocols surrounding the needs assessment prior to participation. (Refer to the Safety section of this document for more information).

### **Confidentiality of Client Information**

During the needs assessment process, identifying information such as name, race/ethnicity, and age will be obtained from clients. The needs assessment is designed to protect a participant's personal identity. Participants will not be required to write their names (or other identifying information) on any documents with the exception of the Informed Consent and registration forms.

Personal identifying information about individuals served at any of the partner agencies is considered confidential and may only be shared within the collaboration as needed and as permitted under the policy and/or law governing the process under which the information was obtained. Any information shared will be for the purpose of advancing the work of the collaboration in creating systems change. Information discussed under these guidelines will not be shared outside of the collaboration without express, written permission by the individual (or a valid court order and subpoena). Authorizations for Release of Information are not needed as all partner agencies have signed a Memorandum of Understanding (MOU) which allows for disclosure and exchange of confidential information for the purposes of the work of the collaboration (to include the needs assessment process).

### **Confidentiality of Provider Information**

During the needs assessment process, identifying information such as name, race/ethnicity, and age will be obtained from provider participants. However, no personal identifying information regarding individual providers will be contained in the Needs Assessment Report or other written documents. In addition, information regarding provider participant disclosures will not be verbally discussed with others. The exception to this would pertain to mandatory reporting requirements as explained in the next section. (Upon request, verification of attendance at a focus group or interview will be furnished directly to provider participants).

## **Confidentiality of Partner Agency Information**

The collaboration's focus is to ensure a safe, responsive service delivery system for women who experience domestic violence, mental health concerns, and/or substance use issues at the partner agencies. Throughout this process, information will be gathered to examine a range of information regarding each agency (e.g., policies, procedures, and service delivery protocols) as a means of enhancing services, safety, and accessibility. Information that could be politically sensitive or reveals challenges within a partner agency will be considered confidential and not shared outside of the collaboration.

## **Mandatory Reporting**

All members of the Open Door Initiative are mandatory reporters under various sections of Nebraska laws. Information about mandatory reporting requirements will be communicated to participants at the beginning of focus groups and client interviews so that participants may make informed decisions about what they choose to disclose. A summary of mandatory reporting guidelines is provided below.

- Under Nebraska state law, all persons are required to report cases of suspected child abuse and neglect.
- Health, mental health, and other human services providers are also mandated to report observed or suspected abuse, neglect and/or exploitation of a vulnerable adult. A vulnerable adult is any person 18 years of age or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. (Any person may report abuse, neglect and/or exploitation if such person has reasonable cause to believe that a vulnerable adult has been subjected to or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect and/or exploitation.)

Mandatory reporting requirements, as described, are required by state statutes. Therefore, providers fully understand and are well-versed regarding the requirements and process of mandatory reporting. Clients served by the partner agencies are consistently and routinely informed of the requirements and process of mandatory reporting.

Although the focus groups and interviews are intentionally designed to avoid eliciting information on specific experiences of abuse or neglect, there is still the potential for disclosures to occur. In order to minimize disclosures, the mandatory reporting requirements will be explained by the facilitator/interviewer at the beginning of the focus groups and interviews.

In focus groups, the facilitator will introduce the note taker and the advocate/observer and explain their roles. During the explanation of the advocate's or observer's role, she will emphasize the types of support that are available to the participants and consequently, the variety of reasons the advocate/observer may need to talk privately with a participant.

The facilitator will conduct each discussion following an approved script with prompts, encourage each participant to speak, and thoughtfully keep the discussion on course. If someone begins to tell a personal story, she will redirect the conversation.

In client focus groups and interviews, the advocate will serve as the primary support person, paying special attention for any changes in participants' demeanor that might indicate personal

discomfort or distress. If it appears that a disclosure is going to be made, the advocate will inform the participant of the reporting requirements and allow the participant to decide whether to continue the conversation.

Unless otherwise indicated by the partner agency's policies and procedures, the following process regarding mandatory reporting will occur. When a disclosure is made by a client or agency employee regarding abuse and/or neglect, the collaboration member who is present will notify his or her direct supervisor as well as the Project Coordinator. Unless otherwise instructed, within 24 hours of the disclosure, the employee will contact Child Protective Services (CPS) or Adult Protective Services (APS) to report the suspected abuse and/or neglect. If therapeutically appropriate, the facilitation team will involve the client in making the report.

During a focus group, should a participant appear to be a danger to herself or others, the advocate will immediately contact the agency provider previously identified to be available during the focus group. The agency provider, in collaboration with the focus group advocate (as needed), will explore how to proceed based upon Nebraska reporting laws and agency protocols. The client will be fully informed and directly involved in this process.

In summary, the scripts and scripted questions for focus groups and interviews have been developed to focus on services, minimize disclosures, and avoid eliciting personal experiences. The collaboration is committed to creating a safe environment for all participants in the needs assessment.

## Work Plan

Date/Timeframe	Key Activities	Deliverable
May 2009-July 2010	Needs Assessment Plan and Tool Development	Needs Assessment Plan and Tools
August – September 2010*	Conduct needs assessment with providers and women who experience domestic violence, mental health concerns, and/or substance use issues	N/A
September –October 2010*	Needs Assessment Report: <ul style="list-style-type: none"> <li>• Analyze data and write up findings</li> </ul>	Needs Assessment Report
November 2010	Vera Site Visit: Strategic Planning	N/A
November - December 2010*	Strategic Plan: <ul style="list-style-type: none"> <li>• Review findings from needs assessment</li> <li>• Agree upon priority areas</li> <li>• Develop strategies for change</li> <li>• Draft and finalize</li> </ul>	Strategic Plan
February 2011*	Implementation Phase	N/A

\* After approval of deliverable by OVW

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## **Focus Group Invitation Script-Clients**

(Survivors of domestic violence, women with mental health concerns and/or substance use issues, and survivors of domestic violence with mental health concerns and/or substance use issue)

Hi, my name is \_\_\_\_\_ and I am here to talk to you about an upcoming opportunity for you to help improve services for women. I am a \_\_\_\_\_ (collaboration member/representative) of the Open Door Initiative, which is a joint project among five different agencies here in Lincoln: Friendship Home, Voices of Hope, St. Monica's, the Community Mental Health Center, and CenterPointe. Our goal is to improve services for women who have experienced domestic violence, mental health concerns, and substance use issues.

Before we get started, I would like to hand out a Frequently Asked Questions sheet that you may use as a guide during our discussion today. In keeping with concerns for safety, I will ask you to return the FAQ sheet to me at the end of this meeting.

### **Purpose of the Focus Group: Refer to Client FAQ**

We are conducting focus groups in order to gain insight on how to improve services within and among the five partner agencies. We are inviting clients and service providers at each agency to participate in focus groups and to share their perspectives and ideas with us. We are interested in learning your perspective about what works well, as well as what needs to be improved and/or developed in order to fully meet the needs of women who experience domestic violence, mental health concerns, and substance use issues.

Your input is extremely valuable in identifying opportunities for change and ideas for improvement. The information that you share will be combined with the feedback we receive from all other clients and service providers and used to write a report. The information in this report will be used to develop a strategic plan to improve overall services within and among partner agencies.

Now that you know what the Open Door Initiative is and why we are holding focus groups, we would like to invite you to participate in a focus group that will be held on \_\_\_\_\_ (date, time) at \_\_\_\_\_ (location). I hope that you will strongly consider sharing your valuable feedback with us to help improve services for women. I would like to share some information with you about the focus group to help you decide if you would like to participate.

### **Focus Group Process**

Focus groups will be held at each partner agency and will last approximately 1-1½ hours. Each focus group will be limited to 10 people. As a token of our appreciation of your time and effort, you will receive a \$25.00 Walgreen's gift card. Refreshments will also be served during the focus group. Childcare and transportation assistance will be available if needed. Your participation is strictly voluntary, and you may withdraw from participation at any time.

**I would like to talk about a few topics regarding your participation.  
The first one is confidentiality.**

**Confidentiality:** We highly value your views about how we can make changes in our agencies to improve services to women who have experienced domestic violence, mental health concerns, and substance use issues. It is very important to us that we protect the confidentiality of everyone who participates in the focus group to the best of our ability.

At the beginning of the focus group, you will be asked to sign an informed consent which serves as your written permission to participate in the focus group. Prior to signing the form, a member of the focus group team will go over the information with you and give you the opportunity to ask any questions you have. You will also be given a badge with a number in order to protect the confidentiality of everyone who participates. We ask that no one use her name during the focus group. Your name will not be used in anything that is written about the information gathered from the focus group. Something you say may be written in the report, however, no identifying information, such as your name, will be included.

The Open Door Initiative will do everything possible to protect your confidentiality. We expect that focus group participants respect each other's confidentiality as well. We are asking about your views on services themselves rather than on your personal experiences that may have led you to seek these services. To protect the confidentiality and safety of all focus group participants, please avoid self disclosures of personal experiences that are not directly related to the services you received.

All individual responses will be kept confidential by the focus group facilitation team. The facilitation team members will be the facilitator, note taker, and an advocate. The facilitation team will not include anyone who works at the agency where you receive services. Personal identifying information will not be linked to individual responses in any written information. All written notes and materials from the focus group will be secured in a locked file cabinet at the Project Coordinator's office and will be destroyed after the strategic plan is approved.

**I do want to let you know that there are some exceptions to Confidentiality.**

All members of the Open Door Initiative are mandatory reporters under various sections of Nebraska Laws. Under Nebraska state law, all persons are required to report cases of suspected child abuse and neglect. Health, mental health, and other human services providers are also mandated to report observed or suspected abuse of a vulnerable adult. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment, or for whom a guardian has been appointed. Another exception to confidentiality occurs if a person indicates by words or actions that they are a danger to themselves or others. If any of these situations were to occur before, during or after a focus group, members of the Open Door Initiative would be required to contact or report the information to the appropriate agency.

## **The next issue involves safety.**

**Safety:** The Open Door Initiative views safety as a top priority and we want to ensure that everyone feels comfortable and safe during their participation in a focus group. At the beginning of the focus group, the facilitator will address safety issues and any concerns that you may have. You will be able to decide whether it is safe to take the gift card with you when you leave. If you do not feel it is safe, the agency you receive services from will hold it for you until you feel it is safe for you to take it. You will also be able to decide whether it is safe to take any other materials offered during the focus group.

The partner agencies want to hear your opinion about the services you have received. Your name will not be used in any of the written information from the focus group. Participating in the focus group will not have any impact on any services that you receive now or in the future. We want you to feel comfortable and to know that your participation is encouraged and supported by the agency/agencies you are receiving services from. Your participation is strictly voluntary, and you may withdraw your participation at any time if you decide to.

No outside observers, including personal care attendants, will be allowed to be in the room during the focus group. We will provide alternate personal care assistance. If you will need an alternate personal care attendant, please write that on your registration form (please indicate any personal preferences).

For the safety and comfort of those with chemical and environmental sensitivities, the Open Door Initiative requests that persons attending the focus groups please refrain from using any perfumed products such as scented soaps, hand lotions, deodorants, perfumes, colognes, or other heavily scented products such as fabric softeners or bug spray. It is also essential that we maintain a smoke free environment; therefore, in addition to not smoking in the building, we ask that you refrain from smoking outside of designated smoking areas.

## **Now I would like to discuss how you register for the focus group.**

### **[Hand out registration forms]**

A completed registration form is required for participation. The form asks about accommodations that you will need to participate; please list any accommodations that you will need. It also contains a section for contact information. You will be asked the safest way to contact you, and if it is not safe to contact you, please indicate that on the form. If you indicate a safe method of contact, you would only be contacted in the event that a focus group had to be rescheduled or cancelled. You may also be contacted in order to arrange accommodations that you request on the form.

The information on the registration form will also be used to arrange a date and time that works for you and to limit the size of each focus group. If you are interested in participating in the focus group and need any assistance in filling out this form and/or you have any questions you might like to ask privately, I would be happy to talk with you.

Does anyone have any questions? **[Allow time for questions and answers]**

## **Give time for registration forms to be completed**

## **Collect FAQ sheet**

## **Collect completed registration forms**

If you have any questions or concerns about the focus group, you can contact the Project Coordinator, Deb Weston at (402)437-9366. If you encounter scheduling difficulties, please let me know (\_\_\_\_\_ contact information). If you still would like to be in a focus group, we will try to find another time for you to participate or discuss other options.

Thank you for your time. We look forward to seeing you during one of our focus groups.

## Client Registration Form

Thank you for your interest in the Open Door Initiative focus group.

All the information you provide is confidential.

This form will be shredded after the strategic plan has been approved.

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

### What is the safest way to contact you?

- |   |   |
|---|---|
| <input type="checkbox"/> <u>do not contact me</u>   | <input type="checkbox"/> home phone: _____) |
| <input type="checkbox"/> friend's phone: _____      | <input type="checkbox"/> cell phone: _____) |
| <input type="checkbox"/> my work phone: _____       | <input type="checkbox"/> my e-mail: _____)  |
| <input type="checkbox"/> my service provider: _____ | <input type="checkbox"/> other: _____)      |

**When is the safest time for us to call you?** \_\_\_\_\_

**Is it safe to leave a message** (either on voicemail or with the person who answers)? **Yes** **No**

### What are your accessibility needs? Please describe your personal needs.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> transportation  | <input type="checkbox"/> listening device (type: _____) | <input type="checkbox"/> wheelchair access |
| <input type="checkbox"/> childcare (no. of children and ages: _____)   |   |  |
| <input type="checkbox"/> alternate personal care attendant* (preference: _____)                                      |   |  |
| <input type="checkbox"/> interpreter (type: _____)   |   |  |
| <input type="checkbox"/> dietary needs (include food allergies: _____)   |   |  |
| <input type="checkbox"/> environmental/chemical sensitivity (e.g., perfume, lights: _____)                           |   |  |
| <input type="checkbox"/> written materials (please circle):    Braille    /    large print    /    help with reading |   |  |
| <input type="checkbox"/> other (please describe: _____)  |   |  |

\* Because of confidentiality, your regular personal care attendant will need to wait in another area. If you require a personal care attendant during the focus group please note this on the form and we will arrange for an alternate personal care attendant to assist you.

Please give this form to [collaboration representative]. If you have questions please contact [collaboration representative] or the Project Coordinator, Deb Weston (402)437-9366) or [debw@friendshiphome.org](mailto:debw@friendshiphome.org).

**We look forward to seeing you soon!**

### For Office Use Only

- |  |
|--|
| <input type="checkbox"/> <b>Focus Group:</b> Date: _____ Time: _____ Location: _____ |
| <input type="checkbox"/> <b>Interview:</b> Date: _____ Time: _____ Location: _____   |
| Interviewer assigned: _____  |

# **Client Focus Group Open Door Initiative**

## ***Frequently Asked Questions***

**You have been invited to participate in a project of the Open Door Initiative. The following is information that you might like to know.**

### **What is the Open Door Initiative?**

The Open Door Initiative is a project created to improve community resources for women who experience domestic violence, mental health concerns, and/or substance use issues. The Open Door Initiative project includes five community-based agencies based in Lancaster County, Nebraska: Friendship Home, CenterPointe, Community Mental Health Center, St. Monica's, and Voices of Hope.

### **Why do you want to talk with me?**

We want to talk to you because you are the expert on what you need and the services and supports you receive. We are meeting with women who use services at each of the five partner agencies. Focus groups will be asked approximately six to nine questions about the way services are provided, what works well, and what could be changed to improve services.

### **What are you going to do with the information?**

A report will be written that includes information gathered from the focus groups and other activities. The report will be shared with the agencies involved in the project so they will know what needs to be done to create a safe and welcoming environment for women who receive services from the five agencies. The report will be used to develop a plan that will guide the changes that are needed to best meet the needs of women in Lancaster County. No information about your identity will be used in the report.

### **Why do I need to fill out a Registration Form?**

The information will be used to provide any accommodations you need to be able to attend. The information will also be used to arrange a date and time that works for you and to limit the size of each group. The registration form will be shredded after the strategic plan is approved to protect confidentiality.

### **How long will the focus group last?**

The focus group will last about 1-1½ hours.

### **How large will the focus group be?**

The focus group will be limited to 10 people so each person has the opportunity to talk.

### **Do I have to talk during the focus group?**

Your experience is valued and we hope you will share information about the services you receive. Your participation is voluntary.

### **Will food be available at the focus group?**

Refreshments will be served during the focus group. If you have any allergies or dietary needs, please write that on the registration form.

**When I talk, will you use my name?**

When you come to the focus group, you will be given a badge with a number in order to protect the confidentiality of everyone who participates. We ask that no one use her name during the focus group. Your name will not be used in anything that is written about the information gathered from the focus group. Something you say may be written in the report; however, no personal identifying information such as your name will be included.

