



Project SOAR is a collaboration of Black Hawk  
Grundy Mental Health Center, Inc. and Seeds Of Hope

## Project SOAR - Needs Assessment

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## Needs Assessment Plan

### Introduction

Seeds of Hope and Black Hawk Grundy Mental Health Center Inc. saw a need to improve services for victims of domestic violence and sexual assault who have mental health problems. Our two agencies decided to collaborate on a grant together to combine our knowledge and resources in order to enhance and expand our working relationship to provide more trauma informed care. Therefore we formed Project SOAR “Helping the people we serve soar to new heights with the combined changes and work of this project.”

Project SOAR was formed under a grant that began in October 2009 as part of the United States Department of Justice, Office on Violence Against Women (OVW) Education, Training and Enhanced Services to End Violence Against the Abuse of Women with Disabilities Grant; otherwise known as the Disability Grant. OVW established this grant program as an initiative to build relationships, fill gaps and have safer accessible service delivery system for survivors with mental health problems. Project SOAR has two different groups; one is the “full collaboration team” which consists of Executive Directors from each agency and the core collaborative team members. The “core collaborative team” is made up of the project coordinator and a staff representative from each agency. Our current collaboration has a lot of trust amongst our members. Our strong relationship will aid us through the needs assessment and the strategic planning.

This particular document contains our needs assessment plan, which is the second stage in the planning and development phase of the Disability Grant. Included is a description of our agencies, our mission and vision along with our definition for Trauma Informed Care, which is a focus for our two agencies. You will find Project SOAR’s plans for gathering information to help guide us forward in our work together. We will have focus groups and interviews with staff and people the two agencies serve to get

their feedback on where the gaps in service are. You will also find the details of how we plan to gather information such as who we have hired as a facilitator, confidentiality, the scripts we will use, and the questions we will ask.

Seeds of Hope and Black Hawk Grundy Mental Health Center Inc. is committed to improving existing services and bring about changes in our organizations to better serve survivors with mental health problems. Currently our organizations may not be fully prepared to meet the needs of survivors with mental health problems. Therefore this needs assessment will help us identify how to make our services safer, more accessible, responsive and delivered by a trauma informed staff. Below is a short description of the two agencies.

#### **Seeds of Hope (SOH)-**

<http://seedsofhopeiowa.com>

Seeds of Hope, the fiscal agent, provides quality education and comprehensive services concerning domestic violence, sexual assault, harassment and stalking. Services include a 24 hour crisis line, individual advocacy, support groups, assistance in no-contact orders, 911 phones, lock exchange program, child advocacy, counseling, court advocacy, medical advocacy, transportation to find apartments and jobs. In FY 2010 Seeds of Hope served 707 individuals and provided 426 educational presentations in schools. Over 7523 people received agency trainings and presentations to public groups. Seeds of Hope serves three counties Grundy, Hardin and Black Hawk, with a staff of 13.

The primary focus for Seeds of Hope has been to reach out to other agencies and collaborate to provide services within their agency. SOH does not have a shelter and funds are being cut every year so focusing on outreach and collaborating with other agencies such as shelters in the counties served, allows them to provide many other services to more people. Each advocate has a specialized area to provide outreach, for example the substance abuse advocate does weekly groups at two substance abuse

agencies as well as the women's half way house for substance abuse.

**Black Hawk-Grundy Mental Health Center, Inc. (BHGMMC)-**

<http://www.bhgmhc.com>

Black Hawk-Grundy Mental Health Center, Inc. is a non-profit organization that has provided an array of community based mental health services and programs to residents of Black Hawk County since 1950 and Grundy County since 1964. Over the past sixty years, BHGMHC has served over 47,000 individuals and families with an active caseload of approximately 4,500 individuals. BHGMHC has 70 employees dedicated to improving the lives of the people served by providing quality and innovative mental health care. To better serve the community BHGMHC has several services such as consultation, outpatient therapy, education on mental health diagnosis, professional training services, school based programs, emergency services, patient assistance programs, triage nursing, and prolixin-haldol injection clinic. BHGMHC also has a Mental Health Recovery Drop in Center with peer support, a homeless program and outreach services. BHGMHC has collaborated with other services in the community and is excited to be working with Seeds of Hope on this collaboration.

Below is our collaboration's Mission, Vision and definition for trauma informed care for which we would like to focus our work:

**Our MISSION:**

Project SOAR is committed to ensuring safe, accessible and trauma informed services to people with mental health problems that are impacted by the trauma of domestic violence/sexual assault by addressing gaps and barriers in our existing services. We will do this by improving the knowledge and skills of our staff, enhancing policies and procedures, and building relationships between our organizations. We are dedicated to cultivating a team approach and changing the prevailing culture of our agencies and our community of Black Hawk County, Ia.

## **Our VISION:**

People with mental health problems who are impacted by the trauma of domestic and/or sexual violence (survivors) in Black Hawk County, Iowa will experience a safe and accessible service delivery system. Services will be provided through a team approach by knowledgeable, compassionate advocates who are equipped and committed to provide survivors with a range of options to empower them to live their best life.

**Trauma Informed Care-** Trauma informed care is care that addresses individuals' history of physical, sexual abuse, and other types of traumatic experiences that can lead to the need for mental health services. We will provide trauma informed care in a collaborative, supportive, and skill based service delivery system for individuals by taking steps to address every part of our organization, from Boards to management and throughout all levels of care. Trauma Informed Care engages people to recognize their trauma and realize the role it has and will play in their lives.

## **Goals**

Project SOAR is committed to improving and creating safe accessible services to survivors with mental health problems. We are excited to embrace new approaches in trauma informed services and systems change. Keeping this in mind Project SOAR has developed certain goals for our approach to this needs assessment. We have identified 5 overarching areas in which our goals fall under; knowledge/skills, culture/attitudes, policies/procedures, inter-agency relationships, and safety/accessibility. Therefore the following goals for this needs assessment phase of Project SOAR are as follows:

### **Knowledge/Awareness/Skills**

Identify the different ways which BHGMHC staff effectively serve people who have survived the trauma of domestic violence and/sexual assault and how SOH staff serve people with mental health problems. Identify current knowledge, awareness, or skills as well as areas for improvement within the different levels of our agencies to effectively serve at the intersection of survivors with mental health problems.

### **Culture/Responsiveness**

Identify the agency culture and staff's responsiveness to people with mental health problems and people surviving the trauma of domestic violence and/or sexual assault.

### **Policy/Procedure**

Identify the needed improvements in the current agency policies and procedures to improve the quality of services for survivors of trauma with mental health problems.

### **Inter-agency relationships**

Identify the strengths and barriers to the relationships between our collaborative agencies. As well as determine what will promote a strong and effective working relationship between BHGMHC and SOH.

### **Accessibility/Safety**

Identify the aspects of SOH and BHGMHC agency's environment that create or hinder a safe, accessible and non-stigmatizing services experienced by survivors of domestic/sexual violence and people with mental health problems.

### **Information Sources**

#### **Existing Information:**

In Black Hawk County we do not have local research information about the intersection of victimization from domestic/sexual violence and people with mental health problems. However, the collaborating agencies have interacted in common cases in the past. We will rely solely on the findings of this needs assessment to inform organizational changes at our agencies.

However, we know that Black Hawk county has a total population of 129,276 according to the 2009 census. The National Institute of Mental Health data states 26.2% of adults have a mental disorder which is 26,553 adults and 6% have serious mental health



problems which is 6,127; population in Black Hawk county. One study suggests 64% of women receiving psychiatric treatment had a lifetime history of physical and/or sexual abuse (Surrey et al, 1990). Iowa Census says 52% of the population are women, therefore our estimates show this would equate to 13,807 of the population in Black Hawk County of women with a mental health disorder; 3,186 of those with a serious mental health problems. Therefore our estimates show there is a great need in our community for assisting the people with mental health disorder/illness who experience abuse.

### **New Information:**

This needs assessment will assist us in finding gaps and barriers in service delivery. This will help us to find new insight into how to improve policies, procedures and our current service delivery system. Project SOAR will gather new information from our agencies and the people we serve through focus groups and interviews. The project collaborators will pay close attention to confidentiality and mandated reported requirements of the state of Iowa. The information collected will be analyzed and help us answer questions in regards to gaps in the collaborative's ability to increase their collective capacity to serve survivors with mental health problems. This can lead to the implementation of sustainable changes in our organizations in order to provide more responsive, accessible, and safer services for survivors with mental health problems.

## **Overview of Methods**

### **Purpose**

The purpose of the needs assessment phase is to enable us to explore and gather information which will help us improve service to survivors of domestic/sexual violence with mental health problems. We will conduct focus groups and individual interviews to help us gather information. As a result the needs assessment findings will help us develop initiatives that will be incorporated into our strategic plan. The plan will be utilized in implementing organizational change in both agencies.

## **Facilitation**

The purpose of conducting focus groups and individual interviews is to obtain information that will help to develop the initiatives for sustainable change in our strategic plan. These will be offered at SOH and BHGMHC agencies for their respective clients and staff. Focus groups will be conducted for approximately 1 1/2 hours by the facilitation team. Interviews will be approximately 1 hour. The collaboration will hire an outside facilitator for this process. This will give an unbiased view of the questions asked and the information gathered during the focus groups and interviews. That facilitator and the collaboration will choose people with the appropriate experience to assist with note taking and observing.

The collaboration will have several meetings/trainings to assist the facilitation team to become knowledgeable and oriented of the expectations and mindset of the collaboration. The facilitation team (facilitator, recorder, observer, and advocate) will also give feedback to the collaboration about the questions and scripts in order to have a seamless approach to the focus groups and interviews. Debriefing will be done after each focus group or interview using a form prepared by the collaboration to discuss and document relevant themes and important quotes.

## **Facilitator**

After much discussion our collaboration has decided that the facilitator will be hired from outside of the two agencies in order to have a neutral party without bias. The facilitator we decided to hire is a PHD from the University of Northern Iowa who has experience with program evaluations and focus groups. He has partnered with Seeds of Hope in the past and we decided that he would be a good fit. He has knowledge in the domestic violence, sexual assault and family services field. He is not a mandatory reporter so all groups and interviews will be kept completely confidential.

We are planning on involving him in our final discussions about the questions so that we

have things set up to what is conformable with him. We will train him with the materials that we produce and inform him of the importance of following the script that we have written. We will explain to him our thinking behind the questions and why they are worded in this specific way. Since he has been a facilitator before we will utilize his expertise with finalizing how we will run the focus groups.

This facilitator will explain consent, ask the questions relevant to the needs assessment, prompt the group for more information when necessary and keep the group on task. It is this facilitator's duty to hand out the \$20 gift card from Wal-mart at the beginning of the focus group to the people served from each of these two agencies. As well as be involved in the debriefing after each group. This facilitator will also perform all the individual interviews.

