

Project Peer, Washington, DC Needs Assessment Proposal -- APPROVED

1.0 Introduction

With this document, the 8 organizations collaborating together in Washington, DC, as Project Peer – Lt. Joseph P. Kennedy Institute (JPKI), Anchor Mental Health, D.C. Coalition against Domestic Violence (DCCADV), D.C. Rape Crisis Center (DCRCC), Project ACTION!, Quality Trust for Individuals with Disabilities, Ramona’s Way and The Roc – propose our needs assessment plan for approval. The data we anticipate gathering among our partners will be the foundation on which we build the implementation portion of our project. These data will help us

- characterize where each of our organizations is today in identifying and supporting survivors with cognitive disabilities and/or mental health issues, including working linkages among our organizations;
- highlight barriers and gaps in policies, services and supports and linkages among our organizations;
- clarify what the opportunities might be to enhance the capacities of each of our organizations to serve our focal populations and improve the linkages among us;
- explore alternatives and select and set achievable long- and short-term goals for working together toward our common goal of systems change, and
- refine and sustain our collaboration.

The data we gather through the needs assessment will also serve as a baseline against which we can ascertain whether we meet the goals we set for ourselves in the strategic plan.

1.1 History of our collaboration:

1.1.1 *Forming the Collaboration:* Member organizations in the Washington, DC, collaboration came together in recognition that the service needs we each address separately overlap and intersect in the lives of women with disabilities who experience violence and abuse. We submitted a proposal to the Office on Violence against Women of the Department of Justice to end this fragmentation, transform our daily practices, and change the awareness and operating cultures of our organizations. JPKI agreed to serve as the lead applicant and worked with the DC Rape Crisis Center to identify other important partners. Ultimately, our two organizations reached out and established agreements with the DC Coalition against Domestic Violence, Anchor Mental Health, and the Quality Trust for Individuals with Disabilities, Inc. As we developed our proposal, we brought two self-advocacy organizations into our partnership – Project ACTION! (for adults with developmental disabilities) and the ROC (Resource Opportunity Center, for adults with mental health issues) – to involve women with disabilities directly in planning and implementing the project to ensure that we remember always to listen to and learn from them, as opposed to connecting only with the professionals who support them. This seven-organization team submitted the original proposal, committing to systems change to improve service quality and access for women with disabilities who experience violence and abuse, to OVW.

1.1.2 Planning Phase: Collaboration Charter: After we received our award, we developed a working format that has served the project well: We formed a working group that includes at least one representative from each partner agency and the Principal Investigator. The members of this working group are either the key decision-makers in their organizations or have routine access to the key decision makers. This group decided to meet for at least two hours bi-weekly to carry out the Planning Phase and complete its four products. We also decided to supplement regularly scheduled meetings with more intensive retreats, as appropriate.

After we began our Planning Phase, which included lengthy presentations about each of our partner agencies in our regularly scheduled meetings, the DC collaboration recognized the need to add an anti-domestic violence direct service provider agency to our partnership. (Between when we submitted our application and the planning phase, DCCADV had spun off its two direct support divisions to focus on offering technical assistance, training, and advocacy supports to its member direct service providers.) The addition of this partner would create congruity of purpose and functions among our partner agencies. At our March 2008 Planning Retreat, we set our vision and mission statements and developed key portions of most of the rest of our Collaboration Charter.

Also at the Planning Retreat, we identified selection criteria for the new partner agency. They included the following:

- expertise in direct service provision with survivors of domestic violence;
- commitment to low barrier services;
- openness to learning from new partners; and
- capacity for organizational change.

DCCADV identified candidates from among its member agencies, and our working group interviewed representatives from the two agencies it recommended as most appropriate. We ultimately selected Ramona's Way, which provides counseling, information/referral, and case management to domestic violence survivors who also have histories of substance abuse, because it met our qualifying criteria in the following ways:

- It was already demonstrating commitment to improving services for survivors with disabilities. (It was supporting women who identified as having mental health issues, and it had launched a partnership to make its services more accessible for Deaf survivors.)
- Its services were flexible and responsive. (It is committed to meeting survivors where they are, instead of imposing strict eligibility criteria that exclude many survivors.)
- Its founder/Executive Director expressed a keen desire and willingness to improve services, which we believed matched the systems change approach of our project.

Ramona's Way joined our team in May 2008. As a result, our Collaboration partners and change sites are the following:

- ***Anchor Mental Health*** has supported adults with mental illness since its inception in 1958. It provides clinical and non-clinical supports. Clinical supports include counseling and medication

management. Among non-clinical supports are career development and adult education. Anchor also supports The Resource Opportunity Center (The ROC, see below). In 2004, Anchor became a division of Catholic Charities of the Archdiocese of Washington. Anchor serves 600 people per year, fewer than half of whom are women. It has 60 clinical staff.

- ***DC Coalition against Domestic Violence*** is a group of 10 DC-based anti-domestic violence organizations. The Coalition provides outreach, training and technical assistance, and policy and systems advocacy services for its members. In 2005, it developed a comprehensive policy and systems-reform agenda. It currently coordinates a collaborative systems-reform project, the Model Project, to address service gaps for survivors of domestic violence in the District. That DCCADV is a membership organization extends our project's reach into the broader community.
- ***The DC Rape Crisis Center*** has been in operation for more than 30 years. It offers training, education, counseling, crisis intervention, and a variety of special topic seminars, including a self-defense class specifically for women with disabilities. As the only rape crisis provider in the District, it has considerable expertise in helping survivors heal in the aftermath of sexual violence. DCRCC has 20 staff and 40 volunteers.
- ***Lt. Joseph P. Kennedy Institute*** was founded in 1959 as a special education school for children with disabilities. Its services have expanded to include early intervention, adult education, career development, community living, and family support services for people with developmental disabilities in DC and suburban Maryland. It has a longstanding supportive relationship with the self-advocacy group that has become Project ACTION! (see below). In 2004, JPKI became a division of Catholic Charities of the Archdiocese of Washington. It serves about 330 people a year, fewer than half of whom are women age 18 and over. About 80 of its 250 FTE staff are involved in supporting this group.
- ***Project ACTION!*** is a regional coalition of self-advocacy groups established in 1992 by low-income adults with developmental disabilities with JPKI's assistance. Now incorporated separately, and more closely aligned with DC Quality Trust, it brings a strong community of self-advocates with their personal experiences of living with developmental disabilities to this project. Project ACTION! has the support of two part-time, volunteer advisors, one of whom is on the staff of DC Quality Trust.
- ***Quality Trust for Individuals with Disabilities, Inc.***, was created as an independent agent for change to advance the individual and collective interests of people with developmental disabilities in the District. Its core activities include individual intervention (lay advocacy) with the service system for people with developmental disabilities; monitoring the adequacy of services available in the city, including health, safety and welfare issues and ensuring access to legal representation. Each year, 20 of QT's staff serve 500 people from both within and outside (i.e. living with family members without benefit of government-funded services) the city's service system. That every person with a developmental disability living in DC by charter is a member of QT extends our project's potential reach into the broader community.
- ***Ramona's Way*** provides holistic services for women who are survivors of emotional, physical and/or sexual abuse and also abuse substances. Services, including case management, information/referral, and counseling, help women regain control of their lives and empower them with the support they need throughout the trauma and recovery process. Ramona's Way serves 60 women a year with 15 to 20 of them on its active rolls at any one time. It has four staff and about the same number of volunteers.

