Accessing Safety and Recovery Initiative (*ASRI*)
Needs Assessment Plan
Narrative

INTRODUCTION

Background

The ***Accessing Safety and Recovery Initiative (ASRI)*** is funded by the US Department of Justice, Office of Violence Against Women, Disability Grants Program to address trauma and domestic violence in the lives of women with psychiatric disabilities by improving services and creating sustainable system change. The ***ASRI*** is part of a federal initiative to help build the capacity of communities and organizations to meet the needs of Deaf women and women with disabilities who are victims of domestic violence, sexual assault, or stalking. The grant structure includes a one year planning phase in addition to the two-years designated for project implementation. As part of the planning phase, *ASRI* will conduct a needs assessment and develop a strategic plan to guide the Initiative over the next two years.

Partners

ASRI is collaborative endeavor of six partner agencies: the Domestic Violence & Mental Health Policy Initiative (DVMHPI), the Growing Place Empowerment Organization (GPEO) - a mental health consumer advocacy organization, the Illinois Coalition Against Domestic Violence (ICADV), Life Span (a multi-service Domestic Violence (DV) agency), the State of Illinois Department of Human Services Division of Mental Health (IDHS-DMH) and Thresholds (a large multi-service psychosocial rehabilitation agency).

Goals

ASRI's overarching goal of is to help build organizational and system capacity to ensure that survivors of domestic violence and other trauma who are living with a psychiatric disability have access to the range of trauma-informed and culturally sensitive services that will help them achieve safety, recovery, connection and self-determination, in addition to other outcomes important to them.

More specifically, the initiative will focus on enhancing the ability of local DV and mental health agencies, state psychiatric hospitals and other community stakeholders to better serve survivors of DV who are living with psychiatric disabilities and to facilitate the development of sustainable cross-sector collaboration to ensure all survivors have access to the services and support they find most helpful in their communities, wherever they turn for assistance.

Because the grant program places a strong emphasis on the creation of real and sustainable change, *ASRI* will focus its efforts on two pilot communities in Illinois in order to provide the depth and intensity of technical assistance and collaboration-building necessary to achieve these goals. Ultimately, however, the successes and lessons learned from this initiative will be expanded to other communities throughout the state.

The selection of pilot sites was based on several considerations in addition to the requirement of having a state psychiatric hospital, a community mental health agency with established peer support programming and a multi-service domestic violence agency within the geographic area. Criteria included: 1) feasibility (including travel-related considerations), 2) program strengths (including demonstrated interest in and/or track record of addressing these issues, strong recovery-oriented, peer-run services), and 3) willingness to commit to the mission and expectations of the initiative (e.g. commitment to cross-sector collaboration and agency change, ability to engage in work that will be entailed). After thoughtful consideration, *ASRI* selected two sites to partner with in building cross-sector collaboration and developing and implementing service delivery models that better meet the needs of survivors who are experiencing psychiatric disabilities: Rockford, IL and the North Side of Chicago. Agency partners include the following:

- State psychiatric hospitals: Singer Mental Health Center in Rockford and Read Mental Health Center in Chicago
- Community mental health center/Psychosocial Rehabilitation Agency: Janet Wattles in Rockford and Thresholds in Chicago
- Multi-service DV agencies: WAVE in Rockford and CAWC in Chicago.

In sum, the *ASRI* is designed to:

- Enhance collaboration among local DV and mental health agencies, state psychiatric hospitals and other community stakeholders in 2 selected Illinois communities to ensure survivors have access to appropriate services, safety and support.
- Enhance the ability of DV programs, community mental health agencies and state psychiatric hospitals to develop and implement safe, accessible services that better meet the needs of survivors who are living with psychiatric disabilities. [1]

[1] While this project is funded specifically to focus on survivors of DV, our approach attends to the range of trauma survivors may have experienced. Examples include: working over time to ensure agency policies, procedures and service environments are both DV- and trauma-informed and incorporate principles of inclusive design, (i.e. are welcoming and fully accessible as well as culturally-attuned, recovery-oriented and helpful to survivors of DV and other lifetime trauma who are experiencing a psychiatric disability) and attend to key issues faced by survivors of DV (e.g., immediate and long-term safety, role of abuser in precipitating mental health symptoms, use of

- Build on existing recovery-support service delivery structures in Illinois to develop new, sustainable DV- and trauma-informed service delivery models and tools to the extent possible in the current fiscal environment.