### **Observer**

The observer will be an AmeriCorps Volunteer or a student at a nearby University in the Masters of Social Work program hired by Project SOAR to assist the facilitator for the focus groups. The person chosen will not be a mandatory reporter. The observer will assist the facilitator to watch for someone who needs assistance, be a secondary note taker on a flip chart at the front of the room, or assist the facilitator in room set up, re-framing questions, etc. The flip chart notes will be a guide to the participants as to what themes people discuss when answering the facilitator's questions.

### **Recorder (note taker)**

The recorder will be a person from the core group collaboration or someone hired with the facilitator. The recorder chosen also will not be a mandatory reporter. This person will take notes on a computer in general themes and specific quotes without identifiers by the participants. They will also ask for clarification when needed. In order to ensure confidentiality, all notes will be saved on a flash drive and given to the project coordinator to lock up in the designated file cabinet immediately after the group. (for more information on the notes also see page 34-35)

## **Advocate**

Project SOAR understands that participants from the people served focus groups may become emotionally triggered by some topics. Although every measure will be taken to avoid re-traumatization we cannot predict every outcome. To ensure a proper response in case someone becomes upset there will be an advocate who is a member of our collaboration, to listen and support the person emotionally. This person also will not be a mandatory reporter. The advocate will only be available during “people served” focus groups and individual interviews. The advocate will be located in a safe room near the focus group room. The advocate will not ask the person’s name or create any agency file in order to uphold Project SOAR’s confidentiality standards. The Advocate will only ask how she can help or support the person and provide referrals which the collaboration team has prepared. (see page 79-80)

## **Room preparation**

Members on the collaboration and the project coordinator will setup the room for the focus groups and prepare the snacks. These members will also prepare the room for any accessibility needs.

## **Post Focus Group Debriefing**

Project SOAR has developed a debriefing form (see page 81-83) to help the facilitator, observer and note taker determine general themes or thoughts from each focus group. This will help the collaboration during the data collection and reviewing the notes from these groups to determine general themes. The debriefing form will also assist us in any changes we need to make as along the way with how the groups are run or how we frame the questions. These forms will be given to the project coordinator directly after each group.

## **Weekly Debriefing**

Once a week, members of the core collaboration team will meet to process the notes

from the focus groups and interviews as well as discuss topics, trends, and initial feedback. The facilitator may be invited to these weekly meetings if further clarification is needed. This will help the core group engage in a continual process of data gathering and analysis. We hope this will allow us the ability to more easily develop our assessment report and strategic plan.

### **Focus Groups-**

Project SOAR will conduct separate focus groups for survivors of domestic and sexual violence, individuals with mental health problems, and direct service staff at both agencies in order to gain a broad understanding of these complex issues. Our ultimate goal is to equip ourselves with information which will help improve services for survivors with mental health problems.

Through these focus groups Project SOAR has the goal of obtaining information about:

- improvements needed to provide more safe, accessible, responsive and trauma informed organizations when providing service to survivors with mental health problems;
- which policies and procedures could be created or enhanced when providing services to survivors with mental health problems;
- staff's knowledge of current policies and procedures of their agency regarding services to survivors with mental health problems;
- strengths and limitations of training staff to effectively assist survivors with mental health problems;
- how to make changes in the agency;

- elements that can enhance our two agencies' relationships in collaborating together.

## **Audience**

Project SOAR will be seeking input from survivors of domestic and sexual violence, individuals with mental health problems and direct service staff at both organizations. We believe that each of these audiences can help us learn how services are safe and accessible, and what gaps there are in current services.

Our two agencies are of different shape and size. As stated above BHGMHC has approximately 70 employees and SOH has approximately 15 employees. Despite the size differences BHGMHC and SOH will still implement changes agency wide.

Another consideration is that domestic violence and sexual assault survivor's will be in separate groups however we will be asking them the same questions. We also will be asking the same general questions for people with mental health problems and chronic mental illness. Project Soar believes that the groups will have different specific answers but we feel the questions address both groups appropriately.

Below are the different audiences we plan to engage for this assessment;

**Individuals with generalized mental health problems** will be able to give us information about their experiences of direct services related to mental health problems. These are individuals who experience generalized mental health problems but are still able to function in the community without assistance. They most likely are able to hold a part time or full time job. They may or may not have been hospitalized for treatment. They may be able to give us feedback on how accessible and responsive agencies in our

community are to their needs.

**Individuals with chronic mental illness** may have a different experience than those with other mental health problems when accessing services. They have a more difficult time socializing and receiving help from family, friends or community service. They may be able to give us feedback based on their unique experiences about how responsive organizations are to their needs.

The guidelines below assist BHGMHC to determine who would be considered someone with a chronic mental health problems. Since the recruiters from BHGMHC will be recruiting from their own caseloads, they will be able to determine in which focus group a person belongs. If they do not fit in to the chronically mentally ill group then they can be recruited for the generalized mental health problems focus groups.

#### Requirements for Chronic Mental Illness

“Persons with a chronic mental illness” means persons aged 18 and over with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as person relation, living arrangements or employment. Persons with chronic mental illness meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime.
2. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these people typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

- are unemployed, or employed in a sheltered setting, or have markedly limited skill and a poor work history
- require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help
- show severe inability to establish or maintain a personal social support system
- require help in basic living skills
- exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system.

**Survivors of domestic violence** are essential to the needs assessment process as people who receive direct services to gain support for domestic violence. They have knowledge as to which services are beneficial and which ones are not specifically as a domestic violence survivor. Their experiences and feedback will provide us with important information about how to help make our current service delivery system safer, more trauma informed, better able to address present safety concerns, and more responsive to their current living needs.

**Survivors of sexual violence** are essential to the needs assessment process as people who receive services for the trauma through which they lived. Their unique experience and feedback will provide us with information about how the current service delivery system in our community can be safer, trauma informed and more responsive to their needs specifically as a sexual assault survivor.

**Direct Service Staff** can identify strengths and weaknesses within our agencies' current service delivery systems. They will have a sense of the daily operations of each agency, as well as the daily needs of the clientele. Their professional experience and knowledge of individuals with whom they work can help guide our strategic plan. They will also be part of the agency when implementation occurs so they will have buy in to the changes since they were part of the process. These staff will include advocates, outreach workers, counselors, peer support workers, intake worker, and doctors.



## Numbers

Project SOAR will conduct focus groups with staff of all levels and people served at SOH and BHGMHC. Project SOAR along with the hired facilitator decided that 6 - 10 participants in a focus group was an adequate number in order to maintain order in a group setting. You will see in the chart below that there is a smaller number for the sexual assault(SA) group and the advocate group at SOH. We will have only one sexual violence group, it is predicted to be a smaller group as staff at SOH tell us that would be a lower number to recruit from than persons suffering from domestic violence. Therefore we felt it would be more likely to have a one group for sexual violence survivors and two domestic violence groups.

The number of advocates at SOH is a smaller group as well. Minus the 2 staff involved in this collaboration, SOH has 7 advocates and 3 supervisors, and 2 administrative staff (Executive Director and Fiscal Director). Therefore we will have 5 to 7 advocates in our SOH staff focus group. However we do plan to interview the supervisors and administration in individual interviews. Therefore each group will range from 6 to 8 people with the total projected to be 23 to 31 individuals at SOH.

We will conduct 6 separate focus groups for an overall representation of staff and people served at BHGMHC. There will be 3 separate focus groups for a representation of people with mental health problems. One group will be people with chronic mental illness which is expected to be a smaller group and be more difficult to recruit from.

Then 2 groups with persons who have mental health problems. We have chosen to do 2 focus groups for people with mental health problems because they are the majority of our clientele and felt that 12-16 people would be able to give us a fare amount of information. We will have 3 staff groups, 1 with counselors/doctors/intake/nurses, 1 with peer support workers, and 1 with outreach staff. There are approximately 55 clinical staff at BHGMHC so these 3 focus groups of 24 staff will be a good sampling of BHGMHC staff. Each group will be 6 to 10 people with the entire total projected to be 39 to 48 individuals at BHGMHC.

The overall anticipated number of focus groups is 10, and the projected participation of individuals is 61 to 81.

Below we have included a focus group chart for our anticipated numbers-

Agency	Audience	Number of Groups	Number of Potential Participants	Method
<b>People we serve:</b>				
SOH	Survivors of Domestic Violence	1	6-8	Focus Group
SOH	Survivors of Domestic Violence	1	6-8	Focus Group
SOH	Survivors of Sexual Assault	1	6-8	Focus Group
BHGMHC	Persons with Chronic mental health problems	1	6-8	Focus Group
BHGMHC	Persons with mental health problems # 1	1	6-8	Focus Group
BHGMHC	Persons will mental health problems # 2	1	6-8	Focus Group
<b>Direct Service Staff:</b>				
SOH	Advocates	1	5-7	Focus Group

BHGMHC	Outreach	1	6-8	Focus Group
BHGMHC	Peer Support	1	6-8	Focus Group
BHGMHC	Nurses/Doctors/intake specialist/counselors	1	8-10	Focus Group
	Total	10	Min 61 Max 81	

### **Recruitment Strategies**

The recruitment process will allow potential participants to be well informed of the purpose for their role in this needs assessment. We plan to recruit current people served and staff from both of the collaborating agencies to be in separate and distinct focus groups or individual interviews.

### **Survivors of domestic/sexual violence and Individuals with mental health problems recruitment process:**

Who will recruit- The members of the collaboration team who serve people directly, will act as recruiters to people served and we will also choose some direct service staff to help with the recruiting. Those staff who help in recruiting will be chosen because of their interactions on an individual basis with clientele. Project SOAR will provide a recruitment training for those staff who are not part of the collaboration team. (see page 41-48)

Scheduling- The core collaboration team and the facilitator will work out the details of date and time for each focus group as well as provide that information to the recruiters, since these dates have not been set. Focus groups will be space limited to 6-8

participants. Each recruiter will be given a sign-up sheet for 1 or 2 focus groups. They will be responsible for filling their designated focus groups to which they are assigned. Once their focus groups are filled with 8 people, they will stop recruiting and then tell a core group member that they are done recruiting. They will contact the core member from their agency if they need help filling their assigned focus group.

Recruitment script- During the recruitment training, Project SOAR will provide scripts to follow for recruitment of individuals who receive services at each of our agencies. The scripts will specify Project SOAR's intentions for this needs assessment, time and date of the specific focus group, and expectations for recruiting participants. Recruiters will also be given forms for each person to fill out regarding accessibility needs such as food allergies, transportation needs and will be provided a phone number to call to confirm the focus group will be conducted in case of inclement weather. (see page 55)

Safety consideration- In order to minimize risk for participants, Project SOAR has proactively assessed for potential risk within the recruitment process such as:

- Focus groups will be held at the same time as a support group or during normal business hours that someone would come for a regularly scheduled appointment.
- Focus groups will be held at the agency which the participant normally gets services.
- We will create a fact sheet with information for the possible participants. (see page 50-53) This will be printed on thick card stock paper, as a tool to use during recruitment. This will be something the recruiter will keep and use multiple times during recruitment, instead of a printing the fact sheet on a piece of paper that would be handed out to people. We hope this will minimize the risk of taking papers home with them for anyone to see.
- We will ask all participants not to talk about what is said in group, outside of the focus group room to maintain confidentiality.
- Individual interviews will be offered to participants who feel uncomfortable talking in a focus group with other people.