- **The ROC** was formed in 2005 in reaction to a cut in Medicaid benefits. Its main focus is to provide peer counseling and peer support to people with mental illness, including a group for female survivors. Its volunteer leadership includes strong self-advocates who have a history of advocating for people with disabilities.

We see great potential for change in our partner organizations, both as individual providers and as an interconnected service system.

Continuing our pattern of biweekly meetings with our new partner on board, we repeated several steps in our Charter development process to ensure that the document reflected the perspectives, goals and plans of our new partner as well. We also vetted the final draft document with the leadership of all of our partner agencies. As reconfirmed through this process, our vision and mission statements are the following:

Vision

In the District of Columbia, survivors of domestic and sexual violence or abuse who have disabilities will live in safe environments, heal and have healthy, successful lives. They will have access to high quality, seamless supports that are person-centered and responsive to each survivor's needs.

Mission

Together with survivors of domestic and sexual violence and abuse who have cognitive or mental health disabilities, we will:

- Increase physical and emotional safety,
- Facilitate healing, and
- Promote self-agency and support.

We will transform our system to learn from survivors with disabilities, prioritize the needs of those survivors, and build permanent practices that identify these survivors and meet their needs by creating focused partnerships to share our strengths.

OVW approved our Charter in August 2008.

1.1.3 Planning Phase: Focus population: Our partnership defined our focus population based on the people whom we serve: Women with cognitive and/or mental health disabilities who have experienced violence and/or abuse. We include substance abuse as a possible mental health disability. OVW approved our focus in September 2008.

1.1.4 Planning Phase: Needs Assessment: Following the same working format, our partnership has developed the contents of our needs assessment plan, as proposed in this document, through ongoing face-to-face meetings of our working group. We will take the same approach to developing our needs assessment tools. The members of our collaborative see our needs assessment as the first step – the strengths and weaknesses portion – of our project’s strategic plan. We are not be conducting a community needs assessment, nor are we investigating incidence and prevalence within our own organizations.

1.1.5 Planning Phase: Strategic Plan: After completing the needs assessment and analyzing its results, the data it generates will be the foundation for our project’s Strategic Plan, the final product we will produce during this Planning Phase of the project. The Strategic Plan launches our implementation years. We intend to begin our strategic planning process with a retreat.

1.2 Capacity to create lasting change:

The leadership of each of our organizations has committed to responding to the needs identified through our project needs assessment. We are collectively well-positioned to apply our skills and resources to address serious gaps in our system’s services for women who are survivors with cognitive and/or mental health disabilities.

2.0 Goals of our Needs Assessment

Following are the questions that will guide our project’s needs assessment:

- 2.1** What is working well within and among our collaborating organizations in support of women with cognitive disabilities and mental health issues who are survivors of domestic and/or sexual violence?
- 2.2** What are the gaps or barriers that survivors with cognitive disabilities and mental health issues encounter when they use anti-DV/SA supports in and among our member organizations?
- 2.3** What policies and practices does each of our collaborating organizations have to address issues of domestic and sexual violence and/or support survivors who have cognitive or mental health disabilities? What policies and practices do we need?
- 2.4** What are the elements that can contribute to enhancing effective co-advocacy among the organizations collaborating in our system?
- 2.5** What support or assistance will each of our collaborating organizations need to continue our collaboration and sustain the changes we undertake after OVW funding ends?

In developing assessment tools related to questions 2.1 and 2.2, our partners are committed not to overlook (a) whether organizational supports encourage or barriers discourage women from engaging in the very basic act of reporting when they want to do so and (b) how organizations address the barriers unique to women who require assistance to communicate. We also believe that to respond meaningfully to questions 2.3, 2.4 and 2.5 it will be important to develop assessment tools that take a hard look at (a) how different our organizations’ practices are currently, (b) which practices are driven by philosophical differences and (c) how we can take

advantage of or soften these differences to find new strengths and re-shape what each of us does, so that women receive the supports they seek and our organizations enhance the potential of each survivor to achieve a feeling of personal safety.

3.0 Information Sources

3.1 Needs assessment: Most significant as a new source of information are the data we will gather through the interviews, focus groups and surveys and then analyze during the needs assessment process proposed here. The resultant data, which we will summarize in the subsequent Needs Assessment Report, will be the foundation on which the collaboration builds its strategic plan. These new data will also serve as the baseline for the ongoing evaluation of this project and its success and any future evaluations of the sustainability of our systems change efforts.

3.2 Review of agency intake forms: One of the primary criticisms of qualitative data collection plans that do not involve lengthy participant observation is that the data they generate might not reflect participants' real-life practices and/or the attitudes that undergird them. In an effort to "triangulate" the data we receive through the in-person and survey-based qualitative methods described in this plan, the PI will review the intake forms that our collaborative partners presently use to identify the sorts of information they seek to gather about individuals who will be using their services when they first "come on board". Intake forms reveal the depth and breadth of what agencies seek to learn about new customers. In disability organizations, for example, the content of intake forms can reveal awareness (or denial) of the issues of domestic and sexual abuse and violence. In DV/SA organizations, it can reveal the presence (or absence) of sensitivity to disability-related issues, such as the need to consider developing accommodations for some women to be able to benefit from using their services.

4.0 Overview of Methods

4.1 Purpose: Our collaborative proposes to focus our needs assessment on the collection of qualitative data. For the most part, this recommends the use of interviews, focus groups and surveys to collect information from our several audiences. The purpose of each of these methods is as follows:

4.1.1 *Introductory survey for staff and their immediate supervisors in collaborative partner agencies only:* To introduce this project and generate some excitement about its values in the organizations participating in this collaborative (i.e. excluding the agencies that are members of the DC Coalition), increase familiarity with the project (to assist in focus group recruitment), and develop an additional data source with a broader reach than our planned focus groups and interviews, we seek permission for the first stage in our needs assessment will be an online survey among line staff and their immediate supervisors/managers. *We seek permission to conduct this survey as soon as possible, preferably while our other needs assessment tools are in the development and approval processes.* This survey (see Attachment D) seeks to ascertain staff perceptions of congruity between Project Peer's values and those of the collaborative partner for which they work. It will also help us determine how frequently staff believe they encounter our focal populations and how well prepared they feel to support them. A survey with distribution

this broad is feasible because our PI will administer it and tabulate results through her subscription to Key Survey.

4.1.2 Interviews for agency executive directors and self-advocacy group presidents: The purpose of these interviews is to gather both big-picture and detailed, organization-specific information and create a safe environment for the identification of potential organization weaknesses or challenges that might arise during the needs assessment process.

