

Needs Assessment Plan

Project Access: A *Collaborative* Community Response
of the Mississippi Project Access Team

Submitted to

Amy Loder
Program Specialist
U.S. Department of Justice
Office on Violence Against Women

Mississippi Collaborative Partners:

Mississippi Department of Public Safety, Division of Public Safety Planning
University of Mississippi Medical Center, School of Nursing
Mississippi Coalition Against Domestic Violence
Mississippi Coalition Against Sexual Assault
The Arc of Mississippi
The University of Southern Mississippi, Institute for Disability Studies

Submission Date:

October 23, 2008

Approval Date:

October 30, 2008

Needs Assessment Plan

Project Access: A *Collaborative* Community Response
of the Mississippi Project Access Team

Project Access Vision

Our vision is that women with disabilities who are victims of violence will have access to the same standard of care that is available to other women who are victims of violence.

Project Access Mission

Our mission is to assist community entities to develop a collaborative response system to deliver services for women with disabilities who are victims of violence. We recognize that service delivery systems must be altered to be accessible. By building the capacity for these services in these communities, this partnership will create a collaborative response through technical assistance, training, and education. As a result of our work, multiple communities within the state of Mississippi will replicate this approach in a way that will be beneficial both to the community and to individuals with disabilities who experience violence.

I. Needs Assessment Proposal Overview

A. Introduction

The 2006 Office on Violence Against Women (OVW) grant for *Education and Technical Assistance to End Violence Against Women with Disabilities* provides the opportunity for public service agencies and advocacy organizations in Mississippi to establish a formal collaborative relationship with an emphasis on changing systems. The six partner organizations in the collaborative are the Department of Public Safety - Division of Public Safety Planning (DPSP), the University of Mississippi Medical Center School of Nursing (UMMC), the Mississippi Coalition Against Domestic Violence (MCADV), the Mississippi Coalition Against Sexual Assault (MCASA), the University of Southern Mississippi Institute for Disability Studies (IDS), and The Arc of Mississippi (The Arc). The grantee for the OVW grant is the Department of Public Safety-Division of Public Safety Planning and the sub-grantee is the University Of Mississippi Medical Center School Of Nursing.

This alliance of six organizations is built on a history of previous projects and initiatives, and most importantly, a shared commitment to serving women—all women—who have experienced domestic violence and sexual assault. During the Year 1 planning phase we strengthened our collaboration among partners and developed a needs assessment plan that includes the selection of two pilot communities and participants within those communities. The information collected through implementation of the needs assessment will be used to develop our strategic plan. Through this process we will assist the

communities to develop collaborative response systems that provide women with disabilities access to the same standard of care available to other women who experience violence. This project will promote true collaboration amongst community agencies which will lead to systems change and will identify areas of technical assistance that is needed for each community.

To accomplish this, we:

- Developed our purpose which will provide a foundation for our approach to the needs assessment, and ultimately, our strategic plan.
- Narrowed our focus to two pilot communities—one urban and one rural—in Mississippi.
- Identified ten primary participant groups comprised of disability, medical, domestic violence, and sexual assault direct service providers and women with disabilities in each community who we will consult for our needs assessment. We will gather information from both leadership and direct service providers in the identified community agencies and organizations. We will also collect information from women with disabilities (self-advocates) who routinely access services provided by the community agencies and organizations as well as individuals who are relatively new in accessing those services.
- Determined that we will not limit our data gathering to self-advocates with specific types of disabilities. We will seek to include self-advocates with a variety of disabilities to participate in the focus groups and/or individual interviews.
- Determined that we will collect information from these individuals via individual interviews and focus groups.
- Developed six goal statements that reflect the information we hope to obtain through the needs assessment process.

This document will detail the plan for the needs assessment that will be conducted by the Mississippi Project Access Team (PAT).

B. Purpose

The purpose of this needs assessment is to learn from women with disabilities about their experiences of seeking services. We want to discover what made their access to services successful or what barriers impeded or prevented them from obtaining needed services. In addition, we want to learn from the providers within the indigenous programs (domestic violence, sexual assault, disabilities, and medical care) about their experiences in rendering services to individuals with disabilities who experienced violence. Understanding both effective and ineffective service delivery is equally important to the PAT. Finally, we also want to identify opportunities to support partnerships that promote collaborative advocacy strategies that respect choices made by individuals with disabilities.

A strategic plan will be developed from the data gathered and analyzed from the needs

assessment. The strategic plan will be implemented by the PAT in the two selected pilot communities during years two and three of the grant. The overall goal of this implementation will be to assist these communities to develop a collaborative community response for women with disabilities who experience domestic violence and sexual assault.

C. Goal Statements

The PAT developed the following goal statements to assess existing service delivery systems' availability and accessibility in each pilot community. These goals guided the development of the specific questions formulated for use in the focus groups and individual interviews.