- No names or identifying information will be taken for anyone in the focus groups or during the recruitment process. Also notes taken during the focus groups or interviews will never include any identifying information.
- Any staff or Personal Care Assistant (PCA) will be asked to wait outside of the focus group. They will be in another room nearby until the participant is finished or is in need of any assistance. If a person does need a PCA in the room for constant help an advocate whom is not a mandatory reporter, will assist the person while their PCA waits in another room.
- If anyone would request a reminder card to help them be reminded of the focus group time we feel that in order to minimize any risk, the person may be given a regular appointment card as a reminder so that it would not be identified as something outside of their normal services.

How to recruit- All staff and people served from each agency will be approached during a group or during individual time with staff such as counseling or other one on one time. During this face to face recruitment, potential participants will be given a verbal overview of Project SOAR's needs assessment process. Any questions will be answered by the recruiter and a fact sheet will be handed out during the recruitment process. (see page 50-53)

Materials given to participants such as the fact sheet will be in plain language, large font and will be printed on card stock. Those fact sheet will be collected at the end of the presentation. After the "group" presentation we can be located in an adjacent room so they can come after group to sign up or ask more questions. For group or one on one recruitment, registration forms will be filled out and sealed in an envelope and handed back to the recruiter. (see page 58-59) The recruiter will then give the envelope to the core group member or the project coordinator.

#### Screening-

We have two screenings involved in this needs assessment process. The first would be during the recruiting process to sort out participants for the appropriate group, not to

screen anyone out. This is for the mental health groups vs chronic mental illness. We will be using the criteria provided by BHGMHC.(see page 11 and 12 for more information) The second is to screen out people with guardians for safety reasons. (see page 30-31 more information)

### Accessibility-

Accessibility will be addressed in several different ways:

- All focus groups are held at the agency of the participant's services or work.
- The location and group room will be wheelchair accessible
- The room will be free as possible from odors which could cause allergic reactions and we will ask participants to please refrain from using perfume before the focus group.
- Information such as the fact sheet, focus group script, and questions will be read to the participants.
- They will be able to follow along on a fact sheet printed on card stock which will be in plain language and large print.
- During the focus groups we will have a projector to display each question on a screen so people can see it in large print and reflect back to the question when answering.
- The observer of the focus group will also be on hand to give assistance to someone if needed.
- The registration form will have a space for (clientele only) participants to tell us about any food allergies and a space to address accessibility needs and addressed by the project coordinator. (see page 58-59)

Registration form- All interested participants will be asked to complete and submit a registration form. The registration form will include a section indicating interest in participating; the type of event, specifics such as date, time, location, and an opportunity

to request accommodations. There will be a brief description of confidentiality and safety risks/concerns (see page 53-55) on a fact sheet handed out during recruitment and also explained by the recruiter. The registration form needs to be filled out immediately and placed in an envelope and given to the project coordinator to arrange for any accommodation requests. The recruiter will provide any assistance needed with this process.

Snacks- Clientele focus groups only will have light snacks and water available for participants but not individual interviews. Recruiting forms will have a space to tell us about any food allergies and the project coordinator will try to accommodate all requests from the recruiting forms. (see page 58-59)

Interview option- All participants will be offered an individual interview as an alternative to participating in a focus group. The recruiter will have a list of times available for individual interviews. These interviews will be available at the agency in which they receive services. In order to minimize any risk, the person may be given a regular appointment card as a reminder so that it would not be identified as something outside of their normal services.

Transportation- The recruiter will also inform people served that transportation can be requested. This is not an incentive through the Project SOAR. Each agency already provides and agreed to make their transportation services available for the purpose of this needs assessment.

**Staff of direct service delivery:**

Recruitment- Project SOAR collaboration members will recruit direct service delivery staff to be in different focus groups based on their job position. BHGMHC and SOH will recruit from all direct staff with the exception of supervisors and directors. Both agencies' supervisors and directors will be involved in individual interviews. Recruitment will occur face to face; either one on one or at a regularly scheduled staff meeting. A

fact sheet with frequently asked questions will also be provided to staff during the recruitment process and be given back to the recruiter at the end of that meeting (see page 50-53). Staff will also be offered an individual interview as another option. There is no repercussion if staff do not want to be part of the interviews or focus groups involving staff in the needs assessment focus groups will help staff feel invested in the project as they will also pilot any changes brought forth in the strategic plan.

Scheduling- The collaboration team members will work with the facilitator to determine the time, date, and location of each focus group or individual interview. The Executive Directors will support the needs assessment process by reminding supervisors and direct service staff the importance of this project. Staff can chose to participate in focus groups or interviews during their regularly scheduled work hours. In some cases staff meeting times may be used as a venue to catch most staff in one place. However, staff will be notified by a recruiter at a previous meeting or during normal working hours so they can choose to not participate.

Risk- Potential staff participants will be notified of confidentiality, expectations and the possible risk/concerns of participating. Any staff revealing they are physically or sexually abusing a client and/or committing Medicaid fraud (see page 50-53) will be reported to that agency's Executive Director. A safe room will be available nearby for staff who become triggered emotionally and need a quiet space where we will also have a list of referrals of counselors available. (see page 79-80)

Registration- A registration form will be handed out to potential participants. The registration form will include date, time and location of the focus group. It will also include an opportunity to request accommodations. (see page 54) After all information is given by the recruiter the potential participants will have chance to ask questions. The participant will put the form into an envelope which will be collected by the recruiter, then given to the project coordinator in order to prepare for any accommodations.



Interview option- The recruiter will have a schedule of times available for individual interviews, should it be requested. The recruiter will then notify the project coordinator of the appointment and location so that the facilitator will know when and where the interview will take place.

### Optional Interviews-

We will provide individual interviews if a person from the “focus group” audience would prefer this option. We are unable to anticipate how many people will prefer this option. These interviews will be provided by the hired facilitator.

## **Individual Interviews**

### **Purpose**

Project SOAR has decided to do individual interviews separate from focus groups primarily for two reasons. First, separating direct staff from supervisors would give direct staff the freedom to be open and honest without feeling distress with a supervisor in the same room. Second, the number of supervisors, executive directors, and board members are smaller and do not comprise enough people to make a group. Therefore we have chosen to do individual interviews so that this audience has a chance to give information and enhance buy in. In addition we have given those people in a focus group the option of choosing an individual interview in case they feel uncomfortable in a group setting. However the same focus group questions will still be used for the audience who choose this option. Project SOAR will coordinate interviews with the hired facilitator who will conduct the interviews accompanied by the note taker.

Information we hope to obtain from these groups:

- Policies and procedures which do or do not exist to provide the best service to survivors with mental health problems.

- Suggestions for improvement leading to more safe, accessible, responsive and trauma informed care, services for survivors with mental health problems.
- The extent of knowledge that personnel have of collaborating agencies.
- Additional ideas for collaboration opportunities between our agencies.
- What helps or hinders safe, accessible, and responsive services to support survivors with mental health problems.

### **Audience-**

The audience for individual interviews is comprised of supervisors, executive directors, and members from the board of directors at our two organizations. Project SOAR believes that individual interviews with key personnel will help create buy in for the project and build relationships between our two agencies. These are the people in the agency who have the knowledge regarding fiscal budgets and have a direct impact on implementing change.

**Supervisors** are critical to include in the needs assessment as they have information about policies and procedures. They provide supervision and training to their staff. They are resources for both staff and people served when the need arises. SOH and BHGMHC have only 1 level of supervisors who will participate in individual interviews as well.

**Board of Directors** are critical to include in the needs assessment as they have insight into budgets, fiscal decisions and policies of the agencies. Since the long-term goal of this project is to create systemic sustainable change, we feel it is vital to involve all levels of the agency. These sorts of changes may require the Board of Directors

support. However SOH only has 5 board members and BHGMHC has 15 number of board members, therefore we have decided to select a couple of board members as a “sample” from the board. These people will be selected based on their close involvement with the agency and their level of time available. We are engaging board members for buy in. We want them to start thinking about the possibility of changes and how the board may be involved in those changes.

**Executive Directors** are critical to include in the needs assessment as they have insight into budgets, fiscal decisions and policies of the agencies. Their feedback is essential because they have a broader understanding of the agencies vision and mission. They are in an influential role with the agency staff as well as the board of directors. They are a pivotal point for rolling out any changes or new ideas for implementation.

At SOH there has been a recent change, in Oct. 2011 the new Executive Director started. We feel the old Executive Director, who had 11 years of experience at SOH, is also a vital person to interview. Therefore we will interview both, the new director as well as the old director and she has agreed to be contacted for an interview.

**Numbers-**

Through these interviews we hope to gain knowledge from our unique audience types to assist us during our strategic planning. We will conduct 3 different types of interviews; Executive Directors, Board of Directors and supervisors for each agency. The total number of participants in planned interviews will be 13 individuals. The following information below will explain our numbers in a chart and procedures for recruiting for individual interviews.

Agency	Audience	Number of Interviews	Number of Potential Participants	Method
Supervisors				

SOH	Supervisors	3	3	Individual interview
BHGMHC	Supervisors	3	3	Individual Interview
<b>Leadership</b>				
BHGMHC	Executive Director	1	1	Individual Interview
SOH	Executive Director	2	2	Individual Interview
SOH	Board Member	2	2	Individual Interview
BHGMHC	Board Member	2	2	Individual Interview
SOH, BHGMHC	individuals and staff	unknown	unknown	optional interviews
<b>Totals</b>		<b>13</b>	<b>13</b>	

**Recruitment strategies for individual interviews:**

Recruitment- Recruiters will be collaboration team members and will follow the recruitment script that we have established (see page 48-50). The recruiter will ask individuals in person when they can participate in an interview from a provided list of scheduled times. The recruiter will explain the purpose of the needs assessment face to

face with the potential participants and schedule the person who agrees to participate. At which time the recruiter will notify the program coordinator of the list of interviews scheduled. The program coordinator will then notify the facilitator of the schedule. Because Board of Directors meets monthly, recruiters can utilize email and/or phone to set up these individual interviews.

Risks- In order to insure informed choice the recruiter will explain the procedures regarding confidentiality, reporting, and that the Executive Directors will have access to the general themes of the interview notes. The notes will be taken initially in detail but not word for word. Then those will be put in to general themes and quotes from several groups with the same audience type which will not have any identifiers, by the project coordinator. The Executive Directors and the collaboration team will only have access to those notes with general themes and quotes.

Scheduling- The interview will be conducted at their agency and during their work time if possible. The recruiter will schedule the interview at the time of recruitment through a pre-established schedule. This information will be relayed to the interviewer through the project coordinator.

Registration- The recruiter will provide all potential participants with the registration form to indicate accessibility or other needs (see page 54). The potential participant will be given an envelope in which to put their registration form. The participant will put the form into an envelope which will be collected by the recruiter, then given to the project coordinator in order to prepare for any accommodations.

Snacks- Snacks and water will **not** be provided for individual interviews.