The project will be facilitated by *ASRI* partners who will provide ongoing consultation, training and technical assistance throughout the remainder of our planning phase (6 to 8 months) and the 2 year implementation phase.

PURPOSE

The needs assessment constitutes the first step of the planning phase with the initiative's two pilot sites. It is designed to provide the practical information necessary to achieve the overall mission and goals of the initiative and to develop the strategic plan. In order to accomplish these goals, we will need to develop an accurate picture of existing services, collaborations, organizational structures, and regulatory/funding environment; current barriers and unmet needs and potential opportunities and mechanisms for change. Toward that end, the Needs Assessment will explore key issues facing survivors in accessing safety and recovery, including the needs, gaps and barriers survivors view as important and the strategies, suggestions and recommendations survivors have for improving access to resources and services, increasing self-determination and reducing exposure to violence and abuse. It will also examine the current state of practice (strengths as well as challenges) both within and among agencies serving survivors of DV and other trauma experiencing psychiatric disabilities. This will entail gathering information from women themselves and the agencies that serve them. In addition, it will be important to assess agency needs, resources, organizational structures as well as opportunities and mechanisms for change in the context of the current fiscal realities. Access to other community resources will also be addressed.

GOALS AND QUESTIONS: What do we want to learn?

ASRI initially identified four global questions to help guide the development of our Needs Assessment Plan. As part of the needs assessment, we hope to learn the following:

Global Questions:

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mental health symptoms by an abusive partner and/or the courts to undermine custody & credibility, inadvertent involvement of abuser in treatment) that often arise in mental health settings.

- What is really happening when women seek services in DV and in mental health settings? What is the actual experience and practice in these settings, including the needs, strengths, gaps and barriers?
- What programs, models and services currently exist to address safety and recovery in settings where survivors of DV with psychiatric disabilities seek help?
- What existing programs, models and services (particularly peer-based) might serve as a platform that could be built on to enhance women's access to safety and recovery?
- What is needed to begin improving access to safety, recovery-oriented treatment and other needed resources and services for survivors of DV who are experiencing psychiatric disabilities?

More specifically, the needs assessment is designed to examine the following four sets of questions from survivor, staff and agency leadership perspectives:

1. Current state of services, policies and collaboration: What are current policies and practices in partner DV agencies with regard to serving survivors who have a psychiatric disability? What services are available? What are current policies and practices in mental health agencies and (state) psychiatric hospitals regarding serving women with psychiatric disabilities who are currently being victimized or have been victimized in the past? What services are available? What are the current relationships and linkages between partner organizations? What other community providers are serving survivors with psychiatric disabilities?

2. Current needs, gaps and barriers facing agencies and survivors: What are the needs, gaps and barriers survivors experience when seeking services at a DV organization or shelter? Or, when seeking DV services in other settings? What are the needs, gaps and barriers survivors experience in seeking services at mental health organizations or (state) psychiatric hospitals? What are the needs, gaps and barriers survivors face in accessing services in other systems? What are the needs, gaps and barriers staff and leadership face in addressing survivors' needs?

3. Current strengths and capacities of agencies and existing collaborations: What are the current strengths and capacities of pilot DV programs in serving women with psychiatric disabilities? What are the current strengths and capacities of pilot mental health centers and hospitals? What are the strengths and assets of current linkages among pilot partners and service sectors? What is working well? What is not? What else needs to be done?

4. Opportunities and strategies to improve services and collaboration: What are the opportunities and strategies that could be employed to improve accessibility

and services at pilot DV programs? What are the opportunities and strategies that could be employed to improve physical and emotional safety and recovery at pilot mental health agencies and psychiatric hospitals? What are the opportunities and potential strategies to strengthen partnerships and to improve access to services across sectors? What are the opportunities and potential strategies to develop peer-support models to address safety and recovery?

INFORMATION SOURCES
What information do we have? Who can give us the additional information we need?

Existing Information
Over the past 9 years, *ASRI* partners have engaged in a range of collaborative endeavors to build collaboration between the DV advocacy and mental health provider and consumer communities and to develop more integrated service delivery models for addressing domestic violence, trauma and mental health. In addition to the lessons learned from our ongoing work, we have also conducted a number of formal and informal needs assessments over the years – with DV survivors, DV advocates, mental health providers, and mental health consumers. Information from these activities and ongoing relationships with DV, mental health and consumer-based programs have contributed to our current understanding of these issues and have been used to guide our current Needs Assessment Plan.