- With *EDs from disability organizations*, we anticipate asking how the agency identifies survivors, what it does well in supporting survivors, what barriers it experiences to supporting survivors and how its experiences over the years have translated into the development of related policies and practices in support of those policies.
- With *EDs of SA/DV organizations*, we anticipate exploring the sorts of experiences these groups have had responding to women with disabilities. We will also inquire into policies in support of accommodating women with disabilities and whether practices align with those policies.
- With *the COO of Catholic Charities*, whose responsibilities include oversight of JPKI and Anchor, we anticipate exploring the parent corporation's support for the changes JPKI and Anchor will be making and its sensitivity to the issues and populations on which this project focuses, including their intersection with the missions of the other agencies within its purview.
- With the *co-presidents of Project ACTION!* (The Roc has no officers.), we anticipate asking how they might know if a woman in their group has experienced abuse, the sorts of experiences the group has had responding to women who are survivors with disabilities and how they identify agencies that they believe care about helping people with disabilities.

We also hope to use these interviews to promote ongoing relationship building and increase organizational buy-in for development of the strategic plan and its implementation.

4.1.3 Focus groups for Executive Directors (DCCADV members only), staff, volunteers, survivors and women with disabilities: Focus groups are our preferred data collection method because they are the most efficient way to explore a topic in-depth with a large group of people, despite the difficulties we anticipate in scheduling and finding safe, accessible locations for these sessions. The group dynamic also creates opportunities for respondents to build on each other's ideas, which usually results in richer results.

- *Executive Directors of DCCADV members:* This focus group is a substitute for 10 individual interviews. It concentrates on the DCCADV as a site of change, viewing EDs as the primary spokespeople for the agencies that are the Coalition's "customers". Questions will explore the sorts of technical assistance and other supports the Coalition now provides to help them identify, welcome and support survivors with developmental disabilities and/or mental health issues and enhance their skills at developing accommodations to ensure that these women can benefit from their services. We will also ask about how the Coalition might be more responsive to their needs to support these women in the future, i.e. what other sorts of assistance they believe their agencies need to improve their services to our focal populations.
- *Staff and volunteers:* With staff and volunteers from our collaborative partners, we anticipate exploring topics much like those we explore with the EDs, except from the perspective of day-to-day practices, to sample how policies actually translate and/or trickle down to the direct support implementation level. In disability agencies, this suggests looking at whether

staff and/or volunteers believe they are encouraged to identify survivors in a supportive sense, aid them in reporting and support them over the long-term to recover from the experience. We will also delve into how policy translates into practice by asking what sorts of resources they now have and what additional resources might help them better respond to survivors. As with the focus group for EDs of DCCADV member agencies (see 4.1.3 above), focus groups for staff from its members (mixed) will hone in on its role in influencing and shaping day-to-day practices among its customer organizations. We will ask about the sorts of guidance and supports they now receive and/or believe they need from the Coalition in the future to identify, accommodate and support survivors with developmental disabilities and mental health issues effectively.

- *Survivors and women with disabilities:* We anticipate asking the women in these focus groups to identify the qualities they feel show that an agency and its staff are welcoming, responsive to their needs and empowering, as compared to the practices they pinpoint as unsafe, unwelcoming or disempowering. We will also seek some specifics about which agencies in the community they feel serve them best and the qualities that make their services helpful, and we're interested in exploring what practices help these women feel they can trust an agency or staff person. We would also like to ask why they think women with disabilities might not reach out and ask for help, if they've been hurt or abused, and how agencies might improve their outreach to welcome more women with disabilities.

4.1.4 *Alternative in-person interviews for staff, survivors, volunteers and women with disabilities:* One drawback of focus groups is that people can feel uncomfortable or intimidated by the prospect of speaking up in a group. Alternative in-person interviews enable the project to create a safer, more accessible environment for anyone who has these sorts of concerns, feels apprehensive about confidentiality issues or has communication difficulties. Otherwise, because their audience is the same as that for our focus groups, these interviews will serve the same overarching purpose and explore the same sorts of questions as the groups. Interviews with assistive devices (*IndependenceFirst*, Communication Book, 2005.) are another option for alternative in-person interviews to accommodate women with disabilities who do not communicate in typical ways. For reasons of logistical feasibility (i.e. numbers) and because their questions will not center on the agency that employs them, we will not be offering alternative interviews to staff from DCCADV member agencies.

4.1.5 *Survey for members of agencies' boards of directors:* Surveys make it feasible to reach a large number of people with limited expenditure of human resources. The purpose of contacting board members is to gather big picture information about our partner agencies and the larger context within which they operate and also identify potential financial, policy or philosophical barriers to the changes our project will seek to make in our service system. This outreach we hope will also be a good vehicle for beginning to build buy-in for the project at the highest levels of agency decision making. We recognize the format's key shortcomings – that surveys capture a respondent's impressions at a point in time and might not tell the full story. However, surveys are the most feasible way for us to gather information from a large group of people. They are also good for this particular audience because of several timing issues: We can by-pass the potentially time-consuming process of asking boards to select or recruit members to participate in interviews during their next regular meeting (some boards meet only quarterly), and surveys will be respectful of board members' time constraints as unpaid volunteers to our

agencies. We also hope that the method’s anonymity will encourage board members to be forthcoming about any concerns they might have.

4.1.6 Review of agency intake forms: In an effort to “triangulate” the data we collect through in-person and survey methodologies, the PI will review the intake forms that our partner agencies currently use. For disability organizations, we seek to identify whether they ask intake questions that demonstrate an awareness of and sensitivity to the issues of domestic and sexual abuse and violence. For DV/SA organizations, we will look for indications that they seek to ascertain whether new customers might require accommodations or additional support to benefit from their services.

4.2 Audience: As noted in the discussion above, the audiences for our data collection include partner agency EDs; agency staff and volunteers; selected survivors and women with developmental disabilities or mental health issues affiliated with our partners; and members of our partner agency Boards of Directors. Among DCCADV member organizations, audiences are their EDs and staff representing all their member agencies.

4.3 Numbers: (See Attachment A for a *detailed* “Needs Assessment: Planned Sessions” chart.)

Summary: Method/Audience Numbers
(Summary of Attachment A)

Method	Number/Audience
7 Interviews	6 Executive Directors 1 Chief Operating Officer of Catholic Charities
19 Focus groups	8 groups for agency staff (gender specific) 1 for DCCADV member EDs (mixed agencies) 1 for DV agency (Ramona’s Way) staff and volunteers combined 1 for SA agency volunteer staff 1 for self-advocacy group volunteer staff (disability specific) 3 for women with disabilities (agency and disability specific) 2 for survivors (agency specific) 2 for staff of DCCADV member agencies (mixed)
#? Alternative in-person interviews	4 (minimum) for women with disabilities who communicate atypically 2 (maximum) male staff from QT (safety issues) 1 Project ACTION! advisor unknown number (but limited) of volunteers who prefer not to participate in a focus group
235 Staff/supervisor surveys	235 line staff and supervisors/managers (approx.)
82 Board surveys	82 Board members (approx.)