## **Incentives**

**Persons Served focus groups or individual interview:** Project SOAR wants to honor the

time spent by people we serve. Therefore we will provide a \$20.00 gift card from Wal-Mart to the people in the beginning of the focus group or interview. Provision of the card will not be contingent on completion of the focus group or interview. If the participant feels unsafe taking the card with them we can put it in a locked file for up to 1 year and they will be given instruction on how to access the card. (see page 55) If transportation and/or child care is needed, assistance will be provided to the clientele at the cost of the agency.

**Staff focus groups-** Incentives will not be given to staff for their participation in the group. All staff focus groups will occur during normal working hours.

### **Consent**

Project SOAR is concerned with having the most confidential and safe needs assessment possible. Therefore all focus groups and individual interviews will be done with verbal consent, eliminating possible paper trails. Verbal consent also eliminates the need to collect names and other identifiers ensuring a confidential process. The script the facilitator will follow tells participants if they stay in the room that they are freely giving their consent to the focus group or interview or leave now if they do not wish to participate. (see page 61) This eliminates the need for a consent form or sign in sheet.

### **Guardianship**

Our two agencies serve very few people with guardians, less than 10%. However, Project SOAR has developed a recruitment screening process to ensure safety and confidentiality for participants. To best ensure safety, we have decided not to include those individuals who have a legal guardian in order to avoid alerting a possible abuser. Guardians would be aware of their participation and a signed release of information would be required by the guardian in order for that person to participate.

Therefore, anyone with a guardian will be screened out but anyone with a “payee only” can still participate. An individual does not need to inform or have any signed permissions from a payee to participate. (see payee description below) This ensures that participants can give their consent without any one having to know of their participation. Our recruiters will be someone who has worked closely with an individual so they would be aware of a person’s situation as to if they have a legal guardian or a payee. Another avenue the recruiters have for the screening process is to ask the question during the recruiting time. (see page 55)

- A legal guardian in Iowa is defined a person or persons who have been appointed by the court to assist in making legal and medical decisions for a person’s basic needs. The state of Iowa considers the Guardian’s signature as the legal signature.
- A payee is a person or agency who has been appointed to assist in the management of funds such as social security and food stamps. They assist only in paying bills and budgeting spending money. The payee does not make any other decisions or have jurisdiction over other aspects of a person’s life.

Project SOAR has 4 different ways of finding out about whether a possible participant has a guardian. The procedure for finding people without guardians will be:

1. The recruiter will ask possible participants if they have a guardian.
2. The recruiter will be someone who works directly with the person and has direct knowledge of their “clientele” as to whether they have a guardian or not.
3. The registration form has a question on it about if they have a guardian or not.
4. The fact sheet also tells the possible participants that they cannot be involved in the

focus group or interviews for the needs assessment if they have a guardian.

### **Confidentiality & Reporting Requirements**

Project SOAR believes in the importance of confidentiality for the needs assessment process. We had lengthy discussions about confidentiality because Seeds of Hope advocates are used to ensuring complete confidentiality with survivors they serve since under Iowa law they are not considered mandated reporters. However, Black Hawk Grundy Mental Health Center workers are mandated reporters under Iowa code for dependent adult/child abuse and cannot ensure complete confidentiality. Project SOAR does not want an investigation into the potential abuse of a child or dependent adult as a result of this process so no mandatory reporters will be allowed in the focus groups or interviews and will not be available as an advocate.

We understand that this needs assessment process needs to be confidential to allow people to feel safe to talk about the gaps in services. Therefore we have intentionally chosen a facilitator, observer, and note taker who are not mandated reporters in order to keep the process completely confidential. Even if someone in the focus group reveals abuse, their story will be kept confidential within the room. The only exception in keeping confidentiality is any report of Medicaid fraud and physical or sexual abuse of a “person served” by a staff member.

Project SOAR collaboration members whom are mandatory reporters will be excluded from the focus groups and interviews to ensure complete confidentiality. If a person becomes triggered emotionally, an advocate whom is not a mandated reporter will be waiting in another room to offer support and advocacy. If the person is being physically or sexually abused by staff from one of our agencies, the advocate from the next room or facilitator will only report the information the person reports voluntarily to the Executive Director of that agency. However no further investigation can be done within this grant period. The Executive Director will be the only person given that information



and it will not be recorded in the focus group notes.

We have established the following precautions in regards to our needs assessment for focus groups and individual interviews:

Person's served-

- At the beginning of the focus group or individual interview of persons served groups the facilitator will follow the script which informs the participant(s) about the advocate in the next room in case someone becomes triggered emotionally or wants to talk about abuse in their lives.
- All the participants will be informed about the reporting requirements during recruiting by the recruiter and at the beginning of each group or interview by the facilitator. They will be informed that if they divulge physical or sexual abuse by a staff member or medicaid fraud then a report will be made to the appropriate Executive Director. We will not be asking questions about personal abuse however if a participant begins to talk about abuse the facilitator will immediately remind the person revealing abuse history, of the reporting requirements and remind them of the advocate to speak to in the next room. The facilitator will ask them if they would like support for that from the advocate waiting in the next room. If the participant wants support right away they can be excused from the focus group and the observer will assist in directing them to the room where the advocate is waiting. If the participant doesn't want to step out the facilitator will ask for the group to continue with the prepared questions. Either way the facilitator will continue on to the next question. At the end of the group the facilitator will remind the group of confidentiality rules for the group. (see bullet #4 below)

- The person's story of abuse will be kept confidential in the room with only the exception if any participant divulges medicaid fraud or physical or sexual abuse of a person served by staff. Those will only be reported to the Executive Director of that agency. (Medicaid fraud is specific to staff reporting/billing for services that were not given.)
- The facilitator will explain to the participants the importance of upholding the confidential standards of this project. He will utilize the script that the collaboration has prepared. The script will also inform group participants to uphold the confidential standards of this project. This will include, not talking about what other people have said during the focus group. Although, the fact sheet used during recruiting does warn participants that we cannot control what others say after they leave the room.

Staff focus groups- The process for someone revealing abuse will be followed similarly in the staff groups. If a staff member involved in a focus group or interview reports they are physically or sexually abusing a person served/client or behavior that would constitute medicaid fraud, it will be reported to the appropriate Executive Director. The only exception is that we will not provide an advocate for support to a person who admits they are abusing someone. A referral sheet will be given to the staff person to seek support if they become emotionally triggered during an interview or focus group.

### **Data Storage**

Project SOAR will make every effort to keep all the documents safe and secure throughout the duration of this grant period ending September 30, 2012. All collaborative members will ensure that all registrations forms, written notes, accommodation requests, scheduling forms for focus groups and interviews, and other documents will be given to the project coordinator to be locked in her office filing cabinet

designated specifically for this grant. The only set of keys will be in the possession of the project coordinator.

Notes from the focus groups and interviews will be taken initially in detail but not word for word. The note taker will be instructed to not include identifying information about participants. Then those will be put in to general themes and quotes from several groups with the same audience type which will not have any identifiers, by the project coordinator. The Executive Directors and members of the core collaboration team will only have access to those notes with only general themes and quotes. Project SOAR core collaboration will summarize focus group and individual interview results that have been prepared by the project coordinator in general themes and quotes in order to efficiently and confidentially relay information to the Executive Directors. The core group members will then use those general themes and quotes to tabulate information for the needs assessment report. At the end of the grant period, Sept. 30, 2012 all of these documents will be destroyed. Our report can be shared with OVW and the Vera Institute as well as being posted on the Vera website. Confidentiality is ensured because we are not gathering any personal and/or identifying information.

### **Access Considerations**

Project SOAR is committed to having an accessible needs assessment process. We want to ensure that facilities, arrangements, materials, communication, and food offered are accommodating and accessible to all participants' needs. We will link accessibility requests to the specific focus group or interview by having the date and time listed on the form. Then the project coordinator can prepare accessibility needs for each specific group.

#### **Accessibility of location-**

Recruitment, focus groups and individual interviews will be performed at the respective agency of participants. The two agencies in Black Hawk County are located in buildings

which have wheel chair accessible entrances, bathrooms and meeting rooms. There is space available for the focus groups, as well as a space for counseling if needed.

- The room will be free from odors as possible, which could cause allergic reactions and we will ask participants to please refrain from using perfume before the focus group.
- We will make sure there is enough space around the room and the tables so that people in wheelchairs will be able to pass through easily. The snack table will be located in a convenient spot that is accessible to everyone. The doors will be open and welcoming until the focus group starts, then will be opened at the end for people to have easy access to leave. We will make sure all trash obstacles such as furniture or trash cans are out of the way of wheelchairs. These actions will help ensure that everyone feels welcome and free to participate.

**Accessibility of materials-** The recruiters and facilitators will read all written materials out loud in order to ensure understanding for those who have a hard time reading or are visually impaired. For that reason also the recruiters will assist potential participants in filling out the registration form if they need that assistance.

- All printed materials will be in plain language, free from distracting artwork and in large print. Printed materials are items such as the fact sheet and recruitment form.
- Information such as the fact sheet, script for focus groups, and questions will be read to the participants.
- They will also receive a copy of the fact sheet printed on card stock to follow along with, which will be in plain language and large print.

- During the focus groups we will have a projector to display each question on a screen so people can see it in large print and reflect back to the question asked by the facilitator when answering.
- The following can be available upon request: Interpreters for Spanish, Bosnian and Sign Language.

### **Other accessibility considerations-**

The project coordinator will attempt to fulfill all requests for accommodations made on the registration forms such as: food allergies or other dietary considerations (clientele groups only), perfume sensitivity, wheelchair assistance, interpreters and light sensitivity. Project SOAR will also ask participants to use people first language such as “people with a mental illness” instead of “a mentally ill person”. We will also explain why it is important to not use any derogatory language that would be offensive to people. We will post signs to help people find the room. Also there is wheelchair accessible transportation in our area for people if they need help with transportation.

### **Safety Considerations**

Project SOAR is committed to securing a safe, comfortable, atmosphere for all of our participants. The following are safety considerations that we can prepare for:

- Recruitment, interviews and focus groups will be held at the three agency locations and times where it would be normal for individuals to receive services or where the staff work. For example: survivors who attend support group may have an interview or focus group during those same hours as to not raise suspicions.
- Any staff or Personal Care Assistant (PCA) will be asked to wait outside of the focus group or individual interview. We will ask them to wait in a nearby room until the participant is finished or is in need of assistance. If a person does need

a PCA in the room for constant help a non-mandatory reporter advocate will assist the person while their PCA waits in another room. The potential participant can request this on the registration form.

- Names and other identifiers will not be utilized during the needs assessment recruiting or interviewing.
- Focus group participants will be asked to uphold the confidential standards of this project. This will include not talking about what other people have said during the focus group outside of the focus group.
- The Executive Directors will inform all staff that they support their open and honest participation. However, in order to insure informed choice the recruiter will explain the procedures regarding confidentiality, reporting, and that the Executive Directors will have access to the generalized notes. The notes will be taken initially in detail but not word for word. Then those will be put in to general themes and quotes from several groups with the same audience type which will not have any identifiers, by the project coordinator.
- All participants will be offered the right to leave the focus group or individual interview if they feel uncomfortable for any reason. The people served will be given the incentive (\$20 gift card) at the beginning of the focus group right after the verbal consent to participate in the group or interview. If the participant feels uncomfortable taking the gift card home with them for any reason they can access the gift card from their client file at the agency from which they receive services at.
- An advocate will be available in the next room in case a person served needs to talk for any reason.