New Information
New information will be gathered through a series of interviews and focus groups conducted with administrative leadership and direct service staff from the initiative's 6 pilot partners as well as women who have experienced domestic violence and/or mental illness and who are receiving services from those agencies.

METHODOLOGY
AUDIENCE

Our needs assessment will focus on DV and mental health services for women who are survivors of DV living with psychiatric disabilities. Those services may be provided by a domestic violence program, a community mental health center or a state psychiatric hospital. The needs assessment will focus on three main groups of informants – the staff of these agencies, the leadership and the women that they serve.

State Psychiatric Hospitals
- Women currently using inpatient psychiatric services

- Clinical and other direct service staff
- Hospital administrators and leadership team members

Community Mental Health Agencies
- Women utilizing agency's clinical and peer support services
- Clinical and other direct service staff
- Senior administrators and Program Directors

Multi-service Domestic Violence Programs
- Women currently or previously utilizing shelter and non-shelter DV services
- Advocacy and clinical staff
- Senior administrators and Program Directors

FORMAT

Interviews and Focus Groups

The needs assessment will utilize two primary information gathering strategies: individual interviews and facilitated focus groups that will be tailored to the specific audience and to the particular information being sought.

Focus Groups will provide the primary source of information gathering from women who are survivors of domestic violence (receiving services in one of the two pilot DV programs) and/or who are receiving services related to a psychiatric disability (from pilot community mental health centers or state psychiatric hospitals).

Focus groups will also be utilized to gather information from direct service staff and in some cases, supervisors and management staff from the 6 pilot agencies. For example, based on feedback from Singer and Read Mental Health Centers, we will conduct one focus group instead of individual interviews with their leadership staff.

Individual Interviews will be used with to gather information from senior leadership at the pilot sites (directors, CEOs, key administrators) as well as for a small number of individual DV survivors and women experiencing psychiatric disabilities who indicate they would feel more comfortable providing information in this format.

NUMBERS

We will conduct 1-2 focus groups plus 1-2 interviews with domestic violence survivors and/or women with psychiatric disabilities at each site as well as 1-2 focus groups with direct service staff at each pilot agency. We will interview key administrative staff at each of 4 partner agencies and conduct focus groups with

leadership staff at both state psychiatric hospitals and with senior staff at WAVE (1 per site). See below for more details.

Singer and Read MHC Needs Assessment Interview/Focus Group Logistics

Women who have a Psychiatric Disability: We will conduct 1-2 focus groups, each at Singer and Read MHCs for women currently receiving services at those sites. Each will include 6-8 participants. We will also offer interviews as an alternative to 1-2 women/site who are more comfortable participating in that format and/or who have specific confidentiality concerns. (2-4 focus groups; 2-4 interviews)

Professional and Direct Care Staff: Professional and direct care staff from the two state psychiatric hospitals will also be interviewed in a focus group format. We will conduct 1-2 focus groups at each site. Each will include 6-8 staff. In addition, we will conduct 1-2 interviews/site for staff who are more comfortable participating in that format. (2-4 focus groups; 2-4 interviews)

Leadership/ Administration: Leadership staff will also be interviewed in a focus group format. Participants will include the Hospital Administrator, Medical Director, Director of Nursing, Quality Manager, Chief of Psychological Services and Forensic Assessment, Rehabilitation Services Director, 2 Recovery Specialists, and a Senior Clinician. A similar process will be utilized at Read. (2 focus groups)

Singer & Read	Focus Groups	Interviews
Women with Psychiatric Disabilities	2-4	2-4
Staff	2-4	2-4
Leadership	2	

Thresholds and Janet Wattles Center Needs Assessment Interview/Focus Group Logistics

Women who have a Psychiatric Disability: We will conduct 1-2 focus groups, each at Thresholds and Janet Wattles with women who are receiving services at those sites. An individual interview format will be offered as an alternative. (2-4 focus groups; 2-4 interviews)

Clinical and Direct Service Staff: We will also conduct 1- 2 focus groups with clinical and direct service staff at each site. (2-4 focus groups)

Leadership/ Administration: At Janet Wattles Center, we propose to interview 4 key administrators: the Executive Director, the Clinical Director, and 2 Program Directors (one from the Path (homeless outreach) program and one from the PSR (psychosocial rehabilitation/peer support) program. At Thresholds, individual interviews will be conducted with the CEO, the Chief Clinical Officer, the Director of Quality, the Director of Recovery, the Director of the PSR program (Dincin Center) and the Director of the Mobile Assessment Unit (MAU). Interviews are estimated to take one hour. (10 interviews)