Our current plans (summarized above; full details in Attachment A) are as follows:

- Interview 6 agency Executive Directors/Division Directors and the Chief Operating Officer of Catholic Charities (the parent corporation of Anchor and JPKE);
- Hold 1 focus group (10 participants) for the Executive Directors of all of DCCADV's member agencies;
- Conduct 8 gender- and agency-specific staff focus groups (8 participants each) and one combined group for staff and volunteers from Ramona's Way, our smallest partner agency;
- Complete 2 focus groups (mixed agencies) for 10 line staff each who represent the DCCADV's 10 member agencies;
- Do 2 agency-specific focus groups of volunteers from our 2 partners that rely heavily on volunteers to supplement or substitute for paid staff (1 comprised entirely of women with disabilities);
- Complete 3 disability-specific, agency-specific focus groups of 8 women with disabilities each plus a minimum 4 alternative in-person interviews for women with disabilities who communicate atypically;
- Conduct 2 agency-specific focus groups for 8 survivors each;
- Offer alternative in-person interviews for 1 or 2 of QT's 3 male staff and 1 of Project ACTION!'s 2 volunteer advisors;
- Solicit input through online surveys from all direct support staff in the agencies that are members of our collaborative (i.e. not the DCCADV's member agencies) and their immediate supervisors/managers, and
- Contact through online surveys every member of our collaborative partner agencies' boards of directors, including the overarching Catholic Charities board. For the board of Project ACTION!, a self-advocacy group, this will entail administering the survey in person for the majority of board members.

We cannot estimate how many requests for alternative in-person interviews we will receive, beyond those already identified above. Members of the working group have agreed, however, that we will need to establish an "interview cap", i.e. a cut off number for this data collection method (e.g., 3-4 alternative in-person interviews in lieu of 1 planned focus group of 8 people), because completing a high volume of interviews is less feasible than doing focus groups.

4.4 Recruitment Strategies: Each partner will take primary responsibility for recruiting its own participants. Therefore, recruitment strategies will differ by audience, method and/or agency, as follows:

4.4.1 ED Interviews: The PD will call each collaborating agency's ED and the COO of Catholic Charities to invite her/him to participate in an interview. She will speak from an outline that the working group has developed in advance to explain the purpose of the interview and how much time it will involve. With EDs, she will emphasize the importance of ED participation in the needs assessment. She will also indicate the desirability of having a note taker present for the interview.

4.4.2 Focus groups for EDs (DCCADV member agencies only), staff, volunteers, survivors and women with disabilities: Each member of our collaborative, including the DCCADV, will handle its own recruitment, following a checklist that the working group has

approved (see chart following.) Some agencies may use random sampling to select participants, however, most will offer open invitations to staff (and volunteers who serve as staff) in group settings (e.g., during full or unit staff meetings); they will then volunteer to participate. For survivors and women with disabilities, most of our partners will select invitees whom they feel are the most likely to participate and/or contribute meaningfully; their participation is voluntary. Some agencies will have the ED issue their invitations in person; others will have key, well-respected staff perform this task, also in person. In every instance, the person who issues the invitation will follow an approved script (to be submitted with the tools part of our needs assessment plan) and also inform people that a note taker and support person will accompany the group facilitator. Disability service provider agencies will make a special effort in recruitment to ensure that women with disabilities understand the invitation and have the opportunity to volunteer. The DCCADV will clarify for its EDs and staff from its member agencies that they are being invited to comment on the Coalition as a site of change and not on the agencies for which they work. We are recruiting survivors directly only within our DV/SA agency partners. Because of safety and confidentiality concerns, for survivors and women with disabilities the recruitment process will not involve printed invitations or handouts. We do anticipate using either print invitations or flyers to recruit DCCADV member agency staff.

As part of the recruitment process, each agency will collect or complete an RSVP form (see Attachment B) for each person who volunteers to participate. The RSVP form gathers the information the agency and the facilitation team will need to arrange for each focus group (and each alternative in-person interview) to be accessible.

Checklist for organizing focus groups:

1. Each focus group is limited to 8 participants. (*Exception is DCCADV focus groups, which will have up to 10 participants each to reflect the size of the Coalition's membership and give each member agency equal opportunity to participate.*)
2. All participants are volunteers.
3. All groups are single gender, and we have made every effort to insure that focus groups represent the diversity of our staff and/or the people whom we serve.
4. The location that we have arranged for each focus group is convenient, fully accessible and a place where every participant will feel safe. (We have checked with every volunteer in advance about his/her transportation and child care needs and have arranged to provide for them, as appropriate.)
5. We have in hand a completed RSVP form for each participant.
6. We have arranged for universal access for each group using the information participants provided on their RSVP forms. (We have arranged for alternative personal care assistance, as necessary.)
7. As appropriate, we have informed guardians about the focus groups.
8. We have informed participants in advance that no facilitation team member is an employee of our agency.
9. Every participant is aware that s/he will provide some very basic demographic information on site before the start of the focus group but nothing about his/her personal identity.
10. Every participant is aware that there will be both a note taker and a support person present

during the session. We have explained that no report that includes information from this focus group will attribute comments to any individual participant.

11. Every participant has been informed to schedule a maximum 120 minutes for the session, including check-in and time to eat.
12. We have arranged for snacks for all our focus groups.
13. Survivors and women with disabilities know they will receive the equivalent of \$30 for participating.
14. We have informed all participants that we will be asking them to keep private everything they say and hear in the focus group.

4.4.3 Alternative in-person interviews for staff, volunteers, survivors or women with disabilities: For the minimum 4 women with disabilities for whom we will be scheduling alternative in-person interviews, our disability service provider agencies will actively recruit women who require alternative communication strategies to participate in the needs assessment process. Most other participants in alternative in-person interviews are recruited “indirectly” because they indicate a willingness to volunteer for the needs assessment but do not want to take part in a focus group (see 4.1.3 above). Each agency will either schedule an appropriate time and place for a requested alternative in-person interview, following a checklist that the working group has approved (see chart following item 4.4.4), and complete an RSVP form (see Attachment B) for the person, or inform her/him that the agency has already reached its “interview cap” (see 4.3 above) and thank her/him for having been willing to volunteer.

Checklist for organizing alternative in-person interviews:

1. We have offered these sessions as an option for staff, volunteers, survivors and/or women with disabilities who want to be part of the needs assessment but have reservations about participating in a group. (*Because of logistical issues, we are not offering this option to staff of DCCADV member agencies.*)
2. Interviewees are volunteers.
3. We have a completed RSVP for in hand for each interviewee.
4. We have arranged a safe and accessible location for the interview, based on the individual’s RSVP form, and have arranged for transportation, as appropriate.
5. We have informed the facilitator of any other accommodations that the interviewee might need, based on the RSVP form.
6. As appropriate, we have informed guardians about the alternative interview.
7. Survivors or women with disabilities know they will receive the equivalent of \$30 for participating.
8. We have informed the interviewee that it is preferable for a note taker to be present in addition to the interviewer.
9. We have explained that no report that includes information from this interview will attribute comments to the individual interviewee.
10. The participant is aware that s/he will provide some very basic demographic information at the start of the interview but nothing about his/her personal identity.