**Will my service provider be concerned if I participate?**

No, the agency wants to hear your opinion about services you have received. Your name will not be associated with any notes from the focus group. Participating in the focus group will not have any impact on any services that you receive now or in the future.

**What if I can't come? Who do I tell?**

Please let us know by telling the agency representative who invited you or contact the Project Coordinator. If you still would like to be in a focus group we will try to find another time for you to participate or discuss other options.

**What if a focus group is changed or cancelled?**

We will contact you by using the information you provided on the registration form if a focus group has to be changed or cancelled. Otherwise, you can check with the agency representative who invited you or contact the Project Coordinator.

**How will I get to the group?**

If you need transportation to participate in the focus group, we can provide help. You will need to write that information on the registration form.

**What is the gift card?**

We value your willingness to share your experiences receiving services. You will receive a \$25.00 Walgreen's gift card as an expression of our appreciation.

**What happens if I lose my gift card?**

Once we give you the gift card it will up to you to keep it safe. We cannot give you a new one if it is lost or stolen.

**What if I change my mind after I am already in the focus group?**

If you change your mind, you can leave at any time. The \$25.00 gift card is yours for just beginning the focus group. We can discuss other options that may be more comfortable for you to share your experiences receiving services.

**What if I don't feel safe in taking the gift card home?**

It is up to you to decide if it is safe to take the gift card with you. If you do not feel safe taking your gift card home, the agency representative who talked with you about the focus group will keep it for you until you feel that it is safe for you to take it.

**Can my personal care attendant come with me?**

Your personal care attendant is welcome to bring you; however, we will have a separate room for the attendant to wait. If you need someone with you while you are in the focus group, we can provide an alternate personal care attendant for you. You will need to write this on the registration form.

## **Agency Focus Group Invitation Script**

(Board/advisory members, leaders and management, medical and direct service staff)

Hi, my name is \_\_\_\_\_ and I am here to talk to you about an upcoming opportunity for you to help improve services for clients. I am a \_\_\_\_\_ (collaboration member/representative) of the Open Door Initiative, which is a joint project among five different agencies here in Lincoln: Friendship Home, Voices of Hope, St. Monica's, the Community Mental Health Center, and CenterPointe. The project is funded through a grant from the Office of Violence Against Women (OVW), U.S. Department of Justice. Our goal is to improve services for women who have experienced domestic violence, mental health concerns, and/or substance use issues. The mission and vision of the collaboration are to develop sustainable system change within each of the partner agencies.

Before we get started, I would like to hand out a Frequently Asked Questions Sheet that you may use as a guide during our discussion today. In keeping with concerns for safety, I will ask you to return the FAQ Sheet to me at the end of this meeting.

### **Purpose of the Needs Assessment: Refer to Agency FAQ**

We are conducting the needs assessment in order to gain insight on how to enhance current service delivery systems within and among the five partner agencies. We are inviting clients, board and advisory committee members, agency leaders, medical, management, and direct service staff to participate in the needs assessment.

The purpose of the needs assessment is to gather knowledge regarding the current service delivery system. We are interested in learning your perspective about what work wells, needs to be improved and/or developed in order to fully meet the needs of women who experience domestic violence, mental health concerns, and/or substance use issues.

Your input is extremely valuable in identifying opportunities for change and strategies for improvement. The information that you share, along with the feedback from all of the other needs assessment activities, will be compiled into a Needs Assessment Report. The needs assessment findings will help us to develop the goals for our strategic plan. The strategic plan will direct the implementation phase for those changes we propose to create positive systemic change within and among the five partner agencies.

Now that you all know what the Open Door Initiative is and why we are conducting this needs assessment, we would like to invite you to participate in a focus group that will be held on \_\_\_\_\_ (date, time) at \_\_\_\_\_. With that, I hope that you will strongly consider participating in the needs assessment.

### **Focus Group Process**

All focus groups will take place during your regularly scheduled work hours and the duration of the group will be approximately 1-1½ hours. Each focus group will be limited to 10 people. As a token of our appreciation of your time and effort, refreshments will be offered during the focus group. Your participation is encouraged and supported by the agency. Your participation is strictly voluntary and you may withdraw from participation at any time. You will not be required to sign any consent forms. Your participation will constitute your consent.



**I would like to talk about a few topics regarding your participation.  
The first one is confidentiality.**

**Confidentiality.** We highly value your professional views about how we can make changes in our agencies to be sure we provide safe, accessible and welcoming services. When you come to the focus group, you will be given a badge with a number in order to protect the confidentiality of everyone who participates. We ask that no one use his or her name during the focus group. Your name will not be used in anything that is written about the information gathered from the focus group. Something you say may be written in the report; however, no identifying information, such as your name, will be included.

The Open Door Initiative will do everything possible to protect your confidentiality. We expect that focus group participants respect each other's confidentiality. It is important to let you know the focus of the needs assessment is on services and your professional views of services. Self-disclosures of client or personal experiences are neither expected nor encouraged.

All individual responses will be kept confidential by the focus group facilitation team. The facilitation team will not include anyone employed by your agency. Personal identifying information will not be linked to individual responses in any of the written information such as the needs assessment report. All written notes from the focus group and questionnaires will be secured in a locked file cabinet at Project Coordinator's office and will be destroyed after the strategic plan is approved.

**I do want to let you know that there are some limitations to Confidentiality.**

All members of the Open Door Initiative are mandatory reporters under various sections of Nebraska Laws. Under Nebraska state law, all persons are required to report cases of suspected child abuse and neglect. Health, mental health, and other human services providers are also mandated to report observed or suspected abuse of a vulnerable adult. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment, or for whom a guardian has been appointed. Another exception to confidentiality occurs if a person indicates by words or actions that they are a danger to themselves or others. If any of these situations were to occur before, during or after a focus group, members of the Open Door Initiative would be required to contact or report the information to the appropriate agency.

**The next topic regards safety.**

**Safety.** The Open Door Initiative views safety as a top priority. We want to ensure that everyone feels comfortable and safe. There will be no negative repercussions as an employee or affiliate of the agency as a result of your participation in the needs assessment. Participation in this focus group will be strictly voluntary. If you believe that the group environment will not offer a safe or comfortable setting for you, we can discuss other options such as an individual interview.

No outside observers, including personal care attendants, will be allowed to be in the room during the focus group. We will provide alternate personal care assistance. If you will need an alternate personal care attendant please write that on your registration form (please indicate any personal preferences).

For the safety and comfort of those with chemical and environmental sensitivities, the Open Door Initiative requests that persons attending focus groups please refrain from using any perfumed products such as scented soaps, hand lotions, deodorants, perfumes, colognes, or other heavily scented products such as fabric softeners or bug spray. It is also essential that we maintain a smoke-free environment; therefore, in addition to not smoking in the building, we ask that you refrain from smoking outside of designated smoking areas.

**Now I would like to discuss how you register for the focus group.**

**[Hand out registration forms]**

A completed registration form is required for participation. The form asks about the accommodations you need to participate; please list any accommodations that you will need. It also contains a section for contact information in case a focus group has to be rescheduled or cancelled. You may also be contacted in order to arrange accommodations that you request on the form.

The information on the registration form will be used to provide any accommodations you need to be able to attend. The information will also be used to arrange a date and time that works for you and to limit the size of each group. If you need assistance in filling out this form and/or you have any questions you might like to ask privately, I would be happy to talk with you.

Does anyone have any questions? **[Allow time for questions and answers]**

**Give time for registration forms to be completed.**

**Collect FAQ's Sheet**

**Collect completed registration forms**

If you have any questions about the focus group, you can contact me \_\_\_\_\_ (collaboration representative) at \_\_\_\_\_. If you encounter scheduling difficulties, please let me know and we will try to find another time for you to participate or discuss other options. You may also contact the Project Coordinator, Deb Weston, at (402) 437-9366, if you have questions about the focus group.

Thank you for your time. We look forward to seeing you during one of our focus groups.

## Agency Registration Form

### Focus Groups

Thank you for your interest in the Open Door Initiative focus group.

If you would like to participate in the focus group, please fill out the information below.

***All the information you provide is confidential.***

This form will be shredded after the strategic plan has been approved.

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

**What is the best way to contact you?**

- work phone: \_\_\_\_\_  home phone: \_\_\_\_\_ )  
 cell phone: \_\_\_\_\_  other: \_\_\_\_\_ )  
 e-mail: \_\_\_\_\_

**When is the best time for us to call you?** \_\_\_\_\_

**May we leave a message** (either on voicemail or with the person who answers)? **Y N**

**What are your accessibility needs?** Please describe your personal needs.

- listening device (type: \_\_\_\_\_)  wheelchair access  
 alternate personal care attendant\* (preference: \_\_\_\_\_)  
 interpreter (type: \_\_\_\_\_)  
 dietary needs (include food allergies: \_\_\_\_\_)  
 environmental/chemical sensitivity (e.g., perfume, lights: \_\_\_\_\_)  
 written materials ( please circle): Braille / large print / help with reading  
 other (please describe: \_\_\_\_\_)

\* Because of confidentiality, your regular personal care attendant will need to wait in another area. If you require a personal care attendant during the focus group please note this on the form and we will arrange for an alternate personal care attendant to assist you.

Please give this form to [collaboration representative]. If you have questions please contact [collaboration representative] or the Project Coordinator, Deb Weston (402) 437-9366 or [debw@friendshiphome.org](mailto:debw@friendshiphome.org).

**We look forward to seeing you soon!**

**For Office Use Only**

- Focus Group:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 **Interview:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Interviewer assigned: \_\_\_\_\_

# **Agency Focus Group Open Door Initiative**

## ***Frequently Asked Questions***

**You have been invited to participate in a project of the Open Door Initiative.  
The following is information that you might like to know.**

### **What is the Open Door Initiative?**

The Open Door Initiative is a collaborative project created to improve community resources for women who experience domestic violence, mental health concerns, and substance use issues. The Open Door Initiative is a collaboration of five community agencies based in Lancaster County, Nebraska: Friendship Home, CenterPointe, Community Mental Health Center of Lancaster County, St. Monica's, and Voices of Hope. The project is funded through a grant from the United States Department of Justice, Office on Violence Against Women.

The vision of the Open Door Initiative is that women in Lancaster County who are survivors of domestic violence with mental health concerns and/or substance use issues will be welcomed into an empowering, inclusive, respectful environment when they access our services. Regardless of which agency door they open, women will access a rich array of comprehensive, individualized, seamless services and will be safer as a result of our collaboration.

### **What is the purpose of the Needs Assessment?**

Open Door Initiative partner agencies are gathering information to create positive systems change through this process. We value your professional views about how we can make changes in our agencies to be sure we provide safe, accessible, and welcoming services. In order to create positive changes, it is important to include input from agency board/advisory committee members, leaders, and staff at all levels from each agency who are familiar with the agency, current services, women who are receiving services, and ideas about things that can be improved. This information will be used to develop a Needs Assessment Report and Strategic Plan.

### **Why do I need to fill out a Registration Form?**

The information will be used to provide any accommodations you need to be able to attend. The information will also be used to arrange a date and time that works for you and to limit the size of each group. The registration form will be shredded after the strategic plan is approved to protect confidentiality.

### **When will the focus groups be held?**

Focus groups will be held at each agency during regular work hours.

### **How large will the focus group be?**

The focus group will be limited to 10 people so each person has the opportunity to talk.

### **How long will the focus group last?**

The focus group will last about 1-1½ hours. Focus groups will be asked approximately six to nine questions.

**Do I have to talk during the focus group?**

We value your professional views about how we can make changes in our agencies to be sure we provide safe, accessible, and welcoming services. Your participation is voluntary. Participating in this process will not negatively impact your employment or affiliation with the agency.

**Will food be available at the focus group?**

Refreshments will be served during the focus group. If you have any allergies or dietary needs, please write that on the registration form.

**When I talk, will you use my name?**

When you come to the focus group, you will be given a badge with a number in order to protect the confidentiality of everyone who participates. We ask that no one use his or her name during the focus group. Your name will not be used in anything that is written about the information gathered from the focus group. Something you say may be written in the report; however, no personal identifying information such as your name will be included.

**Are responses confidential?**

All individual responses will be kept confidential by the focus group facilitation team. The facilitation team will not include anyone employed by your agency. Personal identifying information will not be linked to individual responses in any of the written information such as the needs assessment report.

**Who should I contact if I encounter scheduling conflicts?**

Please let us know by telling the collaboration representative who invited you or contact the Project Coordinator. If you still would like to be in a focus group we will try to find another time for you to participate or discuss other options.

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

The information that you share, along with the feedback from all of the other needs assessment activities, will be compiled into a Needs Assessment Report. The needs assessment findings will help us to develop the goals for our strategic plan. The strategic plan will direct the implementation phase for changes to create positive systemic change within and among the five partner agencies. It will help ensure an “open door” for women to enter the service delivery system through any agency and receive what they need in an effective and timely way.

**Will the information be publicized?**

The Needs Assessment Report will go to the Vera Institute on Justice (our technical assistance provider) and the federal funding source, the Department of Justice, Office on Violence against Women. The collaboration will not share any individual identifying information from the needs assessment with the media. When the project moves into the implementation phase following the strategic planning, the collaboration hopes to share the planned changes with the public.

**Will you be referring to agencies by name?**

The collaboration’s focus is to ensure a safe, responsive service delivery system for women who experience domestic violence, mental health concerns, and substance use issues. Throughout this process, information will be gathered to examine a range of information regarding each agency (e.g., policies, practices, and service delivery protocols) as a means of enhancing services, safety, and accessibility. Information that could be politically sensitive or reveals challenges within a partner agency will be considered confidential and not shared outside of the collaboration.

**Agency Interview Invitation**  
**Personal Contact Script**  
(Board members, leaders and management,  
medical staff, and direct service staff)

\_\_\_\_\_ (collaboration member or agency executive director/designee) Hello, I would like to talk to you about a federal grant that was awarded to five partner agencies in Lincoln, including \_\_\_\_\_ (agency). The project is funded through a grant from the Office of Violence Against Women (OVW), U.S. Department of Justice. The five partner agencies are Friendship Home, Voices of Hope, St. Monica's, the Community Mental Health Center, and CenterPointe. The name of the collaborative project is the Open Door Initiative.

The vision of the Open Door Initiative is that women in Lancaster County who are survivors of domestic violence with mental health concerns and/or substance use issues will be welcomed into an empowering, inclusive, respectful environment when they access our services. Regardless of which agency door they open, women will access a rich array of comprehensive, individualized, seamless services and will be safer as a result of our collaboration.

The Open Door Initiative collaboration is conducting a needs assessment in order to gain insight on how we can enhance current service delivery systems in our agencies. It is essential that board members, advisory committee members, leaders, management, and direct service staff in our organization participate and share their professional views and opinions.

The collaboration and I value your professional view about how we can make changes in and among our agencies to enhance services for women who experience domestic violence, mental health concerns, and/or substance use issues. For that reason, the collaboration and I invite you to participate in an individual interview. Participation is totally voluntary. Our agency encourages you to participate in the needs assessment to advance the vision of the collaboration.

The interview will last about an hour. A representative of the collaboration will personally contact you to schedule a convenient date, time, and location. Before you are contacted, you will receive an e-mail or letter with more detailed information about the Open Door Initiative, the needs assessment, and the interview.

Thank you for your time. I appreciate your willingness to contribute to this important project.

## Interview Information Template

### E-Mail or Letter

(To be provided to agency board members, leaders and management, medical staff, and direct service staff)

Dear \_\_\_\_\_, (interviewee)

The members of the Open Door Initiative collaboration and I sincerely appreciate your willingness to participate in the Open Door Initiative Needs Assessment. Your contribution is essential in light of your unique perspective regarding services provided to women who experience domestic violence, mental health concerns and/or substance use issues.

\_\_\_\_\_, (collaboration member/representative) a representative of the Open Door Initiative from \_\_\_\_\_ (organization) will be contacting you to schedule an interview time that is convenient for you. Your interview should last approximately one hour.

In preparation for the interview, the Open Door Initiative has provided the following materials (see attachments):

1. Frequently Asked Questions. This provides a description of the needs assessment process and in particular, information regarding the interview process.
2. Interview Registration Form. Please complete the form and return it to \_\_\_\_\_ by \_\_\_\_\_ (deadline), by e-mail or fax.
3. The U.S. Department of Justice, Office on Violence Against Women (OVW) and the Vera Institute of Justice established the Accessing Safety Initiative (ASI). The ASI website, [www.accessingsafety.org](http://www.accessingsafety.org) provides extensive information regarding all collaborative community profiles including the Open Door Initiative. The Open Door Initiative link is: [http://www.accessingsafety.org/index.php/main/right\\_menu/community\\_profiles/2008\\_grantee\\_communities/lincoln-ne](http://www.accessingsafety.org/index.php/main/right_menu/community_profiles/2008_grantee_communities/lincoln-ne).