## **Work Plan**

Project SOAR was awarded funding through OVW for the purpose of improving services to survivors with mental health problems. We are dedicated to the work of this project and understand that the grant cycle allows us three years to accomplish our work. However, we intend to continue this work beyond the grant cycle because of the importance and dedication we have to this issue. This work plan is only an estimated projection and some revisions may be necessary. We also understand that each phase must be approved by OVW before moving on to the next phase and OVW may take up to 45 days to approve each submission.

Listed below are the required deliverables with an estimated completion time:

- Collaboration Charter (April 2010 to October 2010)  
  
Send Charter to OVW: October 2010  
Approved: October 15, 2010
- Needs Assessment Plan and Tool Development (November 2010 to Nov. 2011)  
Send Plan to OVW: November 2011
- Conduct Needs Assessment (December 2011 to February 2012)  
  
Write and send report to OVW (February 2012 to March 2012)
- Strategic Plan (April 2012 to June 2012)  
  
Send plan to OVW: June 2012

Implementation phase (July 2012 to September 30, 2012)

## APPENDIX



## Recruitment Training

Introduction: Good morning/Good afternoon. We would like to thank you for meeting with us today and for agreeing to help recruit for Project SOAR. My name is ..... and I am ..... from.....

Project SOAR started October of 2009 with a grant through the Office for Violence Against Women. The two collaborating agencies are Seeds of Hope a Domestic/Sexual Violence Agency and Black Hawk Grundy Mental Health Center Inc. a mental health agency. The purpose of this collaboration is to find and address the gaps and barriers people with mental health problems who experience domestic/sexual violence encounter when seeking services. Various organizations across the country have been receiving this grant and are working towards improving services and creating a more accessible and safer service delivery system in their area.

This training today will provide you with specific details about; Project SOAR and the purpose of this needs assessment, confidentiality, safety risks/concerns and the reasons for recruiting these select audiences for the needs assessment process. The people we plan to engage in our needs assessment are leadership, boards of directors, supervisors, direct service staff, survivors of domestic violence, sexual assault, as well as people with mental health problems. We have asked you here today because we need your help assistance in recruiting the people you serve to be a part of the focus groups.

### Reasons for Recruiting-

We are interviewing survivors of domestic/sexual violence and people with mental health problems, as they are experts in receiving services from agencies in the community. The information we hope to obtain is threefold. First, we want to learn what “accessible” means to them. Second, we want to learn how services can be safe and responsive to survivors of sexual assault and domestic violence and people with mental

health problems. Third, we want to know the gaps and barriers to services experienced by survivors of domestic/sexual assault, people with mental health problems. This will help us to enhance the current service delivery system at our two agencies to create a safer, more accessible and more responsive services for survivors with mental health problems.

### **Screening-**

There will be a screening process for recruitment to ensure safety for participants. Anyone with a guardian will be screened out because the guardian will have to consent to their participation. Project SOAR has 4 different ways of finding out about whether a possible participant has a guardian. The procedure for finding people without guardians will be:

1. The recruiter will ask possible participants if they have a guardian.
2. The recruiter will be someone who works directly with the person and has direct knowledge of their “clientele” as to whether they have a guardian or not.
3. The registration form has a question specifically ask if they have a guardian or not.
4. The fact sheet also tells the possible participants that they cannot be involved in the focus group or interviews for the needs assessment if they have a guardian.

Also we will recruit for different groups at BHGMHC, one for people with chronic mental illness and two groups are for mental health problems. The guidelines below assist BHGMHC to determine who would be considered someone with a chronic mental illness. Since you recruit from your own caseloads, you will be able to determine in which focus group a person belongs. If they do not fit into the chronically mentally ill focus group then they can be recruited for the mental health problems focus groups.

### **REQUIREMENTS FOR CHRONIC mental health problems**

“Persons with a chronic mental health problem” means persons aged 18 and over with a persistent mental or emotional disorder that seriously impairs their functioning relative to

such primary aspects of daily living as person relation, living arrangements or employment. Persons with chronic mental health problems meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime.
2. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

1. are unemployed, or employed in a sheltered setting, or have markedly limited skill and a poor work history;
2. require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help;
3. show severe inability to establish or maintain a personal social support system
4. require help in basic living skills;
5. exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system.

We are asking you to recruit people that you serve to participate in this needs assessment. We will recruit all potential participants face-to-face, either on an individual basis or during a group session or meeting.

We will not:

- Contact anyone outside of their regular appointments/group/scheduled hours, as this could be a safety risk for a participant.
- Ask for identifying or contact information. They will be given the time and location of focus groups and/or interviews. They will fill out a registration form for planning

purposes only and these forms will not include any information which would identify who they are.

It is important to:

- Give details about the needs assessment.
- Read everything on the fact sheet and registration form to the potential participant.
- Assist potential participants with filling out the registration form when needed.
- Explain that this is voluntary and separate from the services they currently receive.
- Remind them there are no consequences if they do or do not participate.
- Inform staff it will be during their normal working hours.
- Go over the fact sheet (see page 53-55) and answer questions they may have.
- Tell them the phone number to call if there is bad weather to see if the group is still scheduled or to answer any questions they may still have. The number is 319-272-1395 and ask for Barb. This is a direct line answered by Barb alone during office hours from 8 to 4:30.
- Inform participants there will be a \$20.00 gift card for Wal-Mart only given to people we serve who come to the focus group or individual interview.
- Inform participants on confidentiality, mandatory reporting requirements, safety risk and concerns. (see fact sheet page 53-55)
- Explain available accommodations (see page 53-55)

We ask that you will give them a registration form (see page 55), assist them in filling it out if necessary, ask them to place it in an envelope and then the recruiter will give the envelopes to Terri, Alicia, or Barb. If they have questions which you cannot answer please encourage them to call 319-272-1395 and ask for Barb. Once you have reached 8 people who want to do the focus group you are assigned then stop recruiting, which

will be tabulated on a form created by Project SOAR.

These are the tools which we ask you to use during the recruiting process:

- **Recruitment script-** This script has all the information needed during the recruitment process and highlights all the steps involved. We request that you read this script word for word, as this will help us to standardize the information given to all potential participants. Please familiarize yourself with it prior to recruiting potential participants.
- **Fact Sheet-** This is the fact sheet that you will give to all potential participants as an aide to understanding the needs assessment focus group overview. It is very important to clearly go over each bullet on the fact sheet (lets go over that now together). This will be printed on card stock for you to hand to the potential participant. After it has been thoroughly explained and questions have been answered the fact sheet will be taken back from them. You can continue to use the same fact sheet copy which will be printed on card stock for each person with whom you talk about this needs assessment.
- **Registration Form-** This registration form includes a section to check if they are interested in participating in a focus group or interview; it also contains specifics such as date, time, and location. The form provides an opportunity to request accommodations, a very brief description of confidentiality and safety risks/concerns. Please keep this and familiarize yourself with it prior to recruiting potential participants.
- **Optional interviews-** We will provide a list of times and locations that the facilitator is available for individual interviews. Once you make an appointment for an individual interview, record it on the interview sheet (here is an example) and give your sheet to the project coordinator, Barb at (319)272-1395. All interviews will be done at your agency (the agency where the person receives services as a

safety protocol). If the person needs an appointment card for a reminder you may give them your regular appointment card with only the time and date to ensure confidentiality for the participant.

Now that we have given you an overview of the needs assessment recruiting process we need to tell you about confidentiality, mandatory reporting, and safety concerns.

**Confidentiality-** All potential participants will be told about rights/risks prior to filling out the registration form so they can make an informed choice as to whether or not they want to participate.

Rights - No identifying information will be taken to protect the person's anonymity. Participants have the right to ask questions concerning the focus group or individual interview as they have the right to make an informed choice. They have the right to accommodations and to feel safe in their environment. If they have questions which you are not comfortable answering, they can contact the project coordinator, Barb at (319)272-1395.

Risk - We will ask all focus group participants to keep what is discussed in the room confidential. We do not want to cause danger or problems for anyone else participating in the group. However, we cannot control what participants say after they leave the room.

Also, the Executive Directors will have access to the generalized notes from the focus groups and interviews. The notes will be taken initially in detail but not word for word by the facilitating staff. The notes will then be combined by the project coordinator into general themes and quotes from focus groups of the same type. All notes from the focus groups will be locked in a filing cabinet that only the project coordinator will have direct access. The collaboration team will use the generalized notes unless further clarification is needed. These notes will be destroyed by the program coordinator upon completion of this project on Sept. 30, 2012.

**Mandatory reporting- Project SOAR** will keep all information confidential except the following conditions:

- if any participant divulges physical or sexual abuse of a person served by staff
- Medicaid fraud, this is specific to staff reporting/billing for services that were not given.

This information will be reported to the appropriate Executive Director. No investigation of abuse can occur from information learned during focus groups or individual interviews. All participants will be told about the reporting requirements during recruiting and at the beginning of each group or interview.

#### People served

The purpose of our focus groups is to gain information to help us better serve people.

We are not asking about abuse. The questions will be about going to other services in the community and what things would help the person. The groups will be confidential however if a person wants to tell someone about current abuse they can step out and talk with a confidential advocate in the next room. The advocate is not a mandatory reporter. If a person served tells about current abuse by a staff member we will have to inform the Executive Director of that agency per our agreements.

#### For Staff

Our goal is to identify gaps and barriers in our service provision, policies and/or staff knowledge. Staff will not be retaliated against for participating in the focus groups.

Project SOAR will do everything we can to ensure the identifying information about the participants of focus groups will be kept confidential, but we are required to report physical/sexual abuse of a client by a staff member and any Medicaid fraud to the Executive Director of the agencies.

These are the measures which will be taken to uphold confidentiality:

- Registration forms do not include participants' names or other identifiers.
- Notes will not include any identifying information about participants or which specific focus group.
- Notes will be taken in general themes and unidentified quotes.
- All notes are kept in a locked cabinet with the program coordinator.
- Notes will be destroyed upon completion of this project on Sept. 30, 2012.

**Safety risks-** We have planned ahead to minimize risks for all potential participants such as a safe location, accessible room, accessible materials, and no identifying information will be gathered. People who are their own guardian and people who only have a financial payee can be included because they won't need to get permission from a guardian. The reason for this is that guardians could possibly be an abuser who may prevent them from participating.

Thank you for your help today, any questions?