11. The participant is expecting the interview to last about an hour.

4.4.4 Surveys: Data collection via online survey does not require direct recruitment. For the initial agency-wide staff/supervisor/manager survey, the introduction in the e-mail containing the survey link will explain the project, as it is explained in our focus group invitation script, and the survey's purpose. For Board member surveys, each ED will introduce the survey to board members in advance, either through written communication or an announcement at a board meeting. The PI will secure accurate e-mail address lists from each partner organization for both surveys. Then, using Key Survey, she will "recruit" respondents by sending the appropriate online survey, then tracking receipt of replies to send only one reminder to Board members who have not responded within three weeks of the initial e-mail date. Because of logistical feasibility issues (i.e. number and difficulty of managing receipts from multiple mailing lists), she will not send a reminder to recipients of the staff survey.

4.4.5 RSVP forms: (See Attachment B.) RSVP forms are a crucial component of the recruitment, invitation and access considerations processes. Each agency will use one form per respondent, including EDs, to indicate pertinent specifics about any accommodations or arrangements that a person might require to participate in a focus group or interview (e.g., alternative formats, interpreters, transportation or other needs). This includes whether someone uses a personal assistant and will require an alternate for the duration of a focus group or interview. Each agency will gather this information from each individual who volunteers to participate in a focus group or interview and use it to ensure that each focus group or interview is fully accessible. The agencies will also share it with the PD and PI, who will coordinate requests for special services among working group members in search of recommendations of the best, most economical providers (e.g., QT has recommended a high quality, reasonably priced ASL simultaneous interpretation provider that we will recommend).

4.4.6 Guardianship: In the District of Columbia, using guardians as alternative decision makers for adults with developmental disabilities or mental health issues has not been common practice. Anchor Mental Health reports that only two of the 600 people it supports have guardians. For women with developmental disabilities, we have no way of knowing in advance how many of the women JPKI and QT will be contacting have guardians.

The District's new guardianship law re-confirms that adult guardianship does not confer the right to control completely all aspects of a person's life. (Comparing adult guardianship to "parenting" small children commonly leads to this misunderstanding.) The DC law emphasizes the use of the "substituted judgment" standard: It directs the guardian to make the same decision that the person would make, if she could. It also means that, if the person can express her preferences, the guardian should use those preferences in decision making. In DC, most guardians are limited to making health care decisions when a person is incapacitated.

In recruiting women with developmental disabilities, JPKI and QT will speak directly with the woman first. Sometimes her limited or unique communication might require that they consult others (e.g., family members, support staff) to help them understand the person and her preferences. If they learn through this process that there is a guardian, they will follow QT's standard practice: As a courtesy, after the conversation they will let the guardian know that they have spoken with the woman to invite her to participate in a focus group (or alternative in-person interview). They will explain the purpose of this data gathering to the guardian using they same

language they used when explaining it to the woman. If the woman has volunteered to participate, they will enlist the guardian's support, e.g., to double check information on the RSVP form. All other steps of the recruitment process will be identical to those in 4.4.2 above.

4.4.7 Follow up prior to focus group or interview: Some agencies might elect to make reminder calls by phone to people who have volunteered to participate in interviews or focus groups, *but only if* the person has indicated on her RSVP form that follow-up by phone is possible from a safety perspective. If someone other than the volunteer picks up the phone on a follow-up call, the caller will identify herself by name but provide no other identifying information until the volunteer participant gets to the phone. If the volunteer participant is unavailable, the caller will not leave a message, but will instead indicate that she will call back another time.

4.4.8 Incentives and stipends: Also crucial to recruitment is informing each potential respondent about incentives for participation, which are the equivalent of \$30 as stipends for all survivors and women with disabilities; food and beverages for all focus group sessions; and assistance with transportation and child care, as appropriate. Participants will receive their gift cards as part of the check-in process preceding focus groups and alternative in-person interviews. They are not contingent on participation, i.e. if during check-in (see 4.6.6, following) a potential participant decides she will feel unsafe or uncomfortable in the group and opts to rescind her acceptance of our invitation at that point, she will still receive a stipend. We are aware that we cannot use OVW funds to pay for child care and, when necessary, will engage an organization that DCRCC has recommended that provides volunteer child care for nonprofit gatherings.

4.5 Consent Process: Our working group has decided not to require each participant to complete a formal consent form to participate in our needs assessment. Instead, a multi-step consent process is integral to each data collection method, as follows:

4.5.1 ED Interviews: The first step in the consent process is agreeing to participate in an interview in a telephone conversation with the PD. Review of the confidentiality statement at the start of the interview, then beginning the interview are the next steps in the process. EDs retain the right to discontinue the interview at any point before its completion.

4.5.2 Focus groups for EDs (of DCCADV member agencies only), and focus groups/alternative in-person interviews for staff, volunteers, survivors and women with disabilities: The first step in the consent process is oral agreement to volunteer, followed by completion of an RSVP form (with or without assistance). Arriving at the appointed location on the date and time of the focus group or interview, then completing the formal check-in process, which takes place immediately before either a focus group or interview begins (see 4.6.6, following) is the next step. The reiteration of the confidentiality statement at the start of each group or interview session is the final step in the consent process. Participants retain the right to opt out of either format at any time before completing a session. (There is no separate, formal check-in process for the ED focus group.)

4.5.3 Surveys: The sole step in the consent process for both the agency-wide staff surveys and surveys for members of agency boards of directors is returning a survey. The PI will send surveys once to the full list of recipients and a second time only to those board members who have not responded by the due date. The PI will send the staff survey only once. Not returning a completed survey indicates lack of consent to participate.

4.6 Safety Considerations: Respectful Needs Assessment Process

4.6.1 Purpose: We seek to implement a respectful needs assessment process to protect all of our participants and our partner agencies, create a good impression of the project and suggest that the changes the strategic plan and its implementation seek to encourage will be a positive experience for an organization, its staff and volunteers and the people they support. We recognize that participation in a needs assessment carries certain risks for individuals and organizations. In the process of developing our Collaboration Charter, all of our partner organizations agreed to assure that any information about partner agencies that is potentially negative will remain internal to the project. For individual participants, we reached a similar agreement that is the basis for our safety assurances: It is one of our Core Values that each survivor has a right to decide who knows her story. By extension, we are committed to making focus groups and interviews safe spaces for participants. We will not ask any participant for his/her personal story, and we will not ask about specific experiences with abuse, violence, substance use or mental health issues. We will respect and honor what our participants are saying, as well as their feelings of personal safety. We will be very careful with how we use the information that everyone involved shares with us. We equate these cautions with fostering each person's sense of personal safety.

4.6.2 General safety provisions: Project Peer recognizes that no amount of planning can eliminate every risk that the process might breach someone's confidentiality. We will make every effort to develop data collection tools and implement processes that respect confidentiality and foster feelings of personal safety among participants. Our tools will avoid asking questions that might prompt respondents to tell their survivor stories. Each of our partner agencies will select sites for interviews and focus groups where they can assure to the best of their ability that participants will feel safe. (The PD or PI will review these sites to double check their accessibility.) Each agency will make sure that its invitation and RSVP process respects confidentiality and promotes feelings of personal safety. Each participant will volunteer to serve. We will organize staff focus groups separately by gender and also make a reasonable effort to have the composition of all focus groups represent the diversity of the populations each agency employs and serves. (This might also help some people feel more safe.) Facilitators/interviewers will conduct all interviews and focus groups using scripts, which the working group has developed and agencies approved with promotion of personal safety as a key consideration. Only the PI will have access to tapes made during interviews or focus groups. She will transcribe or take notes from them, as necessary, and store them under lock and key in her office, subleased space that is not a location of public record. She will destroy them at the end of the grant period.