Thank you. We greatly appreciate your time and willingness to help us in creating systemic change to meet the needs of the women we serve. If you have questions, please contact \_\_\_\_\_ (collaboration member/representative). You may also contact Deb Weston, Project Coordinator, at (402)-437-9366 or [debw@friendshiphome.org](mailto:debw@friendshiphome.org).

Sincerely,

\_\_\_\_\_ (name)

Executive Director (agency)

## **Open Door Initiative Collaboration Members**

- Nancy Bowen, Voices of Hope, 476-2110, [nancy@voicesofhopelincn.org](mailto:nancy@voicesofhopelincn.org)
- Renee Felder, Community Mental Health Center, 441-9221, [rfelder@lancaster.ne.gov](mailto:rfelder@lancaster.ne.gov)
- Julie Havener, Friendship Home, 437-9323, [julieh@friendshiphome.org](mailto:julieh@friendshiphome.org)
- Michelle Miller, St. Monica's, 441-3868, [mmiller@stmonicas.com](mailto:mmiller@stmonicas.com)
- Michelle Nelson, CenterPointe, 475-8717, ext 136, [mnelson@centerpointe.org](mailto:mnelson@centerpointe.org)

## **Staff**

- Deb Weston, Project Coordinator, Friendship Home, 437-9366, [debw@friendshiphome.org](mailto:debw@friendshiphome.org)



**Agency Registration Form**  
Interview

Thank you for your interest in the Open Door Initiative.

If you would like to participate in an interview, please fill out the information below.

***All the information you provide is confidential.***

This form will be shredded after the strategic plan has been approved.

**Name:**

**Date:**

**What is the best way to contact you?**

work phone

home phone:

cell phone:

other:

e-mail:

**When is the best time for us to call you?**

**May we leave a message** (either on voicemail or with the person who answers)?  Y  N

**What are your accessibility needs?** Please describe your personal needs.

listening device - type:

wheelchair access

alternate personal care attendant\* Preference:

interpreter (type:

dietary needs and food allergies:

environmental/chemical sensitivity (e.g., perfume, lights):

written materials:  Braille  large print  help with reading

other - please describe:

\* Because of confidentiality, your regular personal care attendant will need to wait in another room. If you require a personal care attendant during the interview please note this on the form and we will arrange for an alternate personal care attendant to assist you.

Please email or give this form to [interviewer]. If you have questions, please contact [interviewer] or the Project Coordinator, Deb Weston (402) 437-9366 or [debw@friendshiphome.org](mailto:debw@friendshiphome.org).

**We look forward to seeing you soon!**

**For Office Use Only**

**Interview:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer assigned: \_\_\_\_\_

# **Agency Interview Open Door Initiative**

## ***Frequently Asked Questions***

**You have been invited to participate in a project of the Open Door Initiative.  
The following is information that you might like to know.**

### **What is the Open Door Initiative?**

The Open Door Initiative is a collaborative project created to improve community resources for women who experience domestic violence, mental health concerns, and substance use issues. The Open Door Initiative is a collaboration of five community agencies based in Lancaster County, Nebraska: Friendship Home, CenterPointe, Community Mental Health Center of Lancaster County, St. Monica's, and Voices of Hope. The project is funded through a grant from the United States Department of Justice, Office on Violence Against Women.

The vision of the Open Door Initiative is that women in Lancaster County who are survivors of domestic violence with mental health concerns and/or substance use issues will be welcomed into an empowering, inclusive, respectful environment when they access our services. Regardless of which agency door they open, women will access a rich array of comprehensive, individualized, seamless services and will be safer as a result of our collaboration.

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

The Open Door Initiative collaboration is gathering information to create positive systems change through this process. It is essential that agency leaders and staff within each organization participate and share their professional views and opinions. In order to create positive changes, it is important to include input from individuals at all levels from each agency who are familiar with: the agency, policies and practices, current services, people that are receiving services, and ideas about things that can be improved. This information will be used to develop a Needs Assessment Report and Strategic Plan.

### **Who are we asking to participate?**

Focus groups and interviews will be conducted with clients, board/advisory committee members, leaders and management, medical and direct service staff, and volunteers from the five partner agencies.

### **What do we hope to learn from you?**

We value your professional views about how we can make changes in our agencies to be sure we provide safe, accessible, and welcoming services. Participating in this process will not negatively impact your employment or affiliation with the agency. Your participation is voluntary.

### **Why do I need to fill out a Registration Form?**

The information will be used to provide any accommodations you need to be able to attend. It also facilitates planning and scheduling. The registration form will be shredded after approval of the strategic plan to protect confidentiality.

### **Who will conduct the interviews?**

A representative of the collaboration will conduct the interview. The interviewer will not be anyone employed by your agency or with whom there is a conflict of interest.

**When will the interviews be held?**

The interviewer will personally contact you to schedule a convenient date, time, and location for the interview.

**How long will the interview last?**

The interview will last approximately 1 hour. Participants will be asked approximately six to nine questions.

**Are responses confidential?**

All individual responses will be kept confidential. Your name will not be used in anything that is written about the information gathered from the focus group. Something you say may be written in the report; however, no identifying information, such as your name, will be included. Personal identifying information will not be linked to individual responses in any of the written information such as the needs assessment report.

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

The information that you share, along with the feedback from all of the needs assessment activities, will be compiled into a Needs Assessment Report. This, in turn, will be used to develop a strategic plan for the Open Door Initiative. Through implementation of the strategic plan we hope to enhance service systems to meet the complex needs of women who experience domestic violence, mental health concerns, and substance use issues.

**Will the information be publicized?**

The Needs Assessment Report will be sent to the Vera Institute of Justice (our technical assistance provider) and the federal funding source, the Department of Justice, Office on Violence against Women. The collaboration will not be sharing any specific needs assessment information from the process with the media. When the project moves into the implementation phase following the strategic planning, the collaboration hopes to share the planned changes with the public.

**Will you be referring to agencies by name?**

The collaboration's focus is to ensure a safe, responsive service delivery system for women who experience domestic violence, mental health concerns, and substance use issues. Throughout this process, information will be gathered to examine a range of information regarding each agency (e.g., policies, procedures, and service delivery protocols) as a means of enhancing services, safety, and accessibility. Information that could be politically sensitive or reveals challenges within a partner agency will be considered confidential and not shared outside of the collaboration.

**Who do I contact if I have any additional questions or concerns?**

Please contact me \_\_\_\_\_ (collaboration representative) at \_\_\_\_\_ or the Project Coordinator, Deb Weston, (402) 437-9366 or [debw@friendshiphome.org](mailto:debw@friendshiphome.org).



# Informed Consent

## Open Door Initiative Needs Assessment

### Client Focus Groups - A

You are being asked to participate in a focus group about improving services for women who experience domestic violence, mental health concerns and/or substance use issues. This Informed Consent form provides information about the project and your rights as a participant in a focus group. Take as much time as you need to read this form and discuss any questions or concerns that you may have with the group facilitator or representatives from the Open Door Initiative (i.e., the note taker and advocate).

**Description of the Open Door Initiative.** The Open Door Initiative is a collaboration of the five community agencies listed at the top of this form. The vision of the Open Door Initiative is that women in Lancaster County who experience domestic violence, mental health concerns, and/or substance use issues will be welcomed into a safe, respectful, and empowering environment when they use services at any of the five partner agencies.

**Purpose.** The purpose of this needs assessment is to gather information and learn about the strengths and gaps in programs and services for women who experience domestic violence, mental health concerns, and/or substance use issues. The information gained during the needs assessment will directly inform the collaboration on how to make effective and sustainable improvements in services in Lancaster County.

**Participants.** Focus groups are the primary method of obtaining information for the needs assessment. The client focus groups will include women (aged 19 and over) who are receiving services at each of the five collaborating agencies. Each focus group will be limited to ten people.

**Voluntary Participation.** Participation in this focus group is voluntary. You may choose not to participate, or may participate and choose to leave without affecting the services provided to you. An interview can be arranged if you are uncomfortable participating in a focus group.

**Procedure.** The focus group will be conducted at the site where you are currently receiving services. The facilitator will verbally provide a description of the focus group. Between six and nine questions will be asked and all participants will be encouraged to join in the discussion. Two members of the Open Door Initiative will be present; one will serve as a note taker and the other will be an advocate.

**Benefits.** You will receive a \$25.00 gift card to Walgreens in appreciation for your participation. Refreshments will be served during the focus groups. It is expected that the result of the needs assessment and strategic plan will increase the quality of services at each of the collaborative agencies.

**Risks.** This focus group is considered to be of minimal risk to you. Questions will focus on your opinions about services you have received. Self-disclosure of personal experiences is neither expected nor encouraged. It is possible that you may become uncomfortable by a discussion in the group. If this occurs, an advocate will be available to assist you. Another risk is that even though everyone who participates in the focus group is asked not to discuss information outside of the group, there is a possibility that this could occur. Another risk includes the mandatory reporting as described below.

**Confidentiality.** This needs assessment was designed to protect your personal identity. No information about your individual responses or your identity will be disclosed to anyone other than the focus group facilitator, the Project Coordinator, and the Open Door Initiative representatives who are present during the focus group.

The Open Door Initiative will do everything possible to keep all of the information confidential. Confidentiality will be safeguarded as you will not be required to put your name on any documents with the exception of this consent form and the registration form. During the needs assessment and in the project reports, you will be identified only by a participant number. Your name and personal identifying information will not be shared with published or presented to others.

Registration forms and focus group notes will be stored by the Project Coordinator in a locked cabinet in her office at Friendship Home. You understand that after the strategic plan is approved, these materials will be destroyed. While there is always a risk that someone outside of the focus group will be told what is said during the focus group, the Open Door Initiative will do everything possible to keep all of the information you provide completely confidential.

After the focus group, the Informed Consent form will be placed in a locked cabinet in the Project Coordinator's office. The Informed Consent form will be stored separately from the focus group materials. This will identify you as a participant in the focus group, but no information from the focus group will be placed in your file, medical record, or agency chart. The Informed Consent form will be destroyed after the strategic plan is approved.

**Mandatory Reporting.** All members of the Open Door Initiative are mandatory reporters under various sections of Nebraska Laws. All people in Nebraska are required to report suspected child abuse or neglect. This means that if you talk about any child abuse or neglect or suspected child abuse or neglect, the focus group team is required to report this information to Child Protection Services.

If you talk about any abuse, neglect, or exploitation of a vulnerable adult, including suspected abuse, neglect or exploitation, the focus group team is required to report this to Adult Protective Services. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. In Nebraska any person may report abuse if the person has reasonable cause to believe a vulnerable adult has been subject to abuse, neglect or exploitation.

In addition, if you indicate by your words or actions that you are a danger to yourself or others, the facilitation team is required to take action which may involve contacting law enforcement or other appropriate authorities.

**Participant's Rights.** You understand that you have the right to ask, and have answered, any questions about this needs assessment. If you experience personal distress or concerns during the focus group, you can talk with the advocate or end participation at any time without negative consequences. If you need help following your participation in the focus group, you can contact your provider(s).

## **PARTICIPANT CONSENT**

By signing this form, I acknowledge that I am at least 19 years old and a current client at one of the agencies listed on the front page of this consent form. In addition, I voluntarily consent to participate in this focus group with an understanding of the known possible effects or risks that might occur. A copy of this form has been offered to me and I indicated my preference by writing my initials in the appropriate space below. I consider a photocopy of this consent form to be as valid as the original.

I would like a copy of this form \_\_\_\_\_ I do not want a copy of this form \_\_\_\_\_

**This consent has been fully explained to me. I have read it. I have had an opportunity to ask questions and have them answered. I fully understand and give my consent.**

---

Signature of Client/Guardian \_\_\_\_\_ Date / Time \_\_\_\_\_

---

Printed Name of Client/Guardian \_\_\_\_\_ Date / Time \_\_\_\_\_

---

## **FOCUS GROUP FACILITATION TEAM MEMBER OBTAINING INFORMED CONSENT**

I explained, or witnessed the explanation, of the purpose of the needs assessment and focus group to the participant and answered her questions. I believe that she understands the information described in this form and freely consents to participate.

---

Focus Group Facilitator/Witness \_\_\_\_\_ Date / Time \_\_\_\_\_  
Signature \_\_\_\_\_

---

## **Open Door Initiative Collaboration Members**

- Nancy Bowen, Voices of Hope, 476-2110, [nancy@voicesofhopelincoln.org](mailto:nancy@voicesofhopelincoln.org)
- Renee Felder, Community Mental Health Center, 441-9221, [rfelder@lancaster.ne.gov](mailto:rfelder@lancaster.ne.gov)
- Julie Havener, Friendship Home, 437-9323, [julieh@friendshiphome.org](mailto:julieh@friendshiphome.org)
- Michelle Miller, St. Monica's, 441-3868, [mmiller@stmonicas.com](mailto:mmiller@stmonicas.com)
- Michelle Nelson, CenterPointe, 475-8717, ext 136, [nelson@centerpointe.org](mailto:nelson@centerpointe.org)

### **Project Staff**

- Deb Weston, Project Coordinator, Friendship Home, 437-9366, [debw@friendshiphome.org](mailto:debw@friendshiphome.org)



# Informed Consent

## Open Door Initiative Needs Assessment

### Client Interview - A

You are being asked to participate in an interview about improving services women who experience domestic violence, mental health concerns, and/or substance use issues. This Informed Consent form provides information about the project and your rights as a participant in an interview. Take as much time as you need to read this form and discuss any questions or concerns that you may have with the interviewer from the Open Door Initiative.

**Description of the Open Door Initiative.** The Open Door Initiative is a collaboration of the five community agencies listed at the top of this form. The vision of the Open Door Initiative is that women in Lancaster County who experience domestic violence, mental health concerns, and/or substance use issues will be welcomed into a safe, respectful, and empowering environment when they use services at any of the five partner agencies.

**Purpose.** The purpose of this needs assessment is to gather information and learn about the strengths and gaps in programs and services for women who experience domestic violence, mental health concerns, and/or substance use issues. The information gained during the needs assessment will directly inform the collaboration on how to make effective and sustainable improvements in services in Lancaster County.

**Participants.** Interviews are one of the methods of obtaining information from clients of the five partner agencies. The client interviews will include women (aged 19 and over) who are receiving services at each of the five collaborating agencies.

**Voluntary Participation.** Participation in this interview is voluntary. You may choose not to participate, or may participate and choose to leave without affecting the services provided to you.

**Procedure.** The interview will be conducted at the site where you are currently receiving services. A member of the collaboration who is an advocate will conduct the interview. The interviewer will verbally provide a description of the interview. Between six and nine questions will be asked during the interview.

**Benefits.** You will receive a \$25.00 gift card to Walgreens in appreciation for your participation. It is expected that the result of the needs assessment and strategic plan will increase the quality of services at each of the collaborative agencies.

**Risks.** The interview is considered to be of minimal risk to you. Questions will focus on your opinions about services you have received. Self-disclosure of personal experiences is neither expected nor encouraged. It is possible that you may become uncomfortable during the interview. If this occurs, the interviewer (advocate) will be available to assist you. Another risk includes the mandatory reporting as described below.

**Confidentiality.** This needs assessment was designed to protect your personal identity. No information about your individual responses or your identity will be disclosed to anyone other than the interviewer.

The Open Door Initiative will do everything possible to keep all of the information confidential. Confidentiality will be safeguarded as you will not be required to put your name on any documents with the exception of this consent form and the registration form. During the needs assessment and in the project reports, you will be identified only by a participant number. Your name and personal identifying information will not be published or presented to others.

Registration forms and interview notes will be stored by the Project Coordinator in a locked cabinet in her office at Friendship Home. After the strategic plan is approved, these materials will be destroyed.

After the interview, the Informed Consent form will be placed in a locked cabinet in the Project Coordinator's office. The Informed Consent form will be stored separately from the interview materials. This will identify you as a participant in an interview, but no information from the interview will be placed in your file, medical record, or agency chart. The Informed Consent form will be destroyed after the strategic plan is approved.

**Mandatory Reporting.** All people in Nebraska are required to report suspected child abuse or neglect. This means that if you talk about any child abuse or neglect or suspected child abuse or neglect, the interviewer is required to report this information to Child Protection Services.