### **RECRUITMENT Script for Leadership/Staff/Board of Directors Interviews/focus groups**

Good morning/afternoon I was wondering if you have a few minutes so I can talk with you about Project SOAR's needs assessment. (if "yes" continue, if "no" then ask when is a better time to talk) Over the past couple years BHGMHC and SOH have formed a collaborative partnership called Project SOAR, you may have heard about this during staff meetings or a board meeting. Project SOAR was formed under a grant that began in October 2009 as part of the United States Department of Justice, Office on Violence Against Women (OVW) Education, Training and Enhanced Services to End Violence Against the Abuse of Women with Disabilities Grant; otherwise known as the Disability Grant. OVW established this grant program as an initiative to build relationships,



identify/address gaps and barriers, in order to have safer accessible service delivery system for survivors of domestic/sexual violence with mental health problems.

Currently we in the process of conducting a needs assessment. Our goal is to:

- Identify awareness, knowledge and skills that our agencies have and/or need to have to effectively serve survivors with mental health problems.
- Identify agency culture and attitudes that encourage and/or hinder a safe and accessible service delivery system for survivors with mental health problems.
- Identify policies/procedures/practice that exists, need to exist, or need to be improved within our agencies in order to effectively serve survivors with mental health problems.
- Identify the strengths and weaknesses of the current relationship between the collaborative agencies and ideas to promote an effective and sustainable working relationship.
- Identify the elements that create or hinder a safe, accessible and responsive service delivery system as experienced by survivors and/or people with mental health problems.

We are currently asking positions of leadership and staff in this agency to participate in a needs assessment interview or focus group. I hope you will be interested in joining us. Your feedback and wisdom will be invaluable to this needs assessment. We have a fact sheet that could give you more information before you make a decision to join us in this needs assessment (give fact sheet, and then discuss all items on the sheet).

These interviews (This focus group) will be during normal business hours on \_\_\_\_\_ day(s). This (focus group will be approximately 1 to 1 ½ hours) interview approximately 45 minutes. The interview (focus group) will be held in your

agency building (focus group will be in room \_\_\_\_\_). Would you like to participate? If so Please fill out this registration form and place it in this envelope. Then I will return it to the project coordinator and she will take care of any accommodations needed. Do you have any questions for me at this time? The project coordinator can also answer any questions you might have later or can help if you need to reschedule. Her number is 319-272-1395 please ask for Barb. At this time I need to ask for the fact sheet back. Thank you for your time.

**Fact Sheet/Frequently Asked Questions**  
(for all staff, leadership, and Board)

**What is Project SOAR?**

Seeds of Hope and Black Hawk Grundy Mental Health Center Inc. saw a need to improve services for victims of domestic violence and sexual assault with mental health problems. They chose to combine knowledge and resources in order to enhance and expand their working relationship. They formed the collaboration named “Project SOAR”.

**Our MISSION:**

Project SOAR is committed to ensuring safe, accessible and trauma informed services to people with mental health problems that are impacted by the trauma of domestic violence/sexual assault by addressing gaps and barriers in our existing services. We will do this by improving the knowledge and skills of our staff, enhancing policies and procedures, and building relationships between our organizations. We are dedicated to cultivating a team approach and changing the prevailing culture of our agencies and our community of Black Hawk County, Iowa.

**Our VISION:**

People with mental health problems who are impacted by the trauma of domestic and/or sexual violence (survivors) in Black Hawk County, Iowa will experience a safe and

accessible service delivery system. Services will be provided through a team approach by knowledgeable, compassionate advocates who are equipped and committed to provide survivors with a range of options to empower them to live their best life.

### **Confidentiality-**

There will be no personal identifying information kept with the notes taken at the focus group or interview. All information that is obtained in a focus group or interview will be kept in a locked filing cabinet at the project coordinator's office. We will ask all participants in focus groups to keep confidential what is said in the room and not discuss anything shared afterwards. However, we cannot ensure other participants will keep this information confidential.

### **Mandatory reporting-**

We are not asking about situations of abuse and we do not anticipate these kinds of disclosures. However, if any participant divulges physical or sexual abuse of a person served by staff or Medicaid fraud it will be reported to the respective Executive Director. Medicaid fraud is specific to staff reporting/billing for services that were not given.

### **Safety/Risks-**

All staff should be aware that the information shared in a focus group or interview will be in the final report we submit to OVW. The Executive Directors are part of this collaboration therefore will also be reading this report before we send it to OVW. The Executive Directors will only have access to the notes which will be in themes and quotes with no identifying information on it.

### **Accessibility-**

We have a proactive plan for accessibility needs:

- The two agencies in Black Hawk County are located in buildings which have wheel chair accessible entrances, bathrooms and meeting rooms.

- The room will be as free as possible from odors which could cause allergic reactions and we will ask participants and facilitators to please refrain from using perfume before the focus group.
- We will make sure there is enough space around the room and the tables so that people in wheelchairs will be able to pass through easily. The snack table will be located in a convenient spot that is accessible to everyone. The doors will be open and welcoming until the focus group starts and we will open again at the end of the group. We will make sure all obstacles such as furniture and trash cans are out of the way of wheelchairs. These actions will help ensure that everyone feels welcome and free to participate.
- All printed materials will be in plain language, free from artwork and in large print. Printed materials are items such as the fact sheet and recruitment form.
- During the focus groups we will have a projector to display each question on a screen so people can see it in large print and reflect back to the question asked by the facilitator when answering.
- We will post signs to help people find the room.

#### **Other accessibility considerations-**

The project coordinator will attempt to fulfill all requests for accommodations made on the registration forms such as: perfume sensitivity, wheelchair assistance, interpreters and light sensitivity. The facilitator will ask participants to use people first language and explain why it is important to not use any offensive language.

#### **Who will be conducting these interviews/focus groups?**

A outside facilitator will be hired from the University of Northern Iowa along with others that will assist the facilitator in note taking and observing those who may need assistance.

**Who will see this information?**

The only people who will have access to the generalized notes will be the people on the collaboration team; Terri Wymore from BHGMHC, Alicia Smilley from SOH, Barb Rindels the Project Coordinator, the Executive Directors from the two agencies. The notes will be in themes and quotes to help us identify gaps and barriers within our agencies to guide us in our strategic plan.

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

The collaboration team will be writing a report based on the information we learn from interviews and focus groups to create a strategic plan for our two agencies. The report will then be shared with Vera Institute and Office on Violence against Women. Our goal is this will assist the collaboration in the development of a strategic plan to make changes and find solutions to gaps and barriers in the agency to improve service to survivors with mental health problems.

**What if I don't want to be in a focus group with other people?**

You can do a private interview with the facilitator. Please ask your recruiter how to set up an interview.

**What if we have bad weather, how do I find out if the group or interview has been cancelled?**

You can call the project coordinator to make sure the group/interview will still be held. please call 319-272-1395 and ask for Barb.

**Registration Form**

**(Leadership or staff)**

The focus group/interview will be on \_\_\_\_\_, 2011  
at\_\_\_\_\_.

The group will be 1 ½ hour long (interview 45 min.) The group will start at

\_\_\_\_\_am/pm

Participation is voluntary. No names will be taken.

(please check the correct boxes below)

No I do not want to be involved

Yes I wish to be in a focus group

Yes I wish to be involved but I would rather have an individual interview - (please ask the recruiter about times open for an interview)

**Accommodations:**

We will provide the questions on a projector and in large print.

All locations are wheelchair accessible and have handicap accessible restrooms.

All interviews and focus groups will be in wheel chair accessible room. Please check the accommodation you need below-

Interpreter: please list language\_\_\_\_\_

I will need wheel chair assistance

I have light sensitivity and will need low lighting during the group or interview.

other accommodations: please list

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

Thank you, if you have any other questions or concerns please call Barb (319)272-1395

### **RECRUITMENT Script for Focus Groups of Survivors of violence and Individuals with mental health problems**

Hi \_\_\_\_\_(name of recruiter). I would like to tell you about this project with which we are involved. In October 2009 BHGMHC and SOH got a grant from the federal government to work together to improve services for survivors of violence and individuals with mental health problems. We named our collaboration "Project SOAR". We are trying to see where our services need improvement or where we are doing well.

We want to make our services more accessible and safe for people we serve.

Today I am asking if you would like to be in a group to talk about your experience getting help from agencies. Project SOAR would like to know what those agencies did to make you feel safe, welcome, unwanted, or discriminated against. I hope you would like to join us, your experience will be of help to many people. I have a fact sheet here that will give you more information before you make a decision to be involved. (Give fact sheet, read and discuss all items on the sheet).

This focus group for (Recruiter please use the appropriate phrase for this person: survivors of (SA/DV)/people with mental health problems) will be on \_\_\_\_\_. It will be about 1 1/2 hours long. It will be at the \_\_\_\_ office, at \_\_\_\_\_, in room \_\_\_\_\_. Do you have any questions for me? Please fill out this registration form. (Read registration form with them and give assistance if needed) When completed please place it in this envelope. Then I will return it to the project coordinator. Then project coordinator can also answer any questions you might have. Her number is 319-272-1395 and her name is Barb. At this time I need to ask for the fact sheet back, thank you for your time.

### **Fact Sheet/Frequently Asked Questions**

(for people with mental health problems and survivors of violence)

#### **What is Project SOAR?**

Seeing a need to improve services for victims of domestic violence and sexual assault with mental health problems, these 2 agencies decided to collaborate on a grant. Together they formed "Project SOAR"

#### **What type of questions will be asked?**

We will be asking you questions about what your experience as a person with (mental health problems/chronic mental illness/DV survivor/SA survivor) when seeking services in the community.

**Will my information be shared?**

The information you give will be shared in notes with no identifying information. The core collaboration team members will make a report out of the information from the focus groups and interviews. This report will be shown to the Executive Directors from the 2 agencies, our Representative from VERA and the Office on Violence against Women who funds this project and require us to send them a report. Because no individual identifying information is kept, no one will know who you are when reading the report. We will NOT keep identifying information about you. All information from the interviews or focus groups will be kept in a locked filing cabinet at the project coordinator's office and it will be destroyed at the end of project. We will ask all participants in the focus groups to keep confidentiality. However we cannot make sure this will happen as we cannot control what others will do.

**Is there any information that will not be kept confidential?**

Project SOAR is NOT asking about situations of abuse or Medicaid fraud. If someone tells us about abuse by a staff person or medicaid fraud we will have to report the information to the appropriate Executive Director.

**Am I safe talking with you?**

Yes, everything said in the group will be confidential except what was stated above. No one outside of our collaboration will have access to the information from the groups.

**What are the benefits of participating?**

You can help improve services for yourself and others. You can help us learn about what can be done to make services better for survivors with mental health problems. There is a \$20 gift card that you will receive for participating.



### **Will the focus groups be accessible?**

We plan to provide:

- A projector showing the questions in large print,
- A perfume free room. We also ask people not wear perfume or cologne to the focus group.
- A building, room, and bathrooms which are wheel chair accessible.
- An interpreter if needed. You can ask for an interpreter on the registration form.

**BUT:**

- If you need a Personal Care Attendant or staff to help you, they can come with you but have to wait in a nearby room. Please indicate on the form if you need full time assistance in the room, we will provide someone to help you with that.

### **What will be provided?**

We will have light snacks and water during the focus groups only.