4.6.3 Risks: There are risks to confidentiality and privacy and, therefore, personal safety inherent in participating in any interview or focus group. Each individual is the only person who can assess the risk in this process for her or himself and make the final decision about volunteering to participate in either an interview or focus group. Project Peer will strongly encourage every volunteer participant to keep private the content of her/his interview or focus group discussions and the identities of the other people in a focus group. However, we cannot guarantee any group participant that the other members of a focus group will honor these requests and not breach confidentiality, either accidentally or intentionally. We will discuss these

risks during check-in and the group review of the confidentiality statement at the start of each focus group (see 4.6.6 following).

4.6.4 Organizational information: The needs assessment process culminates in a report that summarizes the analysis of the data. We expect it will have separate internal and public forms. (Each partner agency will receive a copy.) In the process of conducting the needs assessment, we are likely to learn not only about the strengths but also the weaknesses of all of our collaborating organizations. We will reveal specific information about specific organizational challenges only to members of the collaboration, staff of Vera Associates and OVW. We will not disseminate outside this group any information that is potentially sensitive or damaging to our reputations as service providers or advocates. Assuring confidentiality about our individual organizational challenges will promote trust and foster systems change within the collaboration.

4.6.5 Facilitation of data collection: A central feature of our plan to promote trust in the process and feelings of personal safety is the use of a Facilitation Team to implement our needs assessment. This involves from one to three members (depending on data collection method) who conduct each interview and focus group in a sensitive and respectful manner. The team includes potentially a facilitator/interviewer (all interviews and groups), a note taker (all groups plus interviews with the consent of the interviewee) and a support person (all focus groups with the exception of the ED group). There are no mandatory reporters on the facilitation teams for either focus groups or alternative in-person interviews.

- Facilitator/interviewer: She will manage each individual interview or group discussion following an approved script with prompts. She will gently encourage each participant to speak and sensitively keep the discussion on track. If someone begins to tell her personal story, she will gently redirect the conversation. In interviews, she serves as the primary support person, staying alert for any changes in the interviewee's demeanor that might indicate personal distress. She will be prepared to stop or refocus the interview to insure the interviewee's feelings of personal safety. She will offer safety planning as appropriate. Should someone indicate in an interview that she or someone she knows is in imminent danger, the interviewer will explore with that person how they should proceed, including encouraging that person to report the issue, as appropriate.
- Note taker: Although we hope to tape record every session, the note taker serves to (a) relieve the facilitator/interviewer of potential note taking responsibilities by providing a back up to the tape recorder should an interviewee indicate that s/he prefers that a session not be recorded, (b) ensure that we have captured valuable information should a tape recorder fail and (c) add the dimension of recording observations about body language and changes in atmosphere in the room over the course of the interview/focus group. While she might capture direct quotes in her notes, she does not attribute comments to particular speakers, as a way to keep people's identities confidential. In interviews, the note taker is also a back up who can silently signal the interviewer re a need to intervene should she pick up clues of personal distress from an interviewee. In focus groups, she is a back up to the support person, similarly signaling her silently should she pick up clues of personal discomfort from any participant.
- Support person: To promote safety proactively, the support person is responsible for intervening should a participant in a focus group process experience discomfort, become

distressed or otherwise feel unsafe or indicate that she or someone she knows is in imminent danger. When this happens, the support person moves with the person in distress to a more private space to assist with resolving whatever issues have arisen. If the support person learns that someone is under immediate threat from a perpetrator or requires survivor supports, she will offer to assist in connecting her with an appropriate anti-DV/SA resource.

Each facilitation team member is a member of the project's working group or, as an alternative, a highly qualified staff person, which one of our partner agencies has selected because, although not a direct support staff person, she is someone whom survivors or women with disabilities generally respect and trust, and she has additional training and/or extensive experience working with victims of trauma. The working group approves the composition of each planned facilitation team. No facilitation team member for a focus group or alternative in-person interview (exception is the ED focus group) is a mandatory reporter and, typically, no facilitation team member works at the home agency of the interviewee or focus group member. (The working group has agreed that the one exception to this provision might be for focus groups and alternative in-person interviews for women with disabilities, who might feel more comfortable seeing a familiar face on the facilitation team.)

Before we begin data collection, working group members who are trained SA and DV advocates will hold a formal training session to prepare facilitation team members who have experience with trauma response but do not have formal training to respond effectively to survivors' issues of personal safety and discomfort that might arise during an interview or focus group. Their focus will be to offer immediate response and problem solving, while facilitating a referral to a SA or DV provider who can meet their needs. (Another option, which we are still exploring, for survivor and staff groups will be to use volunteer advocates that have completed DCCADV's 40-hour training for advocates but who are not mandatory reporters.) Although we hope to develop safe needs assessment tools, a concomitant goal is to be prepared for every eventuality in our efforts to respect and support the people who volunteer to participate in the needs assessment.

4.6.6 *Safe and respectful implementation:* Because data collection audiences will include identified (and, potentially, unidentified) survivors, we understand that it is important to create an environment for interviews and focus groups that alleviates the potential for any participant to feel as if s/he should reveal her story or feel at risk, threatened or otherwise unsafe. The basic ingredients of our safety plan are spelled out throughout this section (4.6) of this document but especially in the roles of facilitation team members (4.6.5, immediately above) and in this section, as follows:

- ***ED Interviews:*** In this format, the facilitation team is an interviewer and a note taker. The facilitator/interviewer begins each interview by reiterating the needs assessment's goals and reviewing and confirming our confidentiality statement. She ends the interview by very briefly summarizing the session and giving the interviewee the opportunity to ask pertinent questions. As noted above, during the interview both the interviewer and note taker are alert for visual or verbal cues that might indicate personal distress and a reason to stop or refocus the interview to insure the interviewee's feelings of personal safety.
- ***Focus groups:*** Every focus group (with the exception of that for EDs) has a full three-person facilitation team. Two days before each focus group is held, the facilitator reviews group

RSVP forms with the inviting organization to be sure that they have provided for all accessibility needs. She then briefs team members on the group's accessibility issues via e-mail.