If you talk about any abuse, neglect, or exploitation of a vulnerable adult, including suspected abuse, neglect or exploitation, the interviewer is required to report this to Adult Protective Services. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. In Nebraska any person may report abuse if the person has reasonable cause to believe a vulnerable adult has been subject to abuse, neglect or exploitation.

In addition, if you indicate by your words or actions that you are a danger to yourself or others, the interviewer is required to take action which may involve contacting law enforcement or other appropriate authorities.

**Participant's Rights.** You have the right to ask, and have answered, any questions about this needs assessment. If you experience personal distress or concerns during the interview, you can talk with the interviewer (advocate) or end participation at any time without negative consequences. If you need help following your participation in the interview, you can contact your provider(s).

## **PARTICIPANT CONSENT**

By signing this form, I acknowledge that I am at least 19 years old and a current client at one of the agencies listed on the front page of this consent form. In addition, I voluntarily consent to participate in this interview with an understanding of the known possible effects or risks that might occur. A copy of this form has been offered to me and I indicated my preference by writing my initials in the appropriate space below. I consider a photocopy of this consent form to be as valid as the original.

I would like a copy of this form \_\_\_\_\_

I do not want a copy of this form \_\_\_\_\_



**This consent has been fully explained to me. I have read it. I have had an opportunity to ask questions and have them answered. I fully understand and give my consent.**

---

Signature of Client/Guardian Date / Time

---

Printed Name of Client/Guardian Date / Time

---

**INTERVIEWER OBTAINING INFORMED CONSENT**

I explained the purpose of the needs assessment and interview to the participant and answered her questions. I believe that she understands the information described in this form and freely consents to participate.

---

Interviewer/Witness Date / Time

---

**Open Door Initiative Collaboration Members**

- Nancy Bowen, Voices of Hope, 476-2110, nancy@voicesofhopelincoln.org
- Renee Felder, Community Mental Health Center, 441-9221, rfelder@lancaster.ne.gov
- Julie Havener, Friendship Home, 437-9323, julieh@friendshiphome.org
- Michelle Miller, St. Monica's, 441-3868, mmiller@stmonicas.com
- Michelle Nelson, CenterPointe, 475-8717, ext 136, mnelson@centerpointe.org

**Project Staff**

- Deb Weston, Project Coordinator, Friendship Home, 437-9366, debw@friendshiphome.org



St. Monica's



# Informed Consent

## Open Door Initiative Needs Assessment

### Client Focus Groups - C

You are being asked to participate in a focus group about improving services for women who experience domestic violence, mental health concerns and/or substance use issues. This Informed Consent form provides information about the project and your rights as a participant in a focus group. Take as much time as you need to read this form and discuss any questions or concerns that you may have with the group facilitator or representatives from the Open Door Initiative (i.e., the note taker and advocate).

**Description of the Open Door Initiative.** The Open Door Initiative is a collaboration of the five community agencies listed at the top of this form. The vision of the Open Door Initiative is that women in Lancaster County who experience domestic violence, mental health concerns, and/or substance use issues will be welcomed into a safe, respectful, and empowering environment when they use services at any of the five partner agencies.

**Purpose.** The purpose of this needs assessment is to gather information and learn about the strengths and gaps in programs and services for women who experience domestic violence, mental health concerns, and/or substance use issues. The information gained during the needs assessment will directly inform the collaboration on how to make effective and sustainable improvements in services in Lancaster County.

**Participants.** Focus groups are the primary method of obtaining information for the needs assessment. The client focus groups will include women (aged 19 and over) who are receiving services at each of the five collaborating agencies. Each focus group will be limited to ten people.

**Voluntary Participation.** Participation in this focus group is voluntary. You may choose not to participate, or may participate and choose to leave without affecting the services provided to you. An interview can be arranged if you are uncomfortable participating in a focus group.

**Procedure.** The focus group will be conducted at the site where you are currently receiving services. The facilitator will verbally provide a description of the focus group. Between six and nine questions will be asked and all participants will be encouraged to join in the discussion. Two members of the Open Door Initiative will be present; one will serve as a note taker and the other will be an advocate.

**Benefits.** You will receive a \$25.00 gift card to Walgreens in appreciation for your participation. Refreshments will be served during the focus groups. It is expected that the result of the needs assessment and strategic plan will increase the quality of services at each of the collaborative agencies.

**Risks.** This focus group is considered to be of minimal risk to you. Questions will focus on your opinions about services you have received. Self-disclosure of personal experiences is neither expected nor encouraged. It is possible that you may become uncomfortable by a discussion in the group. If this occurs, an advocate will be available to assist you. Another risk is that even though everyone who participates in the focus group is asked not to discuss information outside of the group, there is a possibility that this could occur. Another risk includes the mandatory reporting as described below.

**Confidentiality.** This needs assessment was designed to protect your personal identity. No information about your individual responses or your identity will be disclosed to anyone other than the focus group facilitator, the Project Coordinator, and the Open Door Initiative representatives who are present during the focus group.

The Open Door Initiative will do everything possible to keep all of the information confidential. Confidentiality will be safeguarded as you will not be required to put your name on any documents with the exception of this consent form and the registration form. During the needs assessment and in the project reports, you will be identified only by a participant number. Your name and personal identifying information will not be shared with published or presented to others.

Registration forms and focus group notes will be stored by the Project Coordinator in a locked cabinet in her office at Friendship Home. You understand that after the strategic plan is approved, these materials will be destroyed. While there is always a risk that someone outside of the focus group will be told what is said during the focus group, the Open Door Initiative will do everything possible to keep all of the information you provide completely confidential.

After the focus group, the Informed Consent form will be stored separately from the focus group materials. The Informed Consent form will be placed in your file, medical record, or agency chart. This will identify you as a participant in the focus group, but no information from the focus group will be placed in your file, medical record, or agency chart. The Informed Consent form will remain in your file, medical record, or agency chart until the records are destroyed as determined by CenterPointe guidelines.

**Mandatory Reporting.** All members of the Open Door Initiative are mandatory reporters under various sections of Nebraska Laws. All people in Nebraska are required to report suspected child abuse or neglect. This means that if you talk about any child abuse or neglect or suspected child abuse or neglect, the focus group team is required to report this information to Child Protection Services.

If you talk about any abuse, neglect, or exploitation of a vulnerable adult, including suspected abuse, neglect or exploitation, the focus group team is required to report this to Adult Protective Services. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. In Nebraska any person may report abuse if the person has reasonable cause to believe a vulnerable adult has been subject to abuse, neglect or exploitation.

In addition, if you indicate by your words or actions that you are a danger to yourself or others, the facilitation team is required to take action which may involve contacting law enforcement or other appropriate authorities.

**Participant’s Rights.** You understand that you have the right to ask, and have answered, any questions about this needs assessment. If you experience personal distress or concerns during the focus group, you can talk with the advocate or end participation at any time without negative consequences. If you need help following your participation in the focus group, you can contact your provider(s).

**PARTICIPANT CONSENT**

By signing this form, I acknowledge that I am at least 19 years old and a current client at one of the agencies listed on the front page of this consent form. In addition, I voluntarily consent to participate in this focus group with an understanding of the known possible effects or risks that might occur. A copy of this form has been offered to me and I indicated my preference by writing my initials in the appropriate space below. I consider a photocopy of this consent form to be as valid as the original.

I would like a copy of this form \_\_\_\_\_ I do not want a copy of this form \_\_\_\_\_

**This consent has been fully explained to me. I have read it. I have had an opportunity to ask questions and have them answered. I fully understand and give my consent.**

\_\_\_\_\_  
Signature of Client/Guardian Date / Time

\_\_\_\_\_  
Printed Name of Client/Guardian Date / Time

**FOCUS GROUP FACILITATION TEAM MEMBER OBTAINING INFORMED CONSENT**

I explained, or witnessed the explanation, of the purpose of the needs assessment and focus group to the participant and answered her questions. I believe that she understands the information described in this form and freely consents to participate.

\_\_\_\_\_  
Focus Group Facilitator/Witness Date / Time  
Signature

**Open Door Initiative Collaboration Members**

- Nancy Bowen, Voices of Hope, 476-2110, [nancy@voicesofhopelincn.org](mailto:nancy@voicesofhopelincn.org)
- Renee Felder, Community Mental Health Center, 441-9221, [rfelder@lancaster.ne.gov](mailto:rfelder@lancaster.ne.gov)
- Julie Havener, Friendship Home, 437-9323, [julieh@friendshiphome.org](mailto:julieh@friendshiphome.org)
- Michelle Miller, St. Monica’s, 441-3868, [mmiller@stmonicas.com](mailto:mmiller@stmonicas.com)
- Michelle Nelson, CenterPointe, 475-8717, ext 136, [nelson@centerpointe.org](mailto:nelson@centerpointe.org)

**Project Staff**

- Deb Weston, Project Coordinator, Friendship Home, 437-9366, [debw@friendshiphome.org](mailto:debw@friendshiphome.org)



St. Monica's



## Informed Consent

### Open Door Initiative Needs Assessment

### Client Interview - C

You are being asked to participate in an interview about improving services women who experience domestic violence, mental health concerns, and/or substance use issues. This Informed Consent form provides information about the project and your rights as a participant in an interview. Take as much time as you need to read this form and discuss any questions or concerns that you may have with the interviewer from the Open Door Initiative.

**Description of the Open Door Initiative.** The Open Door Initiative is a collaboration of the five community agencies listed at the top of this form. The vision of the Open Door Initiative is that women in Lancaster County who experience domestic violence, mental health concerns, and/or substance use issues will be welcomed into a safe, respectful, and empowering environment when they use services at any of the five partner agencies.

**Purpose.** The purpose of this needs assessment is to gather information and learn about the strengths and gaps in programs and services for women who experience domestic violence, mental health concerns, and/or substance use issues. The information gained during the needs assessment will directly inform the collaboration on how to make effective and sustainable improvements in services in Lancaster County.

**Participants.** Interviews are one of the methods of obtaining information from clients of the five partner agencies. The client interviews will include women (aged 19 and over) who are receiving services at each of the five collaborating agencies.

**Voluntary Participation.** Participation in this interview is voluntary. You may choose not to participate, or may participate and choose to leave without affecting the services provided to you.

**Procedure.** The interview will be conducted at the site where you are currently receiving services. A member of the collaboration who is an advocate will conduct the interview. The interviewer will verbally provide a description of the interview. Between six and nine questions will be asked during the interview.

**Benefits.** You will receive a \$25.00 gift card to Walgreens in appreciation for your participation. It is expected that the result of the needs assessment and strategic plan will increase the quality of services at each of the collaborative agencies.

**Risks.** The interview is considered to be of minimal risk to you. Questions will focus on your opinions about services you have received. Self-disclosure of personal experiences is neither expected nor encouraged. It is possible that you may become uncomfortable during the interview. If this occurs, the interviewer (advocate) will be available to assist you. Another risk includes the mandatory reporting as described below.

**Confidentiality.** This needs assessment was designed to protect your personal identity. No information about your individual responses or your identity will be disclosed to anyone other than the interviewer.

The Open Door Initiative will do everything possible to keep all of the information confidential. Confidentiality will be safeguarded as you will not be required to put your name on any documents with the exception of this consent form and the registration form. During the needs assessment and in the project reports, you will be identified only by a participant number. Your name and personal identifying information will not be published or presented to others.

Registration forms and interview notes will be stored by the Project Coordinator in a locked cabinet in her office at Friendship Home. After the strategic plan is approved, these materials will be destroyed.

After the interview, the Informed Consent form will be stored separately from the interview materials. The Informed Consent form will be placed in your file, medical record, or agency chart. This will identify you as a participant in an interview, but no information from the interview will be placed in your file, medical record, or agency chart. The Informed Consent form will remain in your file, medical record, or agency chart until the records are destroyed as determined by CenterPointe guidelines.

**Mandatory Reporting.** All people in Nebraska are required to report suspected child abuse or neglect. This means that if you talk about any child abuse or neglect or suspected child abuse or neglect, the interviewer is required to report this information to Child Protection Services.

If you talk about any abuse, neglect, or exploitation of a vulnerable adult, including suspected abuse, neglect or exploitation, the interviewer is required to report this to Adult Protective Services. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. In Nebraska any person may report abuse if the person has reasonable cause to believe a vulnerable adult has been subject to abuse, neglect or exploitation.

In addition, if you indicate by your words or actions that you are a danger to yourself or others, the interviewer is required to take action which may involve contacting law enforcement or other appropriate authorities.

**Participant's Rights.** You have the right to ask, and have answered, any questions about this needs assessment. If you experience personal distress or concerns during the interview, you can talk with the interviewer (advocate) or end participation at any time without negative consequences. If you need help following your participation in the interview, you can contact your provider(s).

## **PARTICIPANT CONSENT**

By signing this form, I acknowledge that I am at least 19 years old and a current client at one of the agencies listed on the front page of this consent form. In addition, I voluntarily consent to participate in this interview with an understanding of the known possible effects or risks that might occur. A copy of this form has been offered to me and I indicated my preference by writing my initials in the appropriate space below. I consider a photocopy of this consent form to be as valid as the original.

I would like a copy of this form \_\_\_\_\_ I do not want a copy of this form \_\_\_\_\_

**This consent has been fully explained to me. I have read it. I have had an opportunity to ask questions and have them answered. I fully understand and give my consent.**

---

Signature of Client/Guardian \_\_\_\_\_ Date / Time \_\_\_\_\_

---

Printed Name of Client/Guardian \_\_\_\_\_ Date / Time \_\_\_\_\_

---

## **INTERVIEWER OBTAINING INFORMED CONSENT**

I explained the purpose of the needs assessment and interview to the participant and answered her questions. I believe that she understands the information described in this form and freely consents to participate.

---

Interviewer/Witness \_\_\_\_\_ Date / Time \_\_\_\_\_

---

## **Open Door Initiative Collaboration Members**

- Nancy Bowen, Voices of Hope, 476-2110, nancy@voicesofhopelincoln.org
- Renee Felder, Community Mental Health Center, 441-9221, rfelder@lancaster.ne.gov
- Julie Havener, Friendship Home, 437-9323, julieh@friendshiphome.org
- Michelle Miller, St. Monica's, 441-3868, mmiller@stmonicas.com
- Michelle Nelson, CenterPointe, 475-8717, ext 136, mnelson@centerpointe.org

### **Project Staff**

- Deb Weston, Project Coordinator, Friendship Home, 437-9366, debw@friendshiphome.org

## **Focus Group Facilitator Script-Client**

(Survivors of domestic violence, women with mental health concerns and/or substance use issues, and survivors of domestic violence with mental health concerns and/or substance use issue)

### **Background and Purpose**

Good morning/afternoon/evening. My name is \_\_\_\_\_. I will be the facilitator for the focus group. Thank you for taking the time to join us today to participate in this focus group. We appreciate your time and your opinions and feedback are very important to us.

As you may remember from your invitation to participate in this focus group, the Open Door Initiative is a project created to improve services for women who experience domestic violence, mental health concerns, and substance use issues. The Open Door Initiative project partner agencies are: Friendship Home, CenterPointe, Community Mental Health Center, St. Monica's, and Voices of Hope.

Focus groups are being held with women who receive services at all five partner agencies. We are really interested in hearing your views on services you have received, as well as your ideas on how services could be improved. In addition, service providers are also participating in focus groups and interviews to offer their views and ideas as well. Our goal is to gather all the information and create a report of findings. From this report, we will develop a strategic plan to help improve overall services within and among the partner agencies.

[If you are here with your regular personal care attendant who is in another area and you need help, please let \_\_\_\_\_ (advocate) know and she will get them for you.]

### **Focus Group Process**

There are three of us here today who will help with the focus group. Again, my name is \_\_\_\_\_ and I will guide the discussion. \_\_\_\_\_ is the advocate who is here to help if you need something during the focus group, and to assist me if I need any help. \_\_\_\_\_ is the note taker and will be taking notes during the focus group. She will not write down anything that could identify you as the one making comments or answering the questions. Information will be kept confidential to the best of our ability. I will talk more about this in a few minutes.

The focus group will last about 1-1½ hours. We will be asking you approximately six to nine questions about services. We will not take a formal break during the focus group. If you need to take a break, please do so. The restrooms are located \_\_\_\_\_. Also please help yourself to refreshments which are located \_\_\_\_\_.

As you may remember, as a token of our appreciation for your valuable time and feedback, we are giving you a \$25.00 Walgreen's gift card. If you do not feel safe taking the gift card with you when you leave, please let me know and we can hold it for you at the agency where you receive services until you feel it is safe to take it home. At this time, we will pass out the gift cards.

**[Distribute gift cards to all participants]**

Are there any questions at this point?