If you have a food allergy or dietary need, please put that on the registration form. A \$20.00 gift card to Wal-mart will be given to everyone who participates in a focus group or an individual interview.

### **Who will be doing these interviews/focus groups?**

There will be a facilitator hired from UNI, a student, and the project coordinator. They will help take notes and assist in the room during the focus groups and interviews.

### **What if I don't want to be in a focus group with other people?**

You can do a private interview with the facilitator hired by Project SOAR. Participation is voluntary. This has nothing to do with your services here. If you feel uncomfortable during the group you may leave at any time.

**What if we have bad weather, how do I find out if the group or interview has been cancelled?**

You can call the project coordinator to make sure the group/interview will still be held. Please call 319-272-1395 and ask for Barb.

**Registration Form**

(Survivors of violence and people with mental health problems)

The focus group will be on \_\_\_\_\_, 2011 at \_\_\_\_\_.

The group will start at \_\_\_\_\_am/pm

The group will be about 1 1/2 hours.

This is voluntary. No names will be taken. This will not affect your services here.

Remember for confidentiality reasons you cannot be involved if you have a guardian.

(please check the correct boxes below)

No I do not want to be involved

Yes I wish to be in a focus group

Yes I wish to be involved but I would rather have an individual interview (please ask the recruiter about times open for an interview)

**Accommodations:**

We will provide the questions on a projector and in large print.

All interviews and focus groups will be in wheel chair accessible rooms.

please check what you will need:

transportation (please ask your counselor/advocate for a ride or bus ticket)

child care: how many children? \_\_\_\_\_

interpreter: what language \_\_\_\_\_

PCA full time assistance \_\_\_\_\_

Food allergies or other dietary: please list  
\_\_\_\_\_

I need a card to help remind me what time the group is

\_\_\_\_\_wheel chair assistance

\_\_\_\_\_light sensitivity, I need low lighting

\_\_\_\_\_ other please list:\_\_\_\_\_

Thank you, if you have any other questions or concerns please call Barb (319)272-1395

### **Script for Focus Group for Direct Service Staff, and Supervisors**

My name is \_\_\_\_\_ the facilitator today. I would like to thank you all for coming today. As you know we are here today to ask you questions about the intersection of violence and mental health problems. I would like to start off with some group rules before we begin.

- We would like to ask you to use people first language and please do not use derogatory language. (such as “a person with a disability” instead of “a disabled person”)
- Please feel free to be open and honest today.
- Please keep all information that you hear today confidential “what is said in this room stays in this room”.
- The note taker will only be recording themes and quotes. No names or identifying information will be attached to these notes.
- If you are going to use an example, please remember to leave out identifying information of other staff and the people you serve, or use hypothetical examples.

Refreshments are located \_\_\_\_ please feel free to help yourself to refreshments at any time. We will not be taking breaks. If you need to use the restroom it is located \_\_\_\_\_. Please feel free to use them at any time.

### **Script for leadership interviews**

Interviewer- Hello my name is \_\_\_\_\_. I would like to thank you all for participating today. As you know we are here today to ask you questions about the intersection of

sexual/domestic violence and mental health problems. I would like to start off with some group rules before we begin.

- We would like to ask you to use people first language and please do not use derogatory language. (such as “a person with a disability” instead of “a disabled person”)
- Please feel free to be open and honest today.
- All information will be kept confidential except if you report physical/sexual abuse of a client by a staff person or Medicaid fraud.
- The note taker will only be recording themes and quotes. No names or identifying information will be attached to these notes.
- If you are going to use an example, please remember to leave out identifying information of other staff and the people you serve, or use hypothetical examples.

Do you have any questions before we get started?

**Focus Group Script for: survivors of violence and people with mental health problems**

Hello My name is \_\_\_\_\_ and I am the facilitator for this focus group. Thank you for being here today. Your opinion and feedback is important for making improvements in services at the two agencies. Remember you do not have to stay if you feel uncomfortable in the group, you may have an individual interview instead, and if you need to talk confidentially or become triggered emotionally, feel free to talk to your counselor also there is one in the next room for emotional support (\_\_\_\_\_room). Today we have snacks and water available in the (back or \_\_\_\_\_) feel free to get what you like. Any time before we begin, you are here voluntarily but if you have changed your mind and do not want to be here any longer you may leave now. If you stay that means you give permission to be part of this focus group.

There are 2 other people assisting me here today. \_\_\_\_\_ is here today as extra help so if you need anything please wave at her/him and she/he will come assist you.

To thank you for your time today \_\_\_\_\_ will be handing out a \$20.00 gift card to Wal-Mart. (hand out the card) If you feel uncomfortable taking this card home with you please let me know after the group. The card will be placed in your file for safe keeping you where you can get it from your counselor later.

\_\_\_\_\_ will be taking notes today to help us record important issues for us to work on. \_\_\_\_\_ will only be writing down ideas or themes and sometimes quotes. This person will not be writing your names or every word you say. These notes will help us write our report and make changes for better services. These notes will be locked up safe in a cabinet in the project coordinator's office. The only people who will have access to the notes are the people in our group who will write the report. At the end of the grant period Sept. 2012, the notes will be destroyed.

Today we will be asking questions about your experience as a battered woman (sexual abuse survivor or person with mental health problems) going to get help at other agency. We are looking for information about:

- What they did well;
- Things they did that was not done so well or needs improved;
- What policies or rules that are helpful or not so helpful;
- What accessibly things they had or didn't have;
- What things made you comfortable or uncomfortable?

**Confidentiality for this group is:**

We will not keep information about you. We will not ask for names or other identifying information. Any notes taken in some detail will then be changed into themes for ideas to improve services. We will not be writing word for word what is said.

- All information from the interviews or focus groups will be kept in a locked filing cabinet at the project coordinator's office.

- This is one of several groups we will be doing and information from this group will be complied with other groups.
- We are asking everyone in the group to keep what is said in the room confidential; please do not talk about it outside of this room.

**Mandatory reporting rules for this group are, there are only 2 things that require us to report:**

- (1) If any participant divulges physical or sexual abuse of a person served by staff or
- (2) Medicaid fraud either of these will be reported to the Executive Director of the agency you receive services from. Other than these 2 issues everything will be kept confidential.

Involvement in this group is voluntary. If you feel uncomfortable at any time you can leave or talk to the counselor next door for emotional support.

Housekeeping and group rules:

The bathrooms are \_\_\_\_\_. If you need assistance please let \_\_\_\_\_ know.

We ask that what is said in this focus group stays in this focus group. Please do not speak about any one's involvement in the group as that would break their confidentiality.

When one person is talking, I would like for us all to wait till they are done talking before you talk. Everyone needs to have a turn talking.

Remember we are not asking about any abuse; this is not the place to talk about that. If you want to talk about abuse please see the counselor next door. Remember today we will be asking questions about your experience as a battered woman (Sexual assault

survivor or person with mental health problems) going to get help at **other** agencies.

We will only be here for 1 1/2 hours so we will not have any breaks. If you need a bathroom break please just go and come back to this room. Please help yourself to snacks and water at any time. You also have the option to leave early if you need to.

Before we begin please silence or shut off your cell phones. Does anyone have any questions?

**Questions for Domestic Violence and Sexual Assault survivor focus groups:**

1. When a survivor is searching for information on services, where is a good place for agencies to provide information about their services?

*(Probe for)*

- other social service agencies
- community offices/buildings
- beauty parlors
- laundry mats
- bathrooms
- convenience stores
- phone book
- Web search
- Newspaper

2. From your experience when a survivor goes to seek services, what made those services more accessible? *(by that I mean what makes it easier to get the help needed?)*

*(Probe for)*

- When transportation is provided
- child care is provided
- money
- interpreters
- fear

3. As a survivor when seeking out services what do agencies and their staff do to make you feel safe or welcome?

*(Probe for)*

- a positive experience
- What makes you want to go back?
- staff attitude
- safety
- confidentiality
- Knowledgeable staff? if so what kinds of knowledge?
- what about the environment

4. When going to another agency what did the agency or their staff do to make you feel unsafe or unwelcome?

*(Probe for)*

- rude language
- safety
- confidentiality
- fear of being reported
- staff attitude
- what about the environment



5. What can other agencies do to make you feel like they understand your needs as a survivor?

*(Probe for)*

- Respect
- knowledge
- accommodations
- give you options

6. What do other agencies do to make you feel like they do not understand your needs as a survivor?

*(Probe for)*

- attitudes
- lack of knowledge
- accommodations
- lack of options

7. Let's say you had a magic wand and could make services easier to access and be as helpful as possible, what suggestions do you have for making services better in your community for survivors?

8. Is there anything else you think we should know about services in the community?

Thanks for being here today.

**Questions for people with (chronic) / mental health problems:**

1. When a person with a mental health problem is searching for information on

services, where is a good place for agencies to provide information about their services?

*(Probe for)*

- other social service agencies
- community offices/buildings
- beauty parlors
- laundry mats
- bathrooms
- convenience stores
- phone book
- Web search
- Newspaper

2. From your experience when a person with a mental health problem goes to seek services, what made those services more accessible? *(by that I mean what makes it easier to get the help needed?)*

*(Probe for)*

- transportation
- child care
- money
- interpreters
- knowledge of the agencies

3. As a person with mental health problems, think of a time when you were at an agency seeking services, what did the agency or staff do to make it a positive experience?

*(Probe for)*

- What did they do to make you feel welcome?
- staff attitude
- privacy
- how did you feel respected?
- noise level, lighting, colors and things in the room
- what made you feel comfortable disclosing about your mental illness?
- What makes you want to go back?

4. When going to another agency what did the agency or their staff do to make it a negative experience?

*(Probe for)*

- What did they do to make you feel unwelcome?
- wasn't private
- noise level, lighting, colors or things in the room?
- how did you feel disrespected?
- staff attitude
- rude language
- what made you feel uncomfortable disclosing about your mental health problems?
- what made you not want to go back?

5. What can other agencies do to make you feel like they understand your needs as a person with a mental health problem?

- Respect
- Knowledgeable staff? If so what kinds of knowledge?
- Accommodations
- give you choices
- explaining things clearly

6. What do other agencies do to make you feel like they do not understand your needs as a person with mental health problems?

- attitudes
- accommodations
- lack of choices
- don't explain things clearly
- what knowledge do you wish they had that would help you?

7. Let's say you had a magic wand and could make services easier to access and be as helpful as possible, what suggestions do you have for making services better in your community for people with mental health problems?

8. Is there anything else you think we should know about services in the community?

Thanks for being here today.

#### **Questions for Direct Staff at SOH:**

1. Think back to a time when you were serving someone whom you suspected had a disability or mental health problem. What resources were available at the agency that helped you serve this client?

*(Probe for)*

- referrals
- training
- assistive equipment
- any procedures or policies that helped?

2. What do you wish you had at the agency to help you with this client?

*(Probe for)*

- Training, (if yes, what topics do you need?)
- assistive equipment
- any policies or procedures
- joint collaborative services
- financial resources

3. What exists at your agency that helps you **to identify** if this is someone with a disability/mental health problem and needs an accommodation?