Thresholds & Janet Wattles Center	Focus Groups	Interviews
Women with Psychiatric Disabilities	2-4	2-4
Staff	2-4	
Leadership		10

CAWC and WAVE

Survivor Interviews and Focus Groups: We will conduct 1-2 focus groups plus 1-2 additional interviews with survivors at each program. We anticipate one group per site of current or former shelter clients and a second group with current or former walk-in clients. If a survivor identifies a mental health concern during recruitment we will offer her the option of participating in an interview rather than a focus group. Additionally, if a woman identifies a mental health concern during a focus group, we will offer her the option of a supplemental interview where we can ask more specific questions. (2-4 focus groups; 2-4 interviews)

Direct Service Staff: Focus Groups will be used to gather information from direct service staff at both domestic violence programs (1-2 focus groups of 6-8 advocates/counselors at each site). At CAWC, focus groups would include a sample of the 8 counselor advocates, a substance abuse counselor, Illinois Domestic Violence Act (IDVA) Advocate, Family Trauma Therapist, and the Children's Advocate). CAWC requested that we consider phone participation to address concerns about time away from work and inclusion of staff from different shifts, etc. (2-4 focus groups)

Leadership/Administration: Interviews will be conducted with senior administrative staff and program directors. At CAWC, this will include the Executive Director, the Associate Director, the Shelter Director, the Direct Services Coordinator and the Volunteer Coordinator. At WAVE, this will include the Executive Director and the VP of Clinical Services. One focus group will be conducted with senior program staff, including: 2 senior counselors, counselor

assigned to women who have a mental illness and 2 case mangers. (7 interviews, 1 focus group)

CAWC and WAVE	Focus Groups	Interviews
Survivors	2-4	2-4
Staff	2-4	
Leadership	1	7

Summary:

In sum, we will be conducting between 17 and 27 focus groups and between 25 and 33 interviews. The actual number will depend on staffing, timing for partner agencies.

Total for All Sites	**17-27**	**25-33**

RECRUITMENT STRATEGIES

ASRI members will provide information about the Initiative and the Needs Assessment to administrative leadership at pilot agencies who, in turn, will discuss participation in the Needs Assessment with appropriate staff and clients. *ASRI* partners will also provide pilot agency directors and designated recruitment staff with brief trainings that will include the following: how to present the needs assessment to each participant group; basic ground rules for focus groups; maintaining privacy, safety and confidentiality; not using persuasion or coercion during recruitment; discussing informed consent and mandated reporting and ensuring that accommodation requests are met.

Women Receiving Services at DV or Mental Health Agencies

Incentives:
ASRI will offer incentives ($10 gift cards) for women participating in the needs assessment as consumers or survivors. Information about incentives will be included in the recruitment flyers, in group announcements and individual recruitment conversations. Gift cards will be given to participants when they show up for the focus group or interview. Participants will be informed that they can leave at any time and that doing so will not cause them to forfeit their gift card and will not affect their services in any way.

Women Experiencing a Psychiatric Disability: As noted above, focus groups will be the primary method utilized to gather information from women who are experiencing a psychiatric disability and/or are survivors of domestic violence. Individual interviews, either by phone (if deemed safe) or in-person will be

scheduled to accommodate individual needs. Participants will receive the $10 gift card for their participation, and all their transportation costs will be paid. Information about accommodation needs will be obtained during the recruitment process (see Access Considerations section). One to two focus groups for women with psychiatric disabilities will be scheduled at each of the four mental health service sites.

For all four sites, designated staff will post recruitment flyers in accessible locations. The flyers, in turn will direct prospective participants to the point person or persons at their agency, who will discuss in more detail what the focus groups and/or interviews are about, secure their permission to participate and inquire about accommodation needs. Information about incentives (the $10 gift card), will be included on the flyers but will also be reviewed at this time. Designated staff will contact the *ASRI* project coordinator to discuss specific accommodation needs or concerns. Participants can also choose to contact the project coordinator directly to discuss any additional questions and/or accommodation needs. Interviews, either by phone (if deemed safe) or in-person will be offered as an alternative for women who indicate they would be more comfortable participating in that format. This would include anyone who cannot or does not wish to be part of a focus group or who identifies issues that may make focus group participation risky (e.g., issues related to confidentiality, stigma, or physical safety). Staff will also consider potential goodness of fit in their recruitment efforts. In addition, staff involved in recruitment will also be trained to ascertain and discuss safety issues (e.g. whether or not it is safe for a woman to participate or whether it might place her in jeopardy) and to obtain safe contact information.