## **Safety**

The Open Door Initiative is committed to protecting the safety of all participants. If you have any concerns about your safety that you wish to speak privately about at any time, \_\_\_\_\_, an advocate, will be available to talk to you and assist you. We also want everyone to know that if at any time you decide you want to stop or take a break, feel free to do so. \_\_\_\_\_ (advocate) is here to provide any assistance or support you might need during the focus group. She can help with other various issues such as if you need a pen, help locating the restroom, or help with refreshments. Just motion to her to let her know you need assistance and she will help you.

Your safety is very important to us, and we want you to be able to decide whether it is safe to take the gift card or any other materials with you when you leave. If it is not safe for you to take the gift card with you, the agency where you receive services will hold it for you until you feel it is safe to do so. We are also offering you the Community Mental Health Center Behavioral Health Resource Card. This is a small card that lists many community resources and phone numbers, including each of the five partner agencies. It is up to you whether it is safe for you to take this card with you when you leave.

### **[distribute CMHC Behavioral Health Resource Cards]**

If you have any questions about your safety, please feel free to ask now, or speak to the advocate at any time during or after the focus group.

Does anyone have any questions or concerns related to safety?

## **Active Consent and Confidentiality (including mandatory reporting)**

Next, we are going to go over the consent form that everyone will need to sign. By signing the consent form, you are agreeing to participate in the focus group, and you are giving permission for us to use the information you share with us during the focus group to help create a written report that we will use to develop a strategic plan to improve services. Of course, we will not include your name or any identifying information if your comments are included in the written notes or report.

Let's review the consent form together: **[review informed consent sections: description, purpose, participants, voluntary participation, procedure, benefits and risks, participant's rights]**

**Confidentiality.** Because the Open Door Initiative considers confidentiality to be a key principle underlying the work of the collaboration, we are going to review information about confidentiality in a little more detail. We are committed to ensuring the confidentiality of all participants to the best of our ability. Here are some key points we want to review with you in regards to confidentiality:

1. We will not use any identifying information and instead of using names during the focus group, each of you have been given a badge with a number on it. Please, if you are responding to someone or something someone has said, refer to their number rather than calling them by name.

2. We want everyone to feel free to share their ideas and comments. While we will do everything we can to protect your confidentiality, we cannot guarantee confidentiality since some of you may know each other. We do expect that all of you respect each other's confidentiality by not talking about anything that is said in the focus group, including the names of those participating, after you leave.
3. The registration form will be shredded after the strategic plan is approved. No personal or identifying information from the form will be kept or used.
4. The pre-focus group questionnaire does not ask for your name or personal identifying information. Please do not write your name on it.
5. We do need to record that the information shared in this focus group came from this agency.
6. We are asking about your views on services themselves rather than on your personal experiences that may have led you to seek these services. To protect the confidentiality and safety of all focus group participants, please avoid self disclosures of personal experiences that are not directly related to the services you received.
7. The note taker will record information that is shared in the focus group. By signing the consent form, you are stating that you understand and agree that your comments, insights and suggestions will be written down. Although she may write down what you say, she will not record your name or any personal identifiable information about you.
8. Information from all the focus groups and interviews will be collected and put into one report. No names will be used in any written information.
9. The information that we are collecting will be stored in a locked cabinet in the Project Coordinator's office. All information will be destroyed after the strategic plan is approved **[CenterPointe-except for the consent form you are signing]**. This form will be kept in your file at the agency where you receive services.

### **Limitations to Confidentiality- Mandatory Reporting**

I need to let you know that Nebraska is a mandatory reporting state and we are all mandated reporters.

All people in Nebraska are required to report suspected child abuse or neglect. This means that if you talk about any child abuse or neglect or suspected child abuse or neglect, the focus group team is required to report this information to Child Protection Services.

If you talk about any abuse, neglect, or exploitation of a vulnerable adult, including suspected abuse, neglect or exploitation, the focus group team is required to report this to Adult Protective Services. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. In Nebraska any person may report abuse if the person has reasonable cause to believe a vulnerable adult has been subject to abuse, neglect or exploitation.

In addition, if you indicate by your words or actions that you are a danger to yourself or others, the facilitation team is required to take action which may involve contacting law enforcement or other appropriate authorities.

Do you have any questions about anything that I have reviewed concerning confidentiality?  
**[give time for questions]**

Are there any questions about the consent form? **[give time for questions]**

If there are no more questions, and if you consent to participating in the focus group, please sign the consent form and someone from the focus group team will collect the completed forms.  
**[give time for participants to sign forms, then have facilitation team member collect forms]**

### **Pre-Focus Group Questionnaire**

The collaboration has developed a pre-focus group questionnaire that will be used to collect demographic information as well as information about which services you have either received or tried to receive from partner agencies. Completion of the pre-focus group questionnaire is voluntary. We would appreciate you taking the time to fill out the form. It does not ask for your name; please do not write your name on the form. In order to further protect your identity, after you have filled out the questionnaire, please place it in the box located \_\_\_\_\_.

### **Ground Rules**

We would like to hear from everyone who wants to talk, so I may need to interrupt you to give others a chance to make remarks and keep the discussion moving. In order to create an environment where everyone feels comfortable sharing, let's review some basic ground rules for the focus group:

- Your views about services you have received are very important to us. Remember that we are focusing on services themselves rather than personal experiences that may have led you to seek these services. Please avoid self disclosures about personal experiences that are not directly related to services you have received.
- There are no right or wrong answers and there are no "stupid" questions, so please feel free to express yourselves and ask any question you have.
- Please be respectful of each other. You can disagree with ideas, but do it respectfully and without insulting or criticizing another person's views. We are really interested in getting opinions and ideas from all participants, and we realize there will be a wide variety of experiences, views and ideas shared.
- Please give everyone the chance to express themselves and do not interrupt others when they are talking.
- Please do not share names or anything said in this group with others. What is said in this group needs to be kept in the group.

Are there any questions? **[give time for questions]**

### **Focus Group Questions**

Are you ready to begin the focus group questions?

I am asking about your experience receiving services for domestic violence/mental health concerns/substance use issues (adapt for audience). We want to learn what is working well, what makes it harder to get help, and we want to hear your ideas about how to improve services for women.

If you are ready, I will begin with the questions. If you have questions at any time, please ask.

## **INSERT FOCUS GROUP/INTERVIEW QUESTIONS HERE**

**[Survivors of Domestic Violence]**

**[Women with Mental Health Concerns and/or Substance Use Issues]**

**[Survivors with Mental Health Concerns and/or Substance Use issues]**

### **Concluding Statement**

Thank you very much for sharing your time and expertise with the Open Door Initiative. Your participation is very much appreciated! Your comments and insights have been extremely valuable and will help improve services for women.

If you have not turned in your questionnaire, please put it in the box located \_\_\_\_\_.

If you have any questions, comments or safety concerns you would like to talk about, please feel free to speak with a member of the focus group team.

Again, we really appreciate your help. This concludes the focus group. Thank you!

## **Focus Group Script-Agency**

(For advisory committee members, agency leaders  
and management, and direct service staff )

### **Background and Purpose**

Good morning/afternoon/evening. My name is ( \_\_\_\_\_ ). I will be the facilitator for the focus group. Thank you for taking the time to join us today to participate in this focus group. We appreciate your time and your opinions and feedback are very important to us.

[If you are here with your regular personal care attendant who is in another area and you need help, please let \_\_\_\_\_ (observer) know, and she will get them for you.]

I would like to remind you about the refreshments located \_\_\_\_\_. Please feel free to help yourself. They are offered as a token of our appreciation for your time and valuable contributions to the needs assessment.

As you may remember from your invitation, the Open Door Initiative is a project created to improve services for women who experience domestic violence, mental health concerns, and/or substance use issues. The Open Door Initiative project partner agencies are Friendship Home, CenterPointe, Community Mental Health Center, St. Monica's, and Voices of Hope. The partner agencies are committed to enhancing collaboration among the partner agencies to improve service delivery.

Focus groups and interviews are being held with agency leaders and all levels of staff who provide services at each of the five partner agencies. We will also be talking directly with clients of each of the partner agencies.

The needs assessment will collect ideas and insights regarding what works, what does not work, and what we can do better in our current service delivery system for women who experience domestic violence, mental health concerns, and/or substance use issues.

We are interested in learning about how your agency provides services that are safe, approachable, and accessible for women who experience domestic violence, mental health concerns, and/or substance use issues. We also want you to give your opinion about policies or practices that need to be enhanced, revised, and if new ones need to be developed. Your input will guide the Open Door Initiative in the development of the strategic plan. This plan will create strategies to create a safer, more accessible, and more responsive system through organizational change within the five partner agencies.

### **Focus Group Process**

There are three of us here today who will help with the focus group. Again, my name is \_\_\_\_\_ and I will guide the discussion. \_\_\_\_\_ (observer) is here to help if you need something during the focus group, and to assist me if I need any help. \_\_\_\_\_ is the note taker and will be taking notes during the focus group. She will not write down anything that could identify you as the one making comments or answering the questions. Information will be kept confidential to the best of our ability. I will talk more about confidentiality in a few minutes.

The group itself will last about 1-1½ hours. We will be asking you approximately six to nine questions about services you provide at \_\_\_\_\_ (agency). We will not take a formal break during the focus group. If you need to take a break, please do so. The restrooms are located \_\_\_\_\_ (insert location information). Also, please help yourself to refreshments during the focus group.

Do you have any questions at this point?

### **Pre-Focus Group Questionnaire**

The collaboration has developed a pre-focus group questionnaire. Completion of the questionnaire is voluntary. We would appreciate you taking the time to fill out the form. It does not ask for your name; please do not write down your name on the form. This will protect your identity. In order to further protect your identity, after you have filled out the questionnaire, please place it in the box located \_\_\_\_\_.

### **Safety**

If you believe that there are issues related to your comfort during the focus group, please let \_\_\_\_\_ (observer) know. Again, information shared during the focus group will not be linked with individual names. If you have concerns about your confidentiality or safety, you can withdraw from participation at any time.

For your convenience, \_\_\_\_\_ an observer is here to provide any help you might need. She can help with other various issues such as if you need a pen, help locating the restroom, or help with refreshments. Just motion to her to let her know you need assistance and she will help you.

Does anyone have any questions or concerns related to safety?

### **Passive Consent**

The Open Door Collaboration is using a passive consent process for provider focus groups. You are not signing anything to give your consent. By choosing to stay in the focus group you are consenting to participate and to keep the focus group conversation confidential.

1. You are volunteering your time to be part of this process and you are choosing to participate.
2. You may change your mind about participating in the focus group at any time without any negative consequences. If you would prefer an alternate setting, you have that option. Please let the observer know that you would be more comfortable in a different environment.
3. We need to record that the information shared came from this agency.
4. A variety of questions will be asked about services you provide and you may or may not choose to answer.
5. We are asking about services and your professional view about services. Please avoid self disclosures about personal experiences that are not directly related to service provision.

6. The note taker will record information that is shared during the focus group. You understand and agree that your comments, insights, and suggestions will be written down. Although she may write what you say, she will not record your name or any identifying information about you.
7. You may ask for additional information after we complete the focus group.

Do you have any questions about passive consent? **[give time for questions]**

If you have any questions about anything that we have reviewed, please ask to have it explained before we begin.

### **Confidentiality (including mandatory reporting)**

The Open Door Initiative considers confidentiality to be a key principle underlying the collaboration's work. The collaboration is committed to ensuring the confidentiality of all parties participating in the needs assessment.

1. We will not use any identifying information and instead have given you each a number that we use. Please, if you are responding to someone or something someone has said, refer to his or her number rather than calling them by name.
2. We want everyone to feel free to share their ideas and comments. We cannot guarantee confidentiality since some of you may know each other. We do expect that all of you respect each other's confidentiality by not talking about anything that is said in the focus group, including the names of those participating, after you leave.
3. The registration form will be shredded after the strategic plan is approved. No personal or identifying information from the form will be kept or used.
4. The pre-focus group questionnaire does not ask for your name or personal identifying information.
5. The note taker will record information that is shared during the focus group. You understand and agree that your comments, insights, and suggestions will be written down. Although she may write what you say, she will not record your name or any personal identifiable information about you.
6. Information from the needs assessment will be collected and put into one report. The report will be called the Needs Assessment Report and it will include information from all of the focus groups and interviews. No names will be used in any written information.
7. The information that we are collecting will be stored in a locked cabinet in the Project Coordinator's office. All information will be destroyed after the strategic plan is approved.

### **Confidentiality of Partner Agency Information**

The collaboration's focus is to ensure a safe, responsive service delivery system for women who experience domestic violence, mental health concerns, and substance use issues at the partner agencies. Throughout this process, information will be gathered to examine a range of information regarding each agency (e.g., policies, practices, and service delivery protocols) as a means of enhancing services, safety, and accessibility. Information that could be politically sensitive or reveals challenges within a partner agency will be considered confidential and not shared outside of the collaboration.

### **Limitations to Confidentiality- Mandatory Reporting**

I need to let you know that Nebraska is a mandatory reporting state and we are all mandated reporters.

All people in Nebraska are required to report suspected child abuse or neglect. This means that if you talk about any child abuse or neglect or suspected child abuse or neglect, the focus group team is required to report this information to Child Protection Services.

If you talk about any abuse, neglect, or exploitation of a vulnerable adult, including suspected abuse, neglect or exploitation, the focus group team is required to report this to Adult Protective Services. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. In Nebraska any person may report abuse if the person has reasonable cause to believe a vulnerable adult has been subject to abuse, neglect or exploitation.

Do you have any questions about anything that I have reviewed concerning confidentiality?

**[give time for questions]**

### **Ground Rules**

We would like to hear from everyone who wants to talk, so I may need to interrupt you to give others a chance to make remarks and to keep the discussion moving. Basic ground rules for the focus group include:

- The information and experiences with service delivery you have to share are extremely important to us. We are focusing on your professional experiences with service delivery.
- There are no right or wrong answers and there are no "stupid" questions, so please feel free to express yourselves and ask any questions you have.
- We are very interested in your opinions – and getting different opinions and ideas.
- Please be respectful of one another. You can disagree with ideas, but please do it respectfully.
- Please give others a chance to express themselves and do not interrupt others when they are talking.
- Finally, please do not share names or anything said in this group with others. What is said in this group needs to be kept in the group.



Do you have any questions?

**Focus Group Questions**

Are you ready to begin the focus group questions?

I am asking about your professional perspective regarding how agencies help women in Lancaster County who experience domestic violence, mental health concerns, and substance use issues, specifically how the current service system works well or presents challenges.

If you are ready, I will begin with the questions. If you have questions, please ask at any time.

**INSERT FOCUS GROUP QUESTIONS HERE**

**[Advisory Committee-Mental Health Agency/Substance Use Agency]**

**[Leaders and Management of Domestic Violence and Mental Health/Substance Use Agencies]**

**[Direct Service Staff of Domestic Violence and Mental Health/Substance Use Agencies]**

**Concluding Statement**

Thank you for sharing your time and expertise with the collaboration. Your participation is very much appreciated! Your comments and insights have been extremely valuable.

Please put the questionnaire into the box located \_\_\_\_\_.

Again, thank you for your help. This concludes the focus group. Thank you.



**Record your impressions and reactions to the group discussion.**

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**What was surprising to you? Not surprising?**

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**What was new information for you?**

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**What were the two or three most valuable things you've learned in this focus group?**

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**Identify what went well; what went wrong, what can be changed to make future groups more successful:**

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**Other Comments:**

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**Note Taker:** Collect debriefing form and type up completed notes. (If the note taker is a collaboration representative, the original forms and completed notes will be given to the Project Coordinator.)

**Open Door Initiative:** Collaboration members will meet to put together a final report on the focus groups, which will later be incorporated into the needs assessment report, and the strategic plan. This meeting will also be used to debrief and provide insight into what is working and what is not working, so that changes can be made if needed.

## Optional Interview Script – Client

(Survivors of domestic violence, women with mental health concerns and/or substance use issues, and survivors of domestic violence with mental health concerns and/or substance use issue)

### **Background and Purpose**

Good morning/afternoon/evening. My name is \_\_\_\_\_ and I am a member/representative of the Open Door Initiative. I will be interviewing you today about services you have received for domestic violence/mental health concerns/substance use issues (adapt for individual). Thank you for taking the time to participate in this interview. We appreciate your time and your opinions and feedback are very important to us.

As you may remember from your invitation to participate, the Open Door Initiative is a project created to improve services for women who experience domestic violence, mental health concerns, and substance use issues. The Open Door Initiative project partner agencies are: Friendship Home, CenterPointe, Community Mental Health Center, St. Monica's, and Voices of Hope.