- Each focus group begins with a formal check-in process for which each facilitation team member shares responsibility. When a participant arrives, the first team member available at the time will spend about 5 minutes with that person, checking whether s/he needs assistance to complete the very brief demographic survey and asking a short series of questions (working from an approved script) that reiterates the nature of the project, summarizes our expectations for the focus group session and reviews the confidentiality statement -- all to assure that the participant is comfortable with the focus group, its purpose and our privacy provisions. Group participants drop their completed demographic surveys in the box provided for this purpose (to assure anonymity) and pick up a copy of the focus group questions to read through before the session starts. (For people who need assistance completing the survey, the assisting facilitation team member will also briefly read through the focus group questions before completing check-in.) At the end of the check-in process for focus groups for survivors and women with disabilities, each volunteer will receive her stipend.
- Once volunteers have reiterated their interest in participating and drawn together as a group, the facilitator reads through the confidentiality statement once more before starting the session. She also takes this time to explain the roles of each member of the facilitation team and the note taking process, specifically to clarify that, although the note taker might write down direct quotes, she will protect speakers' identities by not writing down their names in her notes. During the session, the facilitator gently encourages everyone in the group to participate in the discussion and keeps the conversation on topic. Throughout, having the support person present enables us to respond to individual safety concerns in as private, unobtrusive and confidential a way as possible and still continue with the focus group. The individualized check-in process will take about 20 minutes. Focus groups will last about 60 minutes. The final 10 minutes of each session will be for wrap up and a question-and-answer period. Anyone who arrives after the focus group has begun will receive a stipend but be turned away. The support person will handle any interruptions like this, if they arise.
- The ED focus group operates as similarly as possible to the parallel ED interviews with the exception that snacks will be available. It has a two person facilitation team. There is no formal, separate check-in process with each ED. It begins with an iteration of the ED confidentiality statement. Anyone who arrives after the start of the focus group will be thanked for their intent to participate but turned away.
- Alternative in-person interviews: The facilitation team will make every effort to manage these interviews, which are an option for staff, volunteers, survivors and women with disabilities, in approximately the same manner as the parallel focus group. Interviewees will complete the demographic surveys (with assistance if necessary, as described above) and check-in process, benefit from the same explanations about facilitation team roles (if they have elected to have the note taker present), and answer the same questions as the appropriate focus group. In these interviews, the facilitator serves as the support person; she watches for signs of personal distress and responds as necessary. (The inviting agency will have encouraged interviewees to accept a two-person facilitation team. Although we recognize the

convenience for the project of having a note taker participate in each alternative in-person interview, her presence is a personal choice that the interviewee makes based on feelings of personal safety. If the interviewee elects to have only the interviewer/facilitator present and prefers not to be taped, the interviewer will take notes during the interview, then type them up immediately afterward to avoid losing valuable data.)

- Surveys: The survey instrument for agency-wide direct support staff and their managers begins with an introduction to the project and the needs assessment that mirrors that offered in focus group invitations and the project's basic confidentiality statement. The survey for Board members begins with a reiteration of the ED's earlier introduction to the needs assessment and the confidentiality statement. The survey format does not involve facilitation. It cannot provide for individualized, supportive responses to safety concerns, however, the online format for both will offer respondents the opportunity to stop and submit the survey at any point during the online process. The PI will send only one reminder survey to Board members who have not responded to the first mailing, three weeks after the date when initially sent. There will be no reminder for direct support staff and their managers.

4.7 Access Considerations: An emphasis on accessibility and accommodations in all their aspects is one of the Core Values of our collaboration and central to this needs assessment process and its safety considerations. That we willingly provide for accommodations might also help some participants feel more respected and safe. Our access plans include the following provisions:

- We will hold all focus groups in convenient, fully accessible locations.
- We recognize that women with developmental disabilities or mental health issues typically share having had limited access to educational opportunities. Therefore, we will make every effort to use simple, easy-to-understand language and will be prepared to assist with reading any pertinent project documentation to needs assessment participants.
- We will use the information people provide on their RSVP forms, when they volunteer to participate in a focus group or alternative in-person interview, to identify and resolve all other access issues on a case-by-case basis. This includes not only identifying when we might need to have interpreters or alternatives to print documents available, but also when we will need to provide the means of transportation or arrange for child care to enable people to participate in our focus groups or interviews.

These access accommodations will also help participants feel respected and safe.

5.0 Confidentiality:

For the needs assessment process, our collaboration is developing a series of scripts that will include a Confidentiality Statement specific to each audience. General provisions for confidentiality appear above throughout Section 4.0, Methods, and they are highlighted in Section 4.6, Safety Considerations. They include the following:

- Any information about partner agencies that we glean through the needs assessment that is potentially negative will remain internal to the project (includes staff of Vera Associates and OVW).

- No Facilitation Team member for a focus group or alternative in-person interview is a mandatory reporter.
- We will be very careful about how we use the information that needs assessment participants share with us. The note taker will protect speakers' identities by not attributing quotations to any specific speaker in her notes, only to a general demographic (e.g., "staff", "an ED").
- Following any data gathering session, only the PI will have access to tape recordings and written notes. When they are not in her use, she will store them under lock and key in her office, and she will destroy them at the end of the grant period.
- We will strongly encourage participants to keep private the content of their interviews or focus group discussions (and for focus groups also the identity of the other participants).

6.0 Work Plan: (See Attachment C)

|

Attachment A

Needs Assessment: Planned Sessions

11/14/08

Agency	Interviews: ED/Sr. Officer	Focus Groups: Staff/Volunteers	Focus Groups: Women w/ Disabilities	Focus Groups: Survivors	Surveys:
Anchor Mental Health	1* + 1 COO @ ^CC	1 x 8 M 1 x 8 F	1 x 8 MH (see also The Roc)	n/a	24 ^CC Board all line staff/mgrs
DC Rape Crisis Center	1	1 x 8 staff 1 x 8 vols	n/a	1 x 8	7 board members all line staff/mgrs
DC Coalition against DV	1 Coal. ED 1 x 10 focus grp	1 x 8 Coal. staff 2 x 10 mixed agencies	n/a	n/a	10 board members all Coalition staff
Kennedy Institute	1 (+ COO @ ^CC)	1 x 8 M 1 x 8 F	1 x 8 DD + 2 to 4 interviews DD	n/a	13 Advisory Bd. (+ ^CC Board) all line staff/mgrs
Project ACTION! #	n/a	1 advisor interview	see QT	n/a	9
Quality Trust	1	2 M interviews 1 x 8 F	1 x 8 DD + 2 to 4 interviews DD	n/a	12 (= 13-1 PI) all line staff/mgrs
Ramona's Way	1*	1 x 3 to 6 mixed	n/a	1 x 8	4 (= 5-1 ED) all line staff
The Roc	n/a	1 x 8 vols	(same as vols, MH)	n/a	n/a

* Participates in working group.

| ^ CC = Catholic Charities (AMH and JPKE are agencies of Catholic Charities)

| # Most of the members of the Boards of Project ACTION! do not read; we will need to administer the majority of these surveys in person.

Attachment B
Focus Group/Interview RSVP Form

Please complete this form to attend a focus group or have an interview. Please let us know how we can make the session accessible for you. (Focus groups and interviews are held in physically accessible locations/rooms.)

All the information you provide here is confidential.