More specifically, at the two state psychiatric hospitals (Singer and Read MHCs), the Recovery Specialist(s) will post a flyer on each acute unit to identify those individuals who may be interested. This will be done close to the time at which they would be interviewed insofar as they could be discharged before the interviews if identified earlier. The Recovery Specialists will also address the topic in Consumer Council, the Community Morning Meeting and WRAP™ classes to inform potential participants about the subject matter to be covered in the focus group and identify those interested in participating.

At Thresholds and Janet Wattles Center, agency staff and peer support providers will identify women with psychiatric disabilities who would be willing to participate in a focus group. Individuals will initially be identified through flyers posted at target sites (e.g. Dincin Center) where direct service staff will provide information about the project and discuss any concerns that arise, as well as potential participants' interest and comfort in talking about the subjects to be addressed).

Women who are Survivors of Domestic Violence: One to two focus groups will be conducted with domestic violence survivors who are currently receiving services at pilot DV agencies or have received services in the past. Participants will be recruited by domestic violence program staff (advocates) who will inform participants of the subject matter to be covered in the focus groups. Staff will post a flyer on bulletin boards in shelter and walk-in programs to identify women who may be interested. Announcements will be made in group meetings, as well. Participants will be informed about incentives via the flyer, group announcements and individual recruitment. Staff will then talk with each participant about her interest and level of comfort in discussing the topics to be addressed as well as any potential challenges she might anticipate. Staff will also consider potential goodness of fit in their recruitment efforts. Again, interviews, either by phone or in-person, will be offered as an alternative and accommodation needs discussed. Here too, designated staff will contact the *ASRI* Project Coordinator to review specific accommodation needs or concerns.

Leadership and Direct Service Staff at Pilot Agencies

Domestic Violence Program Staff: Executive Directors of the 2 pilot DV programs will recruit senior administrators and program directors to participate in interviews. Program directors, in turn, will identify and recruit staff to participate in focus groups through regular meetings and conversations.

***Community MH Center Staff*:** The Executive Director and/or Chief Clinical Officer will identify and recruit senior administrators and program directors to participate in individual interviews. Program directors will, in turn, identify and recruit staff to participate in focus groups from programs targeted for this project [PATH program and clinical/peer support services at Janet Wattles, Dincin Center (including peer support services) and MAU at Thresholds]. This will be done through regular meetings and conversations. Staff may be divided into groups based on job descriptions (senior clinical staff, non-clinical direct service staff). Program directors will send out a brief announcement to determine interest and select from this pool.

***State Psychiatric Hospital Staff*:** Hospital Administrators will recruit senior leadership staff to participate in a focus group. Leadership staff, in turn, will identify and recruit 6-8 professional and direct care staff from each of two admission units and from each shift to participate in focus group interviews. Leadership staff will send out a brief announcement to determine interest and select from this pool.

Additional Recruitment Logistics

In all settings, participants will be encouraged to contact the *ASRI* Project Coordinator directly to discuss any additional questions and/or accommodation

needs that haven't been addressed by the designated agency liaison or other staff that have been trained by *ASRI.* The designated agency liaison will also work with agency leadership and the Project Coordinator to schedule interviews and focus groups. All staff and leadership participants will be asked to RSVP to the agency liaison and/or Project Coordinator at least 10 business days prior to their focus group or interview. Women who are receiving outpatient mental health and/or walk-in DV services will also be asked to RSVP to the liaison at the agency where they receive services and/or the Project Coordinator at least 5 days prior to the focus group or interview. The agency liaison and/or Project Coordinator will contact confirmed participants 2-3 days prior to the focus group in order to maximize attendance by addressing any remaining needs. In residential settings, staff will be responsible for identifying and confirming participation 2 days prior and to reconfirm on the day of the focus group or interview. The *ASRI* Project Coordinator with work closely with each agency on recruitment logistics (tracking numbers, contacting participants and scheduling interviews and focus groups) and distribution of tasks. Sites and times for interviews and focus groups will be determined in partnership with pilot agencies so as to minimize disruption of work and/or services.