Focus groups and interviews are being held with women who receive services at all five partner agencies. We are really interested in hearing your views on services you have received, as well as your ideas on how services could be improved. In addition, service providers are also participating in focus groups and interviews to offer their views and ideas as well. Our goal is to gather all the information and create a report of findings. From this report, we will develop a strategic plan to help improve overall services within and among the partner agencies.

[If you are here with your regular personal care attendant who is in another area and you need help, please let me know and I will get them for you.]

### **Interview Process**

Again, my name is \_\_\_\_\_ and I will be conducting the interview. The interview will last about one hour. I will be asking you questions about services you have received from \_\_\_\_\_ (agency). I will be taking notes, but I will not be writing down anything that could identify you as the one making the comments or answering the questions. Information will be kept confidential to the best of my ability. I will talk more about this in a few minutes.

If you need to take a break at any time, please let me know. The restrooms are located \_\_\_\_\_.

As you may remember, as a token of our appreciation for your valuable time and feedback, we are giving you a \$25.00 Walgreen's gift card. If you do not feel safe taking the gift card with you when you leave, please let me know and we can hold it for you at the agency where you receive services until you feel it is safe to take it home. I will give you the gift card now, but if you decide it is not safe to take it when you leave, please let me know and we will arrange to hold it until you feel safe. **[give gift card]**

Do you have any questions at this point?

## **Safety**

The Open Door Initiative is committed to protecting the safety of all participants. If you have any concerns about your safety that you wish to talk about at any time in this interview, please let me know.

As I mentioned, we want you to be able to decide whether it is safe to take the gift card or any other materials with you when you leave. We are offering all participants this Behavioral Health Resource Card created by the Community Mental Health Center. It has a list of community resources and phone numbers, including the five partner agencies for the Open Door Initiative. I will give it to you now, and it is up to you whether or not to take it when you leave.

### **[give CMHC Behavioral Health Resource Card]**

Do you have any questions or concerns related to your safety that you would like to discuss?

## **Active Consent and Confidentiality (including mandatory reporting)**

Next, we are going to go over the consent form that all participants need to sign. By signing the consent form, you are agreeing to participate in the interview, and you are giving permission for us to use the information you share with me during the interview to help create a written report that we will use to develop a strategic plan to improve services. Of course we will not include your name or any identifying information if your comments are included in the report.

Let's review the consent form together: **[review informed consent sections: description, purpose, participants, voluntary participation, procedure, benefits and risks, participant's rights]**

**Confidentiality.** Because the Open Door Initiative considers confidentiality to be a key principle underlying the work of the collaboration, we are going to review information about confidentiality in a little more detail. We are committed to ensuring the confidentiality of all participants to the best of our ability. Here are some key points I want to review with you regarding confidentiality:

1. We will not be using any names or identifying information that you share during the interview, but we may include comments and insights you share.
2. The registration form you completed will be shredded after the strategic plan is approved. No personal or identifying information from the form will be kept or used.
3. The pre-interview questionnaire does not ask for your name or personal identifying information. Please do not write your name on it.
4. We do need to record that the information shared in this interview came from a person receiving services in this agency.
5. We are asking about your views on services themselves rather than on your personal experiences that may have led you to seek these services. To protect your confidentiality and safety, please avoid self disclosures of personal experiences that are not directly related to the services you received.
6. I will be taking notes to record your comments during the interview. By signing the consent form, you are stating that you understand and agree that your comments, insights and suggestions will be written down. Although I will be taking notes about what you say, I will not record your name or any personal identifiable information about you.

7. Information from all the focus groups and interviews will be collected and put into one report. No names will be used in any written information.
8. The information that we are collecting will be stored in a locked cabinet in the Project Coordinator's office. All information will be destroyed after the strategic plan is approved **[CenterPointe-except for the consent form you are signing]**. This form will be kept in your file at the agency where you receive services.

### **Limitations to Confidentiality- Mandatory Reporting**

I need to let you know that Nebraska is a mandatory reporting state and I am a mandated reporter.

All people in Nebraska are required to report suspected child abuse or neglect. This means that if you talk about any child abuse or neglect or suspected child abuse or neglect, I am required to report this information to Child Protection Services.

If you talk about any abuse, neglect, or exploitation of a vulnerable adult, including suspected abuse, neglect or exploitation, I am required to report this to Adult Protective Services. A vulnerable adult is any person who is 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed. In Nebraska any person may report abuse if the person has reasonable cause to believe a vulnerable adult has been subject to abuse, neglect or exploitation.

In addition, if you indicate by your words or actions that you are a danger to yourself or others, I am required to take action which may involve contacting law enforcement or other appropriate authorities.

Do you have any questions about anything that I have reviewed concerning confidentiality?

Do you have any questions about the consent form?

If you don't have any (more) questions, and if you consent to participating in the interview, please sign the consent form. **[collect signed form]**

### **Pre-Interview Questionnaire**

The collaboration has developed a questionnaire that will be used to collect demographic information as well as information about which services you have either received or tried to receive from partner agencies. Completion of the questionnaire is voluntary. We would appreciate you taking the time to fill out the form. It does not ask for your name; please do not write your name on the form. In order to further protect your identity, after you have filled out the questionnaire, please place it in this envelope and seal it to further protect your identity.

Would you be willing to complete the questionnaire?

**[if yes, allow time to complete and collect in sealed envelope]**

## **Reminders**

Before we get started with the interview questions, I want to remind you that your views about services you have received are very important to us. Remember that we are focusing on services themselves rather than personal experiences that may have led you to seek these services. Please avoid self disclosures about personal experiences that are not directly related to services you have received.

Also I want to remind you that there are no right or wrong answers and there are no “stupid” questions, so please feel free to express yourself and ask any questions you have. We are very interested in your opinions and views about the services you have received for domestic violence/mental health concerns/substance use issues (adapt for individual).

Do you have any questions?

## **Interview Questions**

Are you ready to begin the interview questions?

I am asking about your experience receiving services for domestic violence/mental health concerns/substance use issues (adapt for individual). We want to learn what is working well, what makes it harder to get help, and we want to hear your ideas about how to improve services for women.

If you are ready, I will begin with the questions. If you have questions at any time during the interview, please ask.

## **INSERT INTERVIEW QUESTIONS HERE**

**[Survivors of Domestic Violence]**

**[Women with Mental Health Concerns and/or Substance Use Issues]**

**[Survivors with Mental Health Concerns and/or Substance Use Issues]**

## **Concluding statement:**

Thank you very much for sharing your time and expertise with the Open Door Initiative. Your participation is very much appreciated! Your comments and insights have been extremely valuable and will help improve services for women.

Do you have any questions or concerns you would like to discuss with me about safety or anything else before we conclude?

Again, we really appreciate your help. This concludes our interview. Thank you!

## **Agency Interview Script**

(For board members, leaders and management,  
medical staff, and direct service staff )

### **Background and Purpose**

Good morning/afternoon. My name is ( \_\_\_\_\_ ). I am a \_\_\_\_\_ (collaboration member/representative) and I will be conducting the interview today. The interview is intended to be informal conversation. However, the collaboration wants each interview participant to hear the same information. So, I will be using a script and questions developed by the collaboration to conduct the interview to help ensure consistency.

[If you are here with your regular personal care attendant who is in the other room and you need help, please let me know, and I will get them for you.]

As you may remember from your invitation, the Open Door Initiative is a project created to improve services for women who experience domestic violence, mental health concerns, and/or substance use issues. The Open Door Initiative project partner agencies are Friendship Home, CenterPointe, Community Mental Health Center, St. Monica's, and Voices of Hope. Partner agencies are committed to enhancing collaboration among the partner agencies to improve service delivery.

Focus groups and interviews are being held with agency leadership and all levels of staff who provide services at each of the five partner agencies. We will also be talking directly with clients of each of the partner agencies.

The needs assessment will collect ideas and insights regarding what works, what does not work, and what we can do better in our current service delivery system for women who experience domestic violence, mental health concerns, and substance use issues.

We are interested in learning about how your agency provides services that are safe, approachable, and accessible for women who experience domestic violence, mental health concerns, and/or substance use issues. We also want you to give your opinions about policies or practices that need to be enhanced, revised, and if new ones need to be developed. Your input will guide the Open Door Initiative in the development of the Needs Assessment Report and the Strategic Plan. This plan will create strategies to create a safer, more accessible, and more responsive system through organizational change within the five partner agencies.

### **Interview Process**

Again, my name is ( \_\_\_\_\_ ) and I would like to review the interview process with you. The interview itself will last about 1 hour. I will be asking you approximately six to nine questions about services. We will not take a formal break during the interview. However, please let me know if you need to stop or take a break.

Do you have any questions at this point?



### **Pre-Interview Questionnaire**

The collaboration has developed a pre-interview questionnaire. Completion of the questionnaire is voluntary. We would appreciate you taking the time to fill out the form. It does not ask for your name; please do not write down your name on the form. This will protect your identity. After you have filled out the questionnaire, please put the questionnaire into the manila envelope and seal it before you give it to me.

### **Passive Consent**

The Open Door Collaboration is using a passive consent process for provider interviews. I am not asking you to sign anything to give your consent. By choosing to stay in the interview, you are consenting to participate and to keep the focus group conversation confidential.

1. You are volunteering your time to be part of this process and you are choosing to participate.
2. You may change your mind about participating in the interview at any time without any negative consequences.
3. I need to record that the information shared came from this agency.
4. A variety of questions will be asked about services and you may or may not choose to answer.
5. I am asking about services and your professional view about services. I do not want you to share any personal information.
6. I will record information that you share during the interview. You understand and agree that your comments, insights, and suggestions will be written down. Although I may write what you say, I will not record your name or any identifying information about you.
7. You may ask for additional information after we complete the interview.

If you have any questions about anything that we have reviewed, please ask to have it explained before continue.

Do you have any questions about passive consent? **[give time for questions]**

### **Confidentiality**

The Open Door Initiative considers confidentiality to be a key principle underlying the collaboration's work. The collaboration is committed to ensuring the confidentiality of all parties participating in the needs assessment. Here are some key points I want to review with you regarding confidentiality:

1. I want you to feel free to share your views and opinions. The collaboration and I will treat all information shared today as confidential.
2. The registration form will be shredded after the strategic plan is approved. No personal or identifying information from the form will be kept or used.

3. The pre-interview questionnaire does not ask for your name or personal identifying information.
4. I will be taking notes to record your comments. You understand and agree that your comments, insights, and suggestions will be written down. Although I may write what you say, I will not record your name or any personal identifiable information about you.
5. Information from the needs assessment will be collected and put into one report. The report will be called the Needs Assessment Report and it will include information from all of the focus groups and interviews. No names will be used in any written information.
6. The information that we are collecting will be stored in a locked cabinet in the Project Coordinator's office. All information will be destroyed after the strategic plan is approved.

### **Confidentiality of Partner Agency Information**

The collaboration's focus is to ensure a safe, responsive service delivery system for women who experience domestic violence, mental health concerns, and substance use issues at the partner agencies. Throughout this process, information will be gathered to examine a range of information regarding each agency (e.g., policies, practices, and service delivery protocols) as a means of enhancing services, safety, and accessibility. Information that could be politically sensitive or reveals challenges within a partner agency will be considered confidential and not shared outside of the collaboration.

Do you have any questions about anything that I have reviewed concerning confidentiality?  
**[give time for questions]**

### **Safety**

If you believe that there are issues related to your comfort or safety during the interview, please let \_\_\_\_\_ me know. Again, information shared during the interview will not be linked with individual names. The information you share with me today will be used to guide systems change activities. If you have concerns about your confidentiality or safety, you can withdraw from participation at any time.

Do you have any questions concerning your safety that you would like to discuss?

### **Reminders**

Before we get started with the interview questions, I want to remind you that your views about services for clients are very important to the collaboration. I am asking about your professional perspectives regarding how agencies help women in Lancaster County who experience domestic violence, mental health concerns, and substance use issues, specifically how the current service system works well or presents challenges. Please avoid self-disclosures of client or personal experiences.

Do you have any questions?

### **Interview Questions**

Are you ready to begin the interview questions?

If you have questions, please ask at any time.

## **INSERT INTERVIEW QUESTIONS HERE**

**[Board of Directors of Domestic Violence and Mental Health/Substance Use Agencies]**

**[Leaders and Management of Domestic Violence and Mental Health/Substance Use Agencies]**

**[Medical Staff of Mental Health/Substance Use Agencies]**

**[Direct Service Staff of Domestic Violence and Mental Health/Substance Use Agencies]**

### **Concluding statement**

Thank you for sharing your time and expertise with the collaboration. Your participation is very much appreciated! Your comments and insights have been extremely valuable.

Please put the questionnaire into the manila envelope and seal it before you give it to me.

Again, thank you for your help. This concludes the interview. Thank you.

## Focus Group/Interview Questions-Client Survivors of Domestic Violence

1. Tell us about a time when you were looking for services for domestic violence. How did you learn about the agencies that helped you?

*Prompts:*

- How did you learn about the programs and services that were available?
- What is the best way to learn about agencies and their services?
- What were your experiences contacting agencies for help?
- What made it easy to contact an agency for help? What made it harder?

2. Tell us about a time when you received services for domestic violence.

*Prompts:*

- What did you like about the way staff helped you?
- What didn't you like about the way staff helped you?
- Did they ask if you needed any special supports or accommodations?
- How did they explain the process for receiving services? Intake? Scheduling?
- Did you understand the explanation?
- Were there things that made it hard for you to understand the process? What were they?
- What made it hard to get help you needed? Transportation? Childcare? Waitlists? Money? Stigma? Fear? Attitudes? Interpreters?
- Tell us what they do to help you overcome these problems?
- What could they do to make it easier for you to access services?

3. What have agencies done that encouraged you to talk about domestic violence?

*Prompts:*

- What did they do that helped you feel safe when explaining your situation? Welcome? Respected?
- What did they do that made you feel less safe when explaining your situation? Less welcome? Disrespected?
- What did they do that made it easier for you to ask for help?
- What did they do that made it harder for you to ask for help?
- What have been your most positive experiences telling providers about domestic violence? Least positive experiences?
- What suggestions do you have that would encourage you to talk about domestic violence?

4. What services have been most beneficial to you in getting help for domestic violence?

*Prompts:*

- What made those services helpful? Staff attitudes/skills/knowledge? Environment?
- What services were not helpful?
- Tell us about times when you have had the most positive experiences. What happened?
- Tell us about experiences that have not been positive. What would have been more helpful?

5. When you have gone to an agency for help for domestic violence, have you ever been referred to other services?

*Prompts:*

- What did they do that helped you with the referral?
- What was not helpful?
- What would have been more helpful?

6. When you go to agencies whose primary focus is not domestic violence, what would you like them to know about survivors of domestic violence or domestic violence in general?

*Prompts:*

- What would be most helpful to you?
- What are some things they need to understand about working with survivors of domestic violence? Safety concerns? Fear? Environment?
- What should they know about domestic violence?
- What should not happen?

7. Ideally, when you go to an agency for help for domestic violence, what should it be like?

8. Are there any specific issues or information you would like to discuss?

9. Is there anything else that you think we need to know?

## Focus Group/Interview Questions-Client

### Women with Mental Health Concerns and/or Substance Use Issues

1. Tell us about a time when you were looking for services for mental health concerns and/or substance use issues? How did you learn about the agencies that helped you?

*Prompts:*

- How did you learn about the programs and services that were available?
- What is the best way to learn about agencies and their services?
- What were your experiences contacting agencies for help?
- What made it easy to contact an agency for help? What made it harder?

2. Tell us about a time when you received services for mental health concerns and/or substance use issues?

*Prompts:*

- What did you like about the way staff helped you?
- What didn't you like about the way staff helped you?
- Did they ask if you needed any special supports or accommodations?
- How did they explain the process for receiving services? Intake? Scheduling?
- Did you understand the explanation?
- Were there things that made it hard for you to understand the process? What were they?
- What made it harder to get help? Transportation? Childcare? Waitlists? Money? Stigma? Fear? Attitudes? Interpreters?
- Tell us what they did that helped you overcome these problems?
- What could they do to make it easier to access services?

3. What have agencies done that encouraged you to talk about your mental health concerns and/or substance use issues?

*Prompts:*

- What did they do that made you feel welcome when explaining your situation? Comfortable? Respected?
- What did they do that made you feel less welcome when explaining your situation? Uncomfortable? Disrespected?
- What did they do that made it easier for you to ask for help?
- What did they do that made it harder for you to ask for help?
- What have been your most positive experiences telling providers about your mental health concerns or substance use issues? Least positive experiences?
- What suggestions do you have that would encourage you to talk about your mental health concerns and/or substance use issues?