Name: _____ Gender: F M

Group representing: _____

Please check all of the following that apply:

____ I am participating in a focus group on _____
OR (date/time)

____ I am participating in an interview on _____
(date/time)

____ You can follow up with me by phone. If yes, _____
(phone number)

To attend, I need the following accommodations:

____ Transportation

Please specify one of the following: _____ Van
____ Metro card
____ Bus token

____ Child care (Number of children and ages: _____)

____ American Sign Language (ASL) interpreter

____ Other language interpreter (Please specify language: _____)

____ Alternate format for print materials

____ I need someone to read to me

____ Braille

____ Large print

____ Other (Please specify format: _____)

____ Alternate Personal Care Attendant

____ Dietary concerns/food allergies (for snacks)

Please specify: _____

____ Other accommodation needs?

Please specify: _____

Attachment C

Gantt Chart: Needs Assessment Phase Only (excerpted from full Project Gantt Chart)

Goals and Activities	Month →											
	FY '08 1 st Qtr	2 nd Qtr	3 rd Qtr	Jl	Au	S	FY '09 O	N	D	J	F	M
6.0 To develop and earn Vera/OVW approval of a needs assessment plan* and tools. Implement the assessment and reports its results. (*strengths and weaknesses portion of the strategic plan).					X	X	X	X	X	X	X	
6.1 Identify focus/areas of interest to shape needs assessment. Submit to Vera/OVW.					X							
6.2 Develop and submit draft needs assessment proposal drafts and final to Vera/OVW.						X	X	X	X			
6.3 Develop assessment tools and submit drafts and final to Vera/OVW								X	X			
6.4 Conduct interviews and surveys										X		
6.5 Conduct focus groups and alternative in-person interviews										X	X	
6.6 Analyze data.										X	X	
6.7 Draft and submit Needs Assessment Report (findings) drafts and final to OVW/Vera.										X	X	

Attachment D
DRAFT Needs Assessment Tool

Survey for Managers and Staff

The Lt. Joseph P. Kennedy Institute [adapt for each agency] has been involved for the past year in the planning phase of a major collaboration – **Project Peer** – that is focused on *improving a group of agencies’ supports and services for women with developmental disabilities and women with mental health issues who are survivors of violence and abuse*. Our other project partners are: [adapt] Anchor Mental Health, DC Coalition against Domestic Violence, DC Rape Crisis Center, Project ACTION, Quality Trust for Individuals with Disabilities, Ramona’s Way and The ROC (Resource Opportunity Center).

This collaborative has developed a vision, mission statement and set of core values to guide our work. The beliefs contained in these three statements are central to the changes each of our agencies will be trying to make through this project. We would like to know your reaction to the content of these statements.

Part One:

Instructions: Please take a few minutes to review each of the following brief statements about the project’s values. From your own perspective, please indicate how much you believe each value is integrated into *your organization’s* culture.

1. The collaborative believes that people with disabilities who experience violence or abuse (“survivors”) deserve to have *access to high quality, seamless supports that are person-centered and responsive to each person’s needs*. In my organization, this view of supports and services is _____
 - FULLY integrated into my organization’s culture
 - PARTIALLY integrated into my organization’s culture
 - NOT integrated into my organization’s culture
 - Unknown

2. Through this project, each participating agency agrees to *increase the physical and emotional safety of the people it supports by learning from them and prioritizing their needs*. In my organization, this focus on physical and emotional safety is _____
 - FULLY integrated into my organization’s culture
 - PARTIALLY integrated into my organization’s culture
 - NOT integrated into my organization’s culture
 - Unknown

3. Each participating agency has also agreed that creating partnerships among the participating agencies will help us share our strengths and *build permanent practices that help us identify people with disabilities who have experienced violence or abuse (“survivors”) and meet*

their needs. In my organization, the practice of identifying survivors and meeting their needs is _____

- FULLY** integrated into my organization's culture
- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

4. Our collaborative believes that **accessibility** is crucial. We should think foremost about how to remove physical, environmental, attitudinal and other barriers to encourage the widest possible participation. We do this by making accommodations – modifications to a program, work environment, job description, policies and communication – to make it easier for a person with a disability to participate in the same way that other people do. *In my organization, the value of accessibility is _____*

- FULLY** integrated into my organization's culture
- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

5. Our collaborative believes that each of us is **accountable** to ourselves and each other for our commitment to serving people with disabilities who have experienced violence or abuse (“survivors”). *In my organization, the value of accountability is _____*

- FULLY** integrated into my organization's culture
- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

6. Our collaborative believes that **advocacy** is central to our success. Together, we raise survivors' voices against oppression in all its forms, especially for survivors who have been silenced because of their race, gender, ethnicity, socio-economic status, disability, immigration status, faith and/or sexual and gender identity. *In my organization, the value of advocacy is _____*

- FULLY** integrated into my organization's culture
- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

7. The collaborative recognizes the value of **confidentiality**. This means that each survivor has the right to decide who knows her story. *In my organization, the value of confidentiality is _____*

- FULLY** integrated into my organization's culture

- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

8. Our collaborative always puts ***People First***. For us, this means that the voices and experiences of survivors with disabilities are at the center of our work. They are not our clients or consumers; they are the experts. *In my organization*, the value of People First is _____

- FULLY** integrated into my organization's culture
- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

9. Our collaborative believes that everyone deserves to be treated with ***dignity and respect***. We value everyone we support, ourselves and each other. We show understanding and appreciation for our similarities and differences. We treat each other as we want to be treated. We honor the decisions of all survivors. *In my organization*, the value of dignity and respect is _____

- FULLY** integrated into my organization's culture
- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

10. Our collaborative embraces the concept of ***self-agency***. For us, this means that the people we support make decisions, act on them and take responsibility for their own actions. *In my organization*, the value of self-agency is _____

- FULLY** integrated into my organization's culture
- PARTIALLY** integrated into my organization's culture
- NOT** integrated into my organization's culture
- Unknown

Part Two:

Instructions: Please tell us a little bit about your work by rating the following:

11. My organization has prepared me to support people with developmental disabilities.

- FULLY** prepared
- PARTIALLY** prepared
- NOT** prepared
- Unknown

12. My organization has prepared me to support people with mental health issues.

- FULLY** prepared
- PARTIALLY** prepared
- NOT** prepared
- Unknown

13. My organization has prepared me to support survivors of domestic violence or sexual abuse.

- FULLY** prepared
- PARTIALLY** prepared
- NOT** prepared
- Unknown

14. How often are you contacted by or asked to support people who have experienced one or more of the following?

a	Domestic Violence	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
b	Abuse by Caregiver	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
c	Sexual Assault	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
d	Abuse in an Institution	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
e	Hate Crimes	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
f	Robbery	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
g	Assault	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
h	Financial Exploitation	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
i	Emotional Abuse	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
j	Other: _____	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never

15. How often are you contacted by or asked to support people with the following types of disabilities:

a	Mental Health Disability (i.e. depression, anxiety)	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
b	Developmental Disability (i.e. Down Syndrome, cerebral palsy)	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
c	Physical Disability (i.e. spinal cord injury, amputation, fibromyalgia)	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
d	Sensory Disability (i.e. Deaf/hard of hearing, blindness/low vision)	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
e	Multiple Disabilities	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never
f	Other: _____	<input type="checkbox"/> Very often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/Never

Thanks very much for completing our survey!