ACCESS CONSIDERATIONS

ASRI and pilot partners will ensure that interviews and focus groups are accessible to all participants. All interviews and focus groups will be provided in private settings in organizations where participants are already working or receiving services. In addition, information about accommodation needs will be collected as a part of the recruitment process. Staff from pilot agencies will ask participants about any needed accommodations and will also provide participants with a registration form that offers another opportunity to request accommodations. Agency liaison staff will inform the Project Coordinator of these requests, which may take up to 10 days to put in place. The Project Coordinator will then arrange the accommodations including payment for services as necessary (she will also ask potential participants who contact her if they require any accommodations). Accommodations could include language interpreters, alternative formats, transportation, personal care attendants, childcare, need for reduced stimulation or additional support during or after a focus group or interview. Physical access to areas where focus groups and interviews are being held will be checked for obstacles and the ability to accommodate participants who use wheelchairs or have other mobility issues. Sign language or other interpreters will be made available on request**.** For women who do not have phone access or where phone access would be unsafe, staff from the agency where they receive services will also be trained to perform these functions with backup from the Project Coordinator.

STRUCTURE AND PROCESS

ASRI will develop specific questionnaires and focus group guides to facilitate the interview and/or focus group process with each audience. Specific scripts will also be developed for interviewers and focus group leaders, including scripts for obtaining informed consent. In addition, each group of participants will be recruited separately utilizing specific outreach tools.

Establishing Emotional Safety
In addition to concerns related to confidentiality and mandatory reporting (see sections below), emotional safety will also be addressed. Focus group facilitators and interviewers will be prepared to create a welcoming, trauma-sensitive, non-judgmental atmosphere both with and among participants. As part of the introduction, participants will be reminded that the focus of the discussion is on improving services, not on personal experiences of abuse and violence and/or mental illness and that if those issues arise we will try to refocus the discussion on service-related questions. We will also discuss our rationale for discouraging personal disclosure and the potential for triggering and/or overwhelming other participants while also acknowledging that these are important experiences that may evoke intense feelings for any of us as individuals. ASRI partners will work with administrators and staff from each pilot site to ensure that appropriate clinical and/or advocacy supports are available during and after all interviews and focus groups for any survivor who requests it. Participants will also be informed that information discussed in the group is to remain confidential and will be asked to agree to maintain confidentiality before the focus group begins.

Focus Groups:
Focus groups will be structured to run for 1 ½ hours, each (including food and introductions) and will be staffed by 2 facilitators and a recorder. In addition, we will have a DV advocate and/or an *ASRI* partner available outside the room for women who are interested in additional information and/or support or for whom participation evokes other trauma-related issues. Focus groups will be conducted in a confidential space provided by each of the partner agencies. As participants are entering the room, facilitators will offer food, make small talk and ask each person fill out a name tag (first name only). Once everyone is settled, the facilitator(s) will introduce themselves, welcome everyone and thank them for participating. Facilitators will let participants know that the discussion should take about 75 minutes, and that they will be asking about six questions. They will also take this time to explain what a focus group is (as appropriate) and what the goals are for this particular group and to introduce the ground rules. Ground rules include agreeing to maintain confidentiality, not interrupting or arguing, being careful not to discuss personal experiences of abuse or upsetting details of other peoples' experiences and knowing that due to time, the facilitator may need to move the discussion on. Consents will be reviewed and participants with be asked to verbally agree to maintain confidentiality and to provide both verbal and written consent to participate (see sections on informed

consent and confidentiality, below for more details). The facilitator will then ask everyone to introduce themselves and respond to any questions participants may have before proceeding with the specific questions that have been developed for that group. After the last focus group question has been responded to, the facilitator will ask if anyone has anything they'd like to add before the group ends. Finally, the facilitator will remind participants who they can contact if they have any questions about the project (*ASRI* partners) or concerns about consent or confidentiality and/or if they find themselves feeling distressed after they leave (designated staff and/or supports). Finally, she will thank everyone for coming and contributing their wisdom and expertise.

Interviews:
Interviews will be structured to last for one hour, each and will be staffed by one interviewer and a recorder. (A counselor and/or advocate will be available after the interview if the interviewer and/or recorder are not prepared to address DV and/or trauma-related issues that may arise). Interviews will be conducted in a confidential space provided by each of the partner agencies. The interviewer will introduce herself and the recorder and thank the interviewee for participating. The interviewer will let the participant know that the interview should take about one hour and will explain what the goals are for the interview. She will then review the informed consent form, address any questions the participant may have and obtain both written and verbal consent (see sections on Informed Consent and Confidentiality below). The interviewer will also ask if the individual has designated someone they can talk with afterwards should the need arise. After the last question has been responded to, the interviewer will ask if the participant has anything else he or she would like to add. The interviewer will then remind the participant of who to contact if he or she has any questions about the project (*ASRI* partners), concerns about consent or confidentiality (Hektoen or Thresholds IRBs), and/or if they find themselves feeling distressed after they leave (designated staff and/or supports). Finally, she will thank her or him for participating and contributing her or his wisdom and expertise.