*(Probe for)*

- Intake questions?
- Any policies or procedures in place to help you?
- Have you received training?
- Do you receive supervision to help you?

4. What does your agency need to help meet accessibility accommodations for people you serve?

*(Probe for)*

- Assisted or adaptive equipment?
- large print brochures or information?
- low lighted areas in the office?

5. What policies or procedures exist at the agency that assist you to best serve people at the intersection of trauma survivors with mental health problems?

6. At your agency, what could be barriers/what could be improved to support people at the intersection of domestic/sexual violence and mental health problems?

*(Probe for)*

- are there policies or procedures
- culture of the organization
- are there procedures
- adequate training? what topics?
- beliefs

7. What can improve the relationship with SOH/BHGMHC agencies?

*(Probe for)*

- training about their services
- collaborative services (what kind?)
- groups on site
- presentations to people served
- materials to give to people

8. What barriers do you see to improving the relationship between our two agencies? (SOH/BHGMHC)

*(Probe for)*

- Time
- Willingness
- Money

9. Let's say if you woke up tomorrow and the agency you work for had everything possible to serve survivors with mental health problems, what would you see?

*(Probe for)*

- Resources for staff, equipment, etc.
- Knowledge
- Agency culture
- Training

- Staff attitudes

### **Direct Staff at BHGMHC**

1. Think back to a time when you were serving someone whom you suspected were having problems with domestic violence or sexual assault. What resources were available at the agency that helped you serve this client?

*(Probe for)*

- referrals
- training,
- any procedures or policies that helped?

2. What do you wish you had at the agency to help you with this client?

*(Probe for)*

- Training, (if yes, what topics do you need?)
- assistive equipment
- any policies or procedures
- joint collaborative services
- financial resources

3. What exists at your agency that helps you **to identify** if this someone dealing with the trauma of domestic abuse or sexual assault? *(Probe for)*

- Intake questions?
- Any policies or procedures in place to help you?
- Have you received training?
- Do you receive supervision to help you?

4. Tell us about your policies and/or procedures at your agency to support people with a disability who also are survivors of domestic or sexual abuse.

*(Probe for)*

- Are there any?
- Do you know the policies or procedures?
- What works well?
- What could be improved?
- How would you change it?

5. At your agency, what could be barriers/what could be improved to support people at the intersection of mental health problems and the trauma of domestic/sexual violence?

*(Probe for)*

- are there policies or procedures
- culture of the organization
- are there procedures
- adequate training? what topics?
- beliefs
- serving their abuser
- privacy or mandated reporting

6. What can improve the relationship with SOH/BHGMHC agencies? *(Probe for)*

- training about their services
- collaborative services (what kind?)
- groups on site
- presentations to people served
- materials to give to people



7. What barriers do you see to improving the relationship between our two agencies? (SOH/BHGMHC) *(Probe for)*

- Time
- Willingness
- Money

8. Let's say if you woke up tomorrow and the agency you work for had everything possible to serve trauma survivors what would you see? *(Probe for)*

- Resources for staff, equipment, etc.
- Knowledge
- Agency culture
- Training
- Staff attitudes

### **Executive Directors**

*(for the former SOH Director Beth, "With the knowledge you have about SOH...." or "In retrospect")*

1. When thinking about your agency where do you feel this agency's strengths are regarding the intersection for survivors of trauma with mental health problems? *(Probe for)*

- Accessibility
- Safety
- Resources
- staff knowledge

2. What improvements do you think your agency needs to improve services at the intersection of mental health problems and the trauma of domestic violence and sexual assault? *(Probe for)*

- policies and procedures
- staff knowledge, what subjects?
- resources

3. What does your agency currently have to meet people's accessibility needs? (*Probe for*)

- Transportation
- Interpreters
- Equipment
- Financial (are people able to afford to come seek your services)
- what do you wish the agency had?

4. When a change happens in this agency, what are the steps taken to create that change? (*Probe for*)

- Who is involved in making changes?
- Who can suggest changes?
- Where does it start?

5. What/who are common barriers to change? (*Probe for*)

- Board
- Staff
- Funding sources
- adjustment in budgeting

6. How do you feel about the current relationship between BHGMHC and SOH? (*Probe for*)

- communication
- staff involvement in joint service

- referral process

7. How do you see the relationship improving in the future? (*Probe for*)

- communication
- staff involvement in joint service
- referral process

8. Does your agency budget allow for staff to do training or services at SOH/BHGMHC?  
(*Probe for*)

- if not how can budgets be changed?
- what else can be done to allow for collaboration?

9. Anything else you would like to tell us that we have not thought to ask?

#### **Board of Directors-**

1. Where does the board stand on the collaboration between BHGMHC and SOH to improving services for survivors of trauma with mental health problems?

- how to sustain it in the future?

2. How do you see the board being involved in the collaboration?

3. Though we do not know what needed changes will be identified, what adjustments would you be willing to consider in the agency if needed? (*Probe for*)

- policies
- procedures
- budgets

4. When a change happens in this agency, what are the steps taken to create that change?

5. Here is the mission for Project SOAR. How do you see this mission in line with the mission of your agency? (Interviewer hand Project SOAR's mission statement to this person or read it to them)

*(Probe for)*

- Do we have the same ideas
- Values

6. Anything else you would like to tell us that we have not thought to ask?

### **SUPERVISORS BHGMHC**

1. How do you recognize someone who may be affected by the trauma of domestic violence/sexual abuse? What would you do to help staff recognize this? *(Probe for)*

- Do you inform them of things to look for?
- Do you help train them on the subject?

2. Do you encourage disclosure of trauma history of domestic violence or sexual assault by someone you are working with? *(Probe for)*

- If so how?
- When do you know you should?
- If not why?

3. How do you help your staff respond to someone who has experienced the trauma of domestic violence or sexual assault? *(Probe for)*

- Do you support staff in assisting in getting help?
- Do you train staff to handle this situation?

- Do you support staff while they are handling a situation of trauma?
4. What supports or resources are available to a person who has experienced sexual assault or domestic violence? *(Probe for)*
- Referrals
  - What in house
  - Community
5. What do you wish you or BHGMHC had, that you don't have right now, in order to support a person who has experienced the trauma of sexual assault/domestic violence? *(Probe for)*
- Resources
  - Financial
  - Ease of referring
  - Safe places
  - Community involvement/support
6. What policies or procedures currently exist to support survivors of trauma with mental health problems? *(Probe for)*
- Referral process
  - Safety places
  - What do we need
7. What policies or procedures do you wish were different to help you support people better?
8. What type of training is available sexual/domestic violence at your agency for staff? *(Probe for)*
- Other agencies

- Webinars
- Off site or on site

9. What training topics are needed for sexual/domestic violence for staff?

10. What kinds of accessibility needs does your agency have? What does BHGMHC currently have to meet people's accessibility needs?

11. What is the process for change in this agency? (*Probe for*)

- Who do you go to if you have an idea?
- Do you feel comfortable doing so?

12. What do you know about SOH? (*Probe for*)

- What do you wish you knew about SOH services?
- What would help you learn?
- Training or Job Shadowing

13. What do you think could be done to improve the relationships between these two agencies? (BHGMHC and SOH)

14. What barriers do you see to improving the relationship between these agencies? (*Probe for*)

- Time
- Willingness
- Money

Supervisors SOH

1. How do you recognize someone who may have a mental health problem? What would you do to help staff recognize this? *(Probe for)*
  - Do you inform them of things to look for?
  - Do you help train them on the subject?
  - Do you encourage people to train and look for it?
  
2. Do you encourage clients to talk about their mental health problems?
  - If so how?
  
  - When do you know you need to encourage clients to talk about their mental health problems? If not why?
  
3. How do you help your staff respond to someone who has a mental health problem? *(Probe for)*
  - Do you support staff in assisting in getting help?
  - Do you train staff to handle this situation?
  
4. What supports or resources are available to a person served with mental health problems? *(Probe for)*
  - Referrals
  - What in house
  - Community
  
5. What do you wish you or SOH had, that you don't have right now, in order to support a person who has experienced the trauma of sexual assault/domestic violence or mental health problems? *(Probe for)*
  - Resources
  - Financial
  - Ease of referring

- Safe places
- Community involvement/support

6. What policies or procedures currently exist to support trauma survivors with mental health problems? *(Probe for)*

- Referral process
- Safety places
- What do we need
- Do you support staff in assisting in getting help
- Do you train staff to handle this situation
- Do you support staff while they are handling a situation of assault

7. What policies or procedures do you wish were different to help you support people better?

8. What type of training is available for trauma informed care or mental health problems at your agency for staff? *(Probe for)*

- Other agencies
- Webinars
- Off site or on site

9. What types of training topics are needed for trauma informed care or mental health problems for staff? *(Probe for)*

- Other agencies
- Webinars
- Off site or on site

10. What kinds of accessibility needs does your agency have? What does SOH currently have to meet people's accessibility needs?



11. What is the process for change in this agency? (*Probe for*)

- Who do you go to if you have an idea?
- Do you feel comfortable doing so?

12. What do you know about BHGMHC? What do you wish you knew about BHGMHC's services? (*Probe for*)

- What would help you learn?
- Training or Job Shadowing

13. What do you think could be done to improve the relationships between these two agencies? (BHGMHC and SOH)

14. What barriers do you see to improving the relationship between these agencies? (*Probe for*)

- Time
- Willingness
- Money

## Resource Sheet

**Seeds of Hope** - Sexual Assault, Domestic Violence, and Stalking

**319-272-1400** (Black Hawk county)

also serves Grundy and Hardin counties (888-746-4673)

all services are free: counseling, support groups, 24 hour crisis line, court assistance, no contact orders, shelter referral, personal advocacy.

**Black Hawk-Grundy Mental Health Center, Inc.** - Mental Health agency

**319-234-2893**

Services: consultation, outpatient therapy, education on mental health diagnosis, professional training services, school based programs, homeless program, emergency services, patient assistance programs, triage nursing, outreach services and prolixin-haldol injection clinic.

Mental Health Recovery Drop in Center -319-433-1445

**Other Counseling Services in Black Hawk County:**

Katinka Keith (sexual abuse) 272-2112

Carolyn Hartsfield (women’s counseling) at Covenant Psychiatry 272-8922

Catholic Charities-272-2080

Lutheran Social Services-233-3579

Psychiatric Associates-233-3351

Allen Mental Health-235-3683

**Focus Group and Interview Debriefing Form**

**Facilitator, Recorder, and Observer:**

Immediately following the focus groups please complete this form together.  
Please give to the Project Coordinator when completed.

**Group:** \_\_\_\_\_

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

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

**Number of participants:** \_\_\_\_\_

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

**Note taker:** \_\_\_\_\_

**Observer:** \_\_\_\_\_

**Anything noteworthy about the process? What's working? What needs changed? What needs changed to make the groups more successful?**

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**Memorable Quotes or comments:**

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What did you observe?

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

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**Anything else to add? Gaps in services? Insightful comments?**

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