4. What services have been most helpful to you in getting help for your mental health concerns and/or substance use issues?

*Prompts:*

- What made those services helpful? Staff attitudes/skills/knowledge? Environment?
- What services were not helpful?
- Tell us about times when you have had the most positive experiences. What happened?
- Tell us about experiences that have not been positive. What would have been more helpful?

5. When you have gone to an agency for help for mental health concerns or substance use issues, have you ever been referred to services at another agency?

*Prompts:*

- What did they do that helped you with the referral?
- What was not helpful?
- What would have been more helpful?

6. When you go to agencies whose primary focus is not mental health concerns or substance use issues, what do you think they should know about women with mental health concerns and/or substance use issues or mental health and/or substance use in general?

*Prompts:*

- What would be most helpful to you?
- What some things they need to understand about working with women with mental health concerns? Substance use issues? Concerns about confidentiality? Fears? Environment?
- What should they know about mental health?
- What should they know about substance use?
- What should not happen?

7. Ideally, when you go to an agency for help for mental health concerns and/or substance use issues what should it be like?

8. Are there any specific issues or information you would like to discuss?

9. Is there anything else that you think we need to know?

## Focus Group/Interview Questions-Client Survivors with Mental Health Concerns and/or Substance Use Issues

1. Tell us about a time when you were looking for services for mental health concerns, substance use issues, or domestic violence. How did you learn about the agencies that helped you?

*Prompts:*

- How did you learn about the programs and services that were available?
- What is the best way to learn about agencies and their services?
- What were your experiences contacting agencies for help?
- What made it easy to contact an agency for help? What made it harder?

2. When you have received services for mental health or substance use, what have those agencies done that encouraged you to talk about domestic violence?

*Prompts:*

- What did they do to help you feel safe when explaining your situation? Comfortable? Welcome? Respected?
- What did they do that made you feel less safe when explaining your situation? Uncomfortable? Unwelcome? Disrespected?
- What did they do that made it easier for you to ask for help?
- What did they do that made it harder for you to ask for help?
- What have been your most positive experiences telling providers about domestic violence? Least positive?
- What suggestions would you give providers to encourage you to talk about domestic violence?

3. When you have received services for domestic violence, what have those agencies done that encouraged you to talk about mental health concerns and/or substance use issues?

*Prompts:*

- What did they do to help you feel welcome when explaining your situation? Comfortable? Safe? Respected?
- What did they do that made you feel less welcome when explaining your situation? Uncomfortable? Not safe? Disrespected?
- What did they do that made it easier for you to ask for help?
- What did they do that made it harder for you to ask for help?
- What have been your most positive experiences telling providers about mental health or substance use? Least positive?
- What suggestions would you give providers to encourage you to talk about mental health or substance use?

4. What services have been most beneficial to you in getting help for domestic violence?

*Prompts:*

- What made those services helpful? Staff attitudes/skills/knowledge? Environment?
- What services were not helpful?
- Tell us about times when you have had positive experiences. What happened?
- Tell us about experiences that have not been positive. What would have been more helpful?



5. What services have been most beneficial to you in getting help for mental health concerns and/or substance use issues?  
*Prompts:*
  - What made those services helpful? Staff attitudes/skills/knowledge? Environment?
  - What services were not helpful?
  - Tell us about times when you have had positive experiences. What happened?
  - Tell us about experiences that have not been positive. What would have been more helpful?
  
6. When you have gone to an agency for help for domestic violence, mental health concerns and/or substance use issues have you ever been given a referral to other services?  
*Prompts:*
  - What did they do that helped you with the referral?
  - What was not helpful?
  - What would have been more helpful?
  
7. When you go to agencies whose primary focus is not mental health or substance use, what would you like them to know about mental health and/or substance use issues?  
*Prompts:*
  - What would be most helpful to you?
  - What do they need to understand about working with women with mental health and/or substance use issues? Concerns about confidentiality? Fears? Environment?
  - What should they know about mental health?
  - What should they know about substance use issues?
  - What should not happen?
  
8. When you go to an agency whose primary focus is not domestic violence, what would you like them to know about survivors of domestic violence or about domestic violence in general?  
*Prompts:*
  - What would be most helpful to you?
  - What do they need to understand about working with survivors of domestic violence? Safety concerns? Fears? Environment?
  - What should they know about domestic violence?
  - What should not happen?
  
9. Ideally, how should domestic violence service providers address mental health and/or substance use issues? What should the experience be like?
  
10. Ideally, how should mental health and substance abuse treatment providers address domestic violence? What should the experience be like?
  
11. Are there any specific issues or information you would like to discuss?
  
12. Is there anything else that you think we need to know?

## Focus Group/Interview Questions-Agency Board Members-Domestic Violence Agency

1. What is the role of the board in fulfilling your agency's mission?

*Prompts:*

- In the decision making process?
- In agency planning? Strategic planning? Short-term planning? In the process of creating or changing policies and practices?
- In personnel decisions? Hiring? Expansion?
- In the allocation of resources?

2. What are the experiences and interests of your agency in serving survivors of domestic violence who experience mental health and/or substance use issues?

*Prompts:*

- What are the strengths? What are the challenges?
- In the process of decision-making?
- In creating or enhancing partnerships with other boards?
- In creating or enhancing collaborations with other agencies?

3. What does your agency have in place to hold itself accountable to survivors of domestic violence who experience mental health and/or substance use issues?

*Prompts:*

- Are there methods in place for survivors to evaluate services?
- Do you review the responses?
- How is this information used? Change in policies or practices?

4. How does organizational change happen in your agency?

*Prompts:*

- Describe the role of the board in the decision-making process?
- How involved is the board in the process of change?
- How involved is the board in the process of enhancing policies and practices?
- How involved is the board in the process of financial decision-making?

5. What are the priorities for change in your agency to improve services for survivors of domestic violence?

*Prompts:*

- Is serving survivors with mental health concerns a priority for your agency?
- How would you prioritize changes to improve services for survivors of domestic violence with mental health concerns
- Is serving survivors of domestic violence with substance use issues an issue for your agency?
- How would you prioritize changes to improve services for survivors of domestic violence with substance use issues?

6. What would your agency need to enhance services to survivors of domestic violence who experience mental health and/or substance use issues?

*Prompts:*

- Resources? What are some examples?
- Policies and practices? What are some examples?
- Training? What are some examples?
- Staffing? What are some examples?
- Funding? What are some examples?

7. Is there anything else you think we should know?

## Focus Group/Interview Questions-Agency Board/Advisory Committee Members-Mental Health Substance Use Agency

1. What is the role of the board in fulfilling your agency's mission?  
*Prompts:*
  - In the decision making process?
  - In agency planning? Strategic planning? Short-term planning?
  - In the process of creating or changing policies and practices?
  - In personnel decisions? Hiring? Expansion?
  - In the allocation of resources?
  
2. What are the experiences and interests of your agency in working with women with mental health concerns and/or substance use issues who are survivors of domestic violence?  
*Prompts:*
  - What are the strengths? What are the challenges?
  - In the process of decision-making?
  - In creating or enhancing partnerships with other boards?
  - In creating or enhancing collaborations with other agencies?
  
3. What does your agency have in place to hold itself accountable to women with mental health concerns and/or substance use issues who are survivors of domestic violence?  
*Prompts:*
  - Are there methods in place for survivors to evaluate services?
  - Do you review the responses?
  - How is this information used? Change in policies or practices?
  
4. How does organizational change happen in your agency?  
*Prompts:*
  - Describe the role of the board in the decision-making process?
  - How involved is the board in the process of change?
  - How involved is the board in the process of enhancing policies and practices?
  - How involved is the board in the process of financial decision-making?
  
5. What are the priorities for change in your agency to improve services for women with mental health and/or substance use issues who are survivors of domestic violence?  
*Prompts:*
  - Is serving women with mental health concerns who are survivors of domestic violence a priority for your agency?
  - How would you prioritize changes to improve services for women with mental health concerns who are survivors of domestic violence?
  - Is serving women with substance use issues who are survivors of domestic violence a priority for your agency?
  - How would you prioritize changes to improve services for women with substance use issues who are survivors of domestic violence?

6. What would your agency need to enhance services to women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- Resources? What are some examples?
- Policies and practices? What are some examples?
- Training? What are some examples?
- Staffing? What are some examples?
- Funding? What are some examples?

7. Is there anything else you think we should know?

## Focus Group/Interview Questions-Agency Leaders and Management-Domestic Violence Agency

1. What does your agency do well in serving survivors of domestic violence with mental health concerns and/or substance use issues?

*Prompts:*

- What is unique about your agency's services? What are the strengths?
- What does your agency do well to create a welcoming and responsive environment for survivors to disclose mental health concerns? Substance use issues?
- How have attitudes within your organization regarding survivors with mental health concerns and/or substance use issues affected your ability to assist clients?
- How enthusiastic is your agency staff to work with survivors with mental health concerns? Substance use issues?
- How informed is your staff about the connections among mental health concerns, substance use issues, and domestic violence?

2. What does not work as well in your agency in serving survivors of domestic violence with mental health concerns and/or substance use issues?

*Prompts:*

- What are the frustrations of your agency in serving with survivors of domestic violence with mental health concerns? Substance use issues?
- What has worked well in serving survivors of domestic violence with mental health concerns? Substance use issues?
- Are there gaps in services? What are they?
- What challenges have you had providing accommodations for survivors with mental health concerns? Substance use issues?
- What has worked well in providing accommodations for survivors with mental health concerns? Substance use issues?

3. What would help your agency's staff to improve services for survivors with mental health concerns and/or substance use issues?

*Prompts:*

- What kind of training about mental health do you provide to your staff? How often?
- What kind of training about substance use do you provide to your staff? How often?
- How could your staff be better prepared to provide services for survivors with mental health concerns? Substance use issues? Knowledge? Skills? Attitudes? Other resources?
- Does your budget allocate resources to serve survivors with mental health concerns? Substance use issues?
- How does this effect your ability to serve survivors with mental health concerns? Substance use issues?
- How could resource allocation be improved?

4. What policies and practices, formal or informal, do you have that inform staff regarding serving survivors of domestic violence with mental health concerns and/or substance use issues?

*Prompts:*

- Are there policies and practices in place for screening? Assessment? Referral? Interventions?
- What are the strengths of your policies and practices? Most effective? Screening? Assessment? Referral? Interventions?
- What are the challenges of policies and practices? Least effective?
- How might your policies and practices be improved?
- How do you inform staff about policies and practices? Training? How often?
- How do you support staff to implement policies and practices?

5. What are the priorities for change in your agency to improve services for survivors of domestic violence with mental health and/or substance use issues?

*Prompts:*

- Is serving survivors with mental health concerns a priority for your agency?
- How would you prioritize changes to improve services for survivors of domestic violence with mental health concerns?
- Is serving survivors of domestic violence with substance use issues a priority for your agency?
- How would you prioritize changes to improve services for survivors of domestic violence with substance use issues?

6. What kinds of collaborations exist among your agency and the partner agencies?

*Prompts:*

- What collaborations with partner agencies are formal? Informal?
- What are the strengths within the collaborations? Challenges? How could this be improved?
- What facilitates collaboration among agencies? What presents challenges? How could this be improved?
- What has worked well in resource allocation among agencies? What has not worked well? How could this be improved?
- Are there other organizations that you believe should be involved ?

7. What long-term changes could be made to better serve survivors of domestic violence with mental health concerns and/or substance use issues?

*Prompts:*

- What are the opportunities for change within your agency through this initiative? What are the challenges?
- What are the opportunities for change among partner agencies through this initiative? Financial opportunities? Resource opportunities?
- What are the challenges?
- How is this initiative different from existing collaborations?
- What systems changes would be the most beneficial to improve service delivery?

8. Is there anything else you think we should know?

## Focus Group/Interview Questions-Agency Leaders and Management-Mental Health/Substance Use Agency

1. What does your agency do well in serving women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What is unique about your agency's services? What are the strengths?
- What does your agency do well to create a safe and responsive environment for women with mental health concerns and/or substance use issues to disclose domestic violence?
- How have attitudes within your organization regarding survivors of domestic violence affected your ability to assist clients?
- How enthusiastic is your agency staff to work with women with mental health concerns and substance use issues who are survivors of domestic violence?
- How informed is your staff about the connections among mental health concerns, substance use issues, and domestic violence?

2. What does not work as well in your agency in serving women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What are the frustrations of your agency in serving women with mental health concerns and/or substance use issues who are survivors of domestic violence?
- What has worked well in serving women with mental health concerns and/or substance use issues who are survivors of domestic violence?
- Are there gaps in services? What are they?
- What challenges have you had in identifying survivors of domestic violence?
- What has worked well in identifying survivors of domestic violence?

3. What would help your agency's staff to improve services for women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What kind of training about domestic violence do you provide to support staff? How often?
- How could staff be better prepared to provide services for women with mental health concerns and/or substance use issues who are survivors of domestic violence? Knowledge? Skills? Attitudes? Other resources?
- Does your budget allocate resources to serve women with mental health and/or substance use issues who are survivors of domestic violence?
- How does this effect your ability to serve women with mental health concerns and/or substance use issues who are survivors of domestic violence?
- How could resource allocation be improved?



4. What policies and practices, formal or informal, do you have that inform staff regarding serving women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- Are there policies and practices in place for screening? Assessment? Referral? Interventions?
- What are the strengths of your policies and practices? Most effective? Screening? Assessment? Referral? Interventions?
- What are the challenges of your policies and practices? Least effective?
- Are your policies and practices formal? Informal?
- How might your policies and practices be improved?
- How do you inform staff about policies and practices? Training? How often?
- How do you support staff to implement policies and practices?

5. What are the priorities for change in your agency to improve services for women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- Is serving women with mental health concerns who are survivors of domestic violence a priority for your agency?
- How would you prioritize changes to improve services for survivors of domestic violence with mental health concerns?
- Is serving women with substance use issues who are survivors of domestic violence a priority for your agency?
- How would you prioritize changes to improve services for survivors of domestic violence with substance use issues?

6. What kinds of collaborations exist among your agency and the partner agencies?

*Prompts:*

- What collaborations with partner agencies are formal? Informal?
- What are the strengths within the collaborations? Challenges? How could this be improved?
- What facilitates collaboration among agencies? What presents challenges? How could this be improved?
- What has worked well in resource allocation among agencies? What has not worked well? How could this be improved?
- Are there other organizations that you believe should be involved?

7. What long-term changes could be made to better serve women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What are the opportunities for change within your agency through this initiative? What are the challenges?
- What are the opportunities for change among partner agencies through this initiative? Financial opportunities? Resource opportunities?
- What are the challenges?
- How is this initiative different from existing collaborations?
- What systems changes would be the most beneficial to improve service delivery?

8. Is there anything else you think we should know?

## Focus Group/Interview Questions-Agency Medical Staff - Mental Health/Substance Use Agency

1. What does your agency do well in providing medical services to women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What is unique about your agency's medical services? What are the strengths?
- What do you do if you suspect a woman is a survivor of domestic violence?
- What do you do well to create a safe environment for women with mental health concerns and substance use issues to disclose domestic violence?
- How have attitudes within your organization regarding survivors of domestic violence affected your ability to assist clients?
- How enthusiastic is your agency staff to work with women with mental health concerns and substance use issues who are survivors?
- How informed is your agency about the connections among mental health concerns, substance use issues, and domestic violence?

2. What does not work as well in your agency in providing medical services to women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What are the frustrations of your agency in serving with women with mental health concerns and/or substance use issues who are survivors of domestic violence? Gaps in services?
- What challenges have you had in identifying survivors of domestic violence?
- What has worked well in identifying survivors of domestic violence?
- What kind of training do you receive to assist you? How often?
- What do you need to be better prepared? Knowledge? Consultation? Other resources?
- What would help you to better assist women with mental health concerns and/or substance use issues who are survivors?

3. What policies and practices guide you in providing medical services for women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- Are there policies and practices in place for screening? Assessment? Referral? Interventions?
- What are the strengths of your policies and practices? Screening? Assessment? Referral? Interventions?
- What policies and practices have been most effective? Least effective?
- Are your policies and practices formal? Informal?
- How might policies and practices be improved?
- How are you informed about policies and practices? Training? How often?
- How are you supported to implement policies and practices?

4. What kinds of relationships exist among your agency and the partner agencies?  
*Prompts:*
  - What are the strengths within the relationships? Challenges? How could this be improved?
  - What facilitates working among agencies? What presents challenges to working among agencies?
  - How could this be improved?
  - Are there other organizations that you believe should be involved?
  