INFORMED CONSENT
Informed consent materials regarding voluntary participation, the right to withdraw and the protection of information will be developed and provided to all prospective participants, who will receive this information in both written, verbal and/or ASL forms. They will be asked to read or listen to the consent form (available in alternate and large print formats and through ASL interpretation) and ask any questions they may have before agreeing to participate in the Needs Assessment. Participants will be informed about the topics that will be discussed and told that their participation is totally voluntary. They will also be informed that the decision whether or not to participate will not affect their current or future relations any agency they receive services from

(from CAWC/WAVE/Janet Wattles, Thresholds, Read MHC, Singer MHC) and/or work for. They will also be told that if they do decide to participate, they are free to withdraw at any time without affecting those relationships (or forfeiting their gift card). Issues related to confidentiality will be addressed, as well (see Confidentiality section below). Contact information for questions about the needs assessment or about an individual's rights as a participant will also be provided. If a potential participant needs to have a guardian sign her consent, a member of the *ASRI* team will first discuss safety and confidentiality issues with that individual to determine whether or not involving a particular guardian would be safe. IRB approval will be obtained, as indicated, from the Hektoen Institute, LLC and Thresholds to ensure human subject protection.

CONFIDENTIALITY

In order for participants to engage fully in the needs assessment process, the information we gather in that process must be confidential. Further, the collaboration must be able to ensure participants that this confidentiality is real. These two steps are necessary to attain complete, forthright, reliable data from the assessment. Maintaining confidentiality is also a key factor in contributing to the safety of each participant.

Confidentiality re: Participation

Participants will be informed that the only people who will know that they are participating in the Needs Assessment are the staff member who asked them to participate, other women in their focus group, members of the Needs Assessment team

Confidentiality re: Individually Identifiable Responses

We will explain to each person we recruit for the needs assessment that individually identifiable responses to questions and information disclosed during the interviews and focus groups will not be revealed or shared with anyone outside the *ASRI* partners, except with their permission or as required by law (see Exceptions to Confidentiality: Mandatory Reporting section below).

The easiest and most effective method to ensure that participants will not be linked with the information they provide is to exclude any information that would identify the participant. We will prepare a consent form for individual interviewees in accessible language and format that explains that the interview is confidential and the information will not be shared. Before each interview, the interviewer will explain and discuss the issue of confidentiality and the consent form with the participant to be sure she understands the document and the concepts. The interviewer will explain that many people are being interviewed as part of the process so that anonymity for the participant is ensured (i.e. no one will be able to identify what you have said). The participant will then be asked

to sign the consent form. The forms will be kept separately from the data collected so that participants and the information they provide cannot be linked.

In order to address potential breaches of confidentiality by other members of a focus group, the person conducting the group will explain the need for confidentiality as the first step of the process. Each participant of the focus group will be asked to verbally agree to a confidentiality agreement which prohibits participants from disclosing any information discussed in the group. *ASRI* will develop a consent form similar to that used for individuals with the caveat that *ASRI* cannot guarantee that a participant will not violate the signed focus group confidentiality agreement. The focus group leader will discuss this issue with the group and determine that each participant understands the limits of this confidentiality. Participants will then verbally agree to the confidentiality agreement before the substantive discussion begins. All forms will be kept separate from the data collected to further maintain confidentiality.

Confidentiality re: Organizationally Identifiable Information

The organizations and service providers that are part of the pilot sites also need to be protected from being associated with data or information about their organizations. This confidentiality is necessary to ensure full and candid participation. Organizations may view some data provided by clients, practitioners, or other reporters in the community as negative. Organizations may anticipate criticism, and a lack of assurance about confidentiality may hamper their involvement in the needs assessment process. If information can be linked to a particular organization, the organization's willingness to work with *ASRI* may diminish. A lack of anonymity for organizations will certainly impact the ability of *ASRI* to meet its goal of making systems more responsive to the needs of victims of domestic violence with mental health issues.

To ensure confidentiality for organizations, all data collected in the needs assessment process will be pooled and used in the aggregate. Participating organizations will be assured that identifiable agency-specific information will not be shared with anyone outside the *ASRI* partners or our OVW program officer or TA providers, unless they give specific permission to do so. In addition, all notes and recruitment information will be stored in a locked file cabinet at DVMHPI and destroyed after the Needs Assessment Report and Strategic Plan have been approved.

EXCEPTIONS TO CONFIDENTIALITY AND MANDATORY REPORTING

Some statements or communications which otherwise would be confidential are exempted from the rules of confidentiality because they involve danger to others whom our laws protect.

In Illinois, the Abused and Neglected Child Reporting Act requires that professionals working with children and/or parents must report incidents of abuse and/or neglect to the Illinois Department of Children and Family Services. This requirement may include information received by a professional from a third party about a child. For our project, these professionals include:

- health care workers,
- social workers,
- counselors,
- domestic violence advocates, and
- therapists.

Similarly, Illinois' Elder Abuse and Neglect Act provides that professionals working with clients over 60 years of age must report incidents of physical abuse and neglect, as well as financial exploitation to a regional organization affiliated with the Illinois Department of Aging. This requirement may include information received by the professional from a third party about an elder. For the purposes of our project, these professionals include:

- health care workers,
- social workers,
- counselors, and
- therapists.

The Rules of the Illinois Department of Human Services requires that anyone working in the department report the abuse and neglect of an adult with disabilities to the Department.

Finally, any person who has a duty of care to a client, patient, participant, or someone with whom they have a professional relationship has special responsibilities which are triggered when that client makes credible threats to harm or kill another. This responsibility is part of the professionals' licensing requirements, and includes the following people working with the project:

- health care workers,
- social workers,
- counselors,
- domestic violence advocates,
- lawyers; and
- therapists.

All participants must be informed that information they provide as part of the needs assessment process may trigger the duty of a member of the *ASRI* collaborative conducting the needs assessment interview or group to report abuse, neglect, or threats of harm as described above. *ASRI* will develop a document that informs each participant of these duties. Before each interview or focus group, the facilitator will explain these exceptions to confidentiality. The

ASRI member conducting the needs assessment process will discuss this concept with each participant to ensure that the participant understands the duty to report. Each participant will then sign the document reflecting that the facilitator is a mandated reporter and must report abuse and neglect discovered during the course of the interview or focus group.

DATA ANALYSIS

Data analysis will be conducted by members of the *ASRI* collaborative as well as Threshold's Training and Research Institute. Data will be reviewed entered and coded at the end of each round of focus groups and/or interviews. Partners will then examine the collected data with the goal of identifying themes and relevant information. Qualitative analysis strategies will include content and joint coding analyses to identify themes and the relationships between them. *ASRI* will schedule a series of meetings to generate consensus on key themes that emerge from the interviews and focus groups and to discuss their significance for the needs assessment report and the strategic plan.

STRATEGIC PLAN

Once the data has been analyzed, synthesized into the Needs Assessment Report, and approved by OVW, *ASRI* partners will share their findings and analysis with pilot sites with the goal of identifying areas for improvement and strategies for doing so. This process will lead to the development of a strategic plan that will guide the subsequent work of the initiative.

ESTIMATED TIMELINE

September 18-19 2008	OVW/Vera Site Visit to work on NAP
September 24-Oct 23 2008	Engagement of sites, visit to Rockford sites and Thresholds, conference calls with CAWC and Read
October-November 2008	Develop needs assessment plan and research tools in consultation with Vera.
October 10, 2008	First draft to Vera
October 9-28, 2008	Incorporation of Feedback, *ASRI* partner meeting
October 21, 2008	2nd Draft to Vera
December 1, 2008	Needs Assessment Plan to OVW &
December 1, 2008	Draft Survivor/Consumer FG Questions to Vera
December 5, 2008	Draft Appendix to Vera
December 11, 2008	2nd Draft Appendix to Vera
December 2008-April 2009	Appendix Drafts 3-11++ to Vera
April 12, 2009	Needs Assessment Plan Appendix (questions, forms & tools) to the Office of Violence Against Women (OVW)[2]
April-May, 2009	Schedule outreach, meet with sites to identify staff liaisons and to train on recruitment, safety and accessibility
May-June 2009	Needs assessment implementation in Chicago and Rockford (Conduct focus groups and interviews)
July – August 2009	Compile and Analyze data from needs assessment and write report

[2] We will only pursue this short time line if we need the accommodation

August-October 2009	Create strategic plan for 2009-2010 in consultation with Vera.
October 2009	Strategic planning retreat
October 2009	Submit strategic plan to VERA
November 2009	Strategic plan to OVW