5. What long-term changes could be made to enhance medical services for women with mental health concerns and/or substance use issues who are survivors of domestic violence?  
*Prompts:*
  - What are the opportunities for change within your agency? What are the challenges?
  - What are the opportunities for change within the Open Door Initiative collaboration? Resource opportunities?
  - What are the challenges?
  - How is this initiative different from existing collaborations?
  - What systems changes would be the most beneficial to improve service delivery?
  
6. Overall, what do you need to provide better services to women with mental health concerns and/or substance use issues who are survivors of domestic violence?
  
7. Is there anything else you think we should know?

## Focus Group/Interview Questions-Agency Direct Service Staff-Domestic Violence Agency

1. Think about a time when things went well when you were helping a survivor who you thought may have a mental health concern and/or substance use issue?  
*Prompts:*
  - What things were in place to help you? Resources? Training? Policies? Practices? Relationships?
2. Can you tell me about a time when things did not go as well for you in providing services to a survivor who may have had a mental health concern and/or substance use issue?  
*Prompts:*
  - Did it make a difference if it was a mental health concern or substance use issue? How? Why?
  - Are there things you can suggest that may have improved the quality of services? Resources? Training? Partnerships? Other things?
3. What policies and practices do you have that guide you in providing services to a survivor with a mental health concern and/or substance use issue?  
*Prompts:*
  - Are there policies and practices in place for screening? Assessment? Referral? Interventions?
  - What works well?
  - What doesn't work?
  - What are some changes that you think could be made to provide you with more guidance in providing services to survivors with mental health concerns? Survivors with substance use issues?
  - Do you receive training in following these policies and practices?
  - How does your agency provide support to you in following these policies and practices?
4. How comfortable are you working with survivors of domestic violence with mental health concerns and/or substance use issues?  
*Prompts:*
  - Do you feel confident? Competent?
  - What would help you feel more confident? Competent?
  - Are you comfortable discussing mental health and/or substance use issues with women who experience domestic violence?
  - What would help you feel more comfortable?
5. What resources does your agency offer staff in terms of supporting your work with survivors with mental health concerns and/or substance use issues?  
*Prompts:*
  - What are some examples of resources that are offered?
  - What other resources should be offered?
  - Does your agency offer professional development/trainings regarding working with survivors who have mental health concerns and/or substance use issues? If yes, how often are they offered?

- Have you attended? If not, what prevented you from attending?
  - What would you like to learn more about?
6. What are some ideas about how intake and service delivery can create an opportunity for a survivor with a mental health concern and/or substance use issue to get the special supports and accommodations she needs?
- Prompts:*
- What processes does your agency have to create an opportunity for a survivor to request special supports and accommodations?
  - What are some factors that may make it more difficult for a survivor to request special supports and accommodations in your agency?
7. What do you need to provide better services for survivors who experience mental health concerns and/or substance use issues?
- Prompts:*
- What could be added?
  - What would need to be done differently?
  - What would be most helpful for you?
8. What relationships exist with partner agencies that can provide assistance in working with survivors with mental health concerns and/or substance use issues?
- Prompts:*
- What type of relationship/partnership do you have with CenterPointe? Community Mental Health Center? Friendship Home? St. Monica's? Voices of Hope?
  - What is the depth of these relationships? Formal? Informal?
  - From your experience, what do you think can be done to strengthen these relationships/partnerships?
9. What do you want mental health/substance use providers to know about serving women who experience domestic violence?
10. Is there anything else you think we should know?

## Focus Group/Interview Questions

### Direct Service Staff-Mental Health/Substance Use Agency

1. Think about a time when things went well when you were helping a woman with a mental health concern and/or substance use issue who you thought may be a survivor of domestic violence?

*Prompts:*

- What things were in place within your agency to help you? Resources? Training? Policies? Procedures? Relationships?

2. Can you tell me about a time when things did not go as well for you in providing services to a woman with a mental health concern and/or substance use issue who is a survivor of domestic violence?

*Prompts:*

- What type of things or concerns had an impact on your ability to effectively assist the woman? Safety? Security? Knowledge? Skills? Resources?
- Did the relationship between the survivor and the perpetrator impact your service delivery? How? Why?
- Are there things you can suggest that may have improved the quality of services? Resources? Training? Partnerships? Other things?

3. What policies and procedures do you have available that guide you in responding to women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What works well?
- What are doesn't work?
- Do you receive training in following these policies and procedures? What type? How often?
- How does your agency provide support to you in following these policies and procedures?
- What are some improvements that could be made?

4. How comfortable are you working with women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- Do you feel confident? Competent?
- What would help you feel more confident? Competent?
- Are you comfortable discussing domestic violence with women who experience mental health concerns and/or substance use issues?  
What would help you feel more comfortable?

5. What resources does your agency offer staff in terms of supporting your work with women with a mental health concern and/or substance use issue who are survivors of domestic violence?

*Prompts:*

- What are some examples of resources that are offered?
- What other resources should be offered?
- Does your agency offer professional development/trainings about working with women with mental health concerns who are survivors of domestic violence? Women with substance use issues who are survivors of domestic violence?
- If yes, how often are they offered?
- Have you attended? If not, what prevented you from attending?
- What would you like to learn more about?

6. What are some ideas about how your intake and other service delivery processes can create an opportunity for women you are serving to disclose domestic violence?

*Prompts:*

- What processes does your agency have that create an opportunity for a woman with a mental health concern and/or substance use issue to disclose domestic violence?
- What are some factors that may make it more difficult for a woman with a mental health concern and/or substance use issue to disclose domestic violence? Culture? Atmosphere? Safety concerns? Confidentiality?

7. What do you need to provide better services for women with mental health and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What could be added?
- What would need to be done differently?
- What would be most helpful for you?

8. What type of relationships exist with the partner agencies that can provide assistance in working with women with mental health concerns and/or substance use issues who are survivors of domestic violence?

*Prompts:*

- What type of relationship/partnership do you have with CenterPointe? Community Mental Health Center? Friendship Home? St. Monica's? Voices of Hope?
- From your experience, what do you think can be done to strengthen these relationships/partnerships?

9. What do you want domestic violence providers to know about serving women who experience mental health concerns? Women with substance use issues?

10. Is there anything else that you think we should know?

## Client Questionnaire

Completing this survey is optional. You may skip any or all of the questions.  
If you need any assistance answering the questions, the advocate is available to help you.  
Your responses will not be connected to your name in any way.

Focus Group Attended: \_\_\_\_\_  
(date and time)

1. What is your current age range? (please circle)

19-21      22-29      30-39      40-49      50-59      60+

2. What is your current relationship status? (check the one that best describes your status)

- |                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Single   | <input type="checkbox"/> Living with partner  | <input type="checkbox"/> Separated   |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Domestic partnership | <input type="checkbox"/> Widowed     |
| <input type="checkbox"/> Dating   | <input type="checkbox"/> Married              | <input type="checkbox"/> Other _____ |

3. How many children, if any, do you have? \_\_\_\_\_

What are their ages? \_\_\_\_\_

4. What is your primary means of transportation?

- |                                      |                              |   |                               |                               |                               |
|--------------------------------------|------------------------------|---|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> car         | <input type="checkbox"/> bus | <input type="checkbox"/> family/friends | <input type="checkbox"/> taxi | <input type="checkbox"/> bike | <input type="checkbox"/> walk |
| <input type="checkbox"/> other _____ |                              |   |                               |                               |                               |

5. What is your primary language? \_\_\_\_\_

6. What is your country of origin? \_\_\_\_\_

7. Race/ethnicity (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Black, African American        | <input type="checkbox"/> Hispanic/Latina        |
| <input type="checkbox"/> American Indian, Alaska Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Other _____                    |   |

8. Income

- Zero
- \$1 – 12,000
- \$12,001 – 24,000
- \$24,001 – 40,000
- \$40,001 – 70,000
- \$70,001 and over



9. Where have you received services?  
(check all that apply)

**OR**

Tried to receive services?

- |                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Friendship Home – 24-Hour crisis line  | <input type="checkbox"/> |
| <input type="checkbox"/> | Friendship Home – Support groups   | <input type="checkbox"/> |
| <input type="checkbox"/> | Friendship Home – Counseling/advocacy  | <input type="checkbox"/> |
| <input type="checkbox"/> | Friendship Home – Emergency shelter  | <input type="checkbox"/> |
| <input type="checkbox"/> | Friendship Home – Transitional housing   | <input type="checkbox"/> |
| <input type="checkbox"/> | CenterPointe – Outpatient therapy  | <input type="checkbox"/> |
| <input type="checkbox"/> | CenterPointe –Housing  | <input type="checkbox"/> |
| <input type="checkbox"/> | CenterPointe –Case management  | <input type="checkbox"/> |
| <input type="checkbox"/> | CenterPointe – Short-term residential treatment (Touchstone)   | <input type="checkbox"/> |
| <input type="checkbox"/> | CenterPointe – Long-term residential treatment   | <input type="checkbox"/> |
| <input type="checkbox"/> | CenterPointe – Medication management   | <input type="checkbox"/> |
| <input type="checkbox"/> | CenterPointe/CMHC/LFS – PIER   | <input type="checkbox"/> |
| <input type="checkbox"/> | Community Mental Health Center – 24-Hour crisis line   | <input type="checkbox"/> |
| <input type="checkbox"/> | Community Mental Health Center – Outpatient therapy  | <input type="checkbox"/> |
| <input type="checkbox"/> | Community Mental Health Center – Case management   | <input type="checkbox"/> |
| <input type="checkbox"/> | Community Mental Health Center – Medication management   | <input type="checkbox"/> |
| <input type="checkbox"/> | Community Mental Health Center – Partial hospitalization   | <input type="checkbox"/> |
| <input type="checkbox"/> | Community Mental Health Center – Crisis Center   | <input type="checkbox"/> |
| <input type="checkbox"/> | Community Mental Health Center – Midtown Center  | <input type="checkbox"/> |
| <input type="checkbox"/> | St. Monica's – Outpatient substance abuse or outpatient mental health  | <input type="checkbox"/> |
| <input type="checkbox"/> | St. Monica's – Intensive outpatient treatment  | <input type="checkbox"/> |
| <input type="checkbox"/> | St. Monica's – Short-term residential treatment (STR 1 or STR 2)/<br>Project Strong Families Primary Program | <input type="checkbox"/> |
| <input type="checkbox"/> | St. Monica's – Project Strong Families Secondary Program/<br>Project Mother and Child Program                | <input type="checkbox"/> |
| <input type="checkbox"/> | St. Monica's – Therapeutic Community   | <input type="checkbox"/> |
| <input type="checkbox"/> | St. Monica's – Community Support   | <input type="checkbox"/> |
| <input type="checkbox"/> | Voices of Hope – 24-Hour crisis line   | <input type="checkbox"/> |
| <input type="checkbox"/> | Voices of Hope – Counseling  | <input type="checkbox"/> |
| <input type="checkbox"/> | Voices of Hope – Protection order assistance   | <input type="checkbox"/> |
| <input type="checkbox"/> | Voices of Hope – Safety planning   | <input type="checkbox"/> |
| <input type="checkbox"/> | Voices of Hope – Support groups  | <input type="checkbox"/> |
| <input type="checkbox"/> | Voices of Hope – Advocate at the hospital  | <input type="checkbox"/> |
| <input type="checkbox"/> | Voices of Hope – Walk-in services  | <input type="checkbox"/> |

## Provider Questionnaire

Completing this survey is optional. You may skip any or all of the questions.  
If you need any assistance answering the questions, the advocate is available to help you.  
Your responses will not be connected to your name in any way.

1. Describe your three primary job duties: \_\_\_\_\_  
\_\_\_\_\_
  
2. How long have you been working at this agency?  
 < 1-2 year(s)     2-5 years                       6-10 years     11-19 years     20 + years
  
3. How many years have you worked at an agency whose primary focus is: (check all that apply)
  - a) domestic violence  
 0             < 1-2             2-5             6-10             11-19             20 +
  - b) mental health  
 0             < 1-2             2-5             6-10             11-19             20 +
  - c) substance use  
 0             < 1-2             2-5             6-10             11-19             20 +
  - d) dual diagnosis  
 0             < 1-2             2-5             6-10             11-19             20 +
  
4. Approximately, how much training (i.e., hours) have received in the past two years regarding: (check all that apply)
  - a) domestic violence  
 0                       1-5                       6-10                       10+
  - b) mental health  
 0                       1-5                       6-10                       10+
  - c) substance use  
 0                       1-5                       6-10                       10+
  - d) dual diagnosis  
 0                       1-5                       6-10                       10+

5. Do you believe you are adequately trained regarding how to respond to a disclosure of mental health concerns and/or substance use issues by a survivor of domestic violence? **(DV)**

- 1 strongly disagree     2 disagree     3 agree     4 strongly disagree

6. Do you believe you are adequately trained regarding how to respond to a disclosure of domestic violence by a woman with mental health concerns and/or substance use issues? **(MH/SU)**

- 1 strongly disagree     2 disagree     3 agree     4 strongly disagree

7. How comfortable are you discussing mental health concerns and/or substance use issues with women who experience domestic violence? **(DV)**

- not at all     2 slightly     3 moderately     4 very

8. How comfortable are you discussing domestic violence with women who experience mental health concerns and/or substance use issues? **(MH/SU)**

- 1 not at all     2 slightly     3 moderately     4 very

9. What is your current age range? (please circle)

- 19-21    22-29    30-39    40-49    50-59    60+

10. Race/Ethnicity: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Black, African American        | <input type="checkbox"/> Hispanic/Latina        |
| <input type="checkbox"/> American Indian, Alaska Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Other _____                    |   |

11. Do you hold a license or certification?     Yes     No  
(for example: MD, PhD, P/LMHP, P/LADC, CSW, RN, APRN)

If yes, please list: \_\_\_\_\_

12. Do you have other specialized training?     Yes     No

If yes, please list: \_\_\_\_\_

**MENTAL HEALTH TREATMENT**

BryanLGH Medical Center West (Adult/Adolescent).....	481-5991
Catholic Social Services.....	474-1600
Community Mental Health Center.....	441-7940

**OTHER USEFUL NUMBERS**

General Assistance/Lancaster County.....	441-3095
Health and Human Services/Lancaster County.....	471-7000
Keya House.....	261-5959
LIFE/Aging Services.....	441-7070
Lincoln Housing Authority.....	434-5500
Region V Systems (Behavioral Health).....	441-4343
Respite Network/YWCA.....	434-3494
Social Security Administration.....	437-5401
StarTran.....	441-7185
Veteran's Affairs-Nebraska/Western Iowa.....	489-3802



**BEHAVIORAL HEALTH RESOURCE CARD  
FOR LANCASTER COUNTY, NEBRASKA**

*Unless otherwise noted, all numbers are in area code 402*

**24 HOUR CRISIS LINES**

Mental Health/Suicide.....	441-7940
Rape/Spouse Abuse.....	475-7273
Youth/Family Crisis.....	437-8888
HIV/AIDS.....	(800) 782-2437
Child/Adult/Elder Abuse.....	(800) 652-1999
Lincoln Police Department/Welfare Check.....	441-6000

**DETOXIFICATION SERVICES**

Cornhusker Place, Inc.....	477-3951
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*Brought to you by the Community Mental Health Center of Lancaster County*

**ABUSE/CRISIS/SHELTERS**

Child Advocacy Center.....	476-3200
Domestic Violence Sexual Assault Coalition.....	476-6256
Family Violence Council.....	489-9292
Fresh Start.....	475-7777
Friendship Home, Inc.....	437-9302
People's City Mission.....	475-1303
Voices of Hope.....	475-7273

**CONSUMER AND FAMILY EDUCATION/ADVOCACY**

Mental Health Association of Nebraska.....	441-4371
National Alliance on Mental Illness-Lincoln.....	438-6033

**FOOD BANKS, SOUP KITCHENS**

Catholic Social Services.....	474-1600
Food Bank of Lincoln, Inc.....	466-8170
Foodnet, Inc.....	416-6197
Gathering Place.....	476-7398
Community Action.....	471-4515
Matt Talbot Kitchen & Outreach.....	477-4116
People's City Mission.....	475-1303

**HEALTH CARE**

College of Dentistry.....	472-1333
Dental Health Division/Health Department.....	441-8015
Lincoln/Lancaster County Health Department.....	441-8000
Nebraska Urban Indian Medical Center.....	434-7177
People's Health Center.....	476-1455

**MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT**

CenterPointe, Inc.....	475-8717
Child Guidance Center.....	475-7666
Cornhusker Place, Inc.....	477-3951
Independence Center.....	481-5268
Lutheran Family Services.....	435-2910
St. Monica's.....	441-3768
Touchstone.....	474-4343