- Identify the strengths and gaps in crisis response in an urban community.
- Identify the strengths and gaps in crisis response in a rural community.
- Identify the strengths and gaps in ongoing service delivery such as counseling, transportation, shelter, etc. in an urban community.
- Identify the strengths and gaps in ongoing service delivery such as counseling, transportation, shelter, etc. in a rural community.
- Identify similarities and differences in accessibility and delivery of services between urban and rural communities in Mississippi, including a review of the policies and practices already in place.
- Identify potential partnerships and collaborations among organizations to provide an appropriate collaborative community response and delivery of services.

The information obtained through the needs assessment will assist all participants to make more informed decisions when strategically planning for a collaborative community response system that better serves women. We have narrowed the focus of our needs assessment to one urban community and one rural community representing the diverse needs of Mississippians.

II. Needs Assessment Plan

A. Methodology Overview

The needs assessment will include the collection of both quantitative and qualitative data with the greatest emphasis on qualitative data. This data will range from descriptive statistics from existing community data to thematic coding of new interview and focus group data.

We have carefully narrowed the focus of our needs assessment to one urban and one rural Mississippi communities. We further evaluated domestic violence, sexual assault, disability, and health care direct service agencies and advocacy agencies in each community against established criteria to determine their appropriateness for inclusion in the project. We continued our narrowing process by choosing to include individuals at all levels within the agencies to participate in our interviews and/or focus groups: leadership, direct service providers, and consumers (self-advocates) of direct services. We believe that this selection of individuals combined with the interview and focus group

processes will provide our team with rich information in an efficient manner.

B. Narrowing the Focus

Selection of Pilot Communities

The PAT developed a two-tier system for selecting the pilot sites in which to conduct our needs assessment. We first narrowed the communities for the needs assessment. From there, we worked to select the agencies within each community that represented the best fit for our project.

We decided to conduct the needs assessment in two geographic locations: Jackson (urban) and Vicksburg (rural), Mississippi. These two cities are approximately forty-five miles apart. The reasons for selecting these geographical locations include:

- These are two distinctive communities in close geographical proximity. This makes it manageable for the PAT and Jackson agency/organization participants to travel to Vicksburg and vice versa.
- Since Vicksburg does not have a Rape Crisis Center, it uses the Jackson-based Rape Crisis Center for its crisis center referrals.
- Vicksburg has the newest Sexual Assault Response Team (SART) and Jackson has the oldest SART in the state.
- Both cities use the other city as a referral site for individuals seeking shelter who need to leave their home area.
- The shelter Executive Director in Vicksburg requested that Vicksburg be considered as the rural pilot community.
- Each community has local chapters of The Arc.

Selection of Participating Agencies within Pilot Communities

Upon selecting these geographic regions, the PAT developed the following criteria for determining which agencies/organizations would be included in the community assessment process:

- Pilot agencies/organizations should demonstrate quality buy-in to the project through verbalization and through their active participation in initial meetings with the PAT. They should express a strong interest in improving domestic violence and sexual assault crisis services and on-going services for individuals with disabilities. Leadership in the agency should be willing to be an active participant in the project.
- Pilot agencies/organizations should provide crisis-related services or on-going services to individuals with disabilities who experience abuse including advocacy services.
- Pilot agencies/organizations should have the capacity to be a part of the Disability Abuse Response Team (DART) as well as to evaluate and change policies and procedures to improve access to services. The agency/organization should be willing to change or modify how they serve people with disabilities.
- Pilot agencies/organizations should be willing to work with the PAT to receive

technical assistance and to develop collaborative partnerships within the community.

The PAT evaluated agencies/organizations in the Vicksburg and Jackson communities against the previous inclusion criteria. Initial meetings were held in the two pilot communities to explain the work of the project and to gauge the willingness of the individuals and commitment of the agencies/organizations to participate in the work of the project. Every service entity that was invited to participate in these initial meetings indicated their support and desire to be an active participant in the needs assessment and the ongoing project. Based on the vision of our project, we selected the following agencies to participate in the needs assessment for purposes of gathering information:

Jackson Community

- Catholic Charities Inc., Rape Crisis Center
- University of Mississippi Medical Center, Emergency Department
- University of Mississippi Medical Center, Social Work Department
- Center for Violence Prevention
- NAMI - Mississippi National Alliance on Mental Illness
- LIFE of Mississippi (Living Independence For Everyone)
- The Arc of Mississippi, My Voice, My Choice Self Advocates
- Protection and Advocacy
- Hinds Behavioral Health (Hinds County Mental Health Service)

Vicksburg Community

- Warren County Mental Health Service
- Mid-West (The Arc of Warren County)
- Rape Crisis Center, Catholic Charities
- United Way/ West Central
- LIFE of Mississippi
- River Region Medical Center, Social Work Department
- Haven House/MCADV
- River Region Medical Center, Emergency Department
- NAMI
- Protection and Advocacy

Following the needs assessment, there will be an opportunity to further define the agencies/organizations that will participate in the project. An analysis of the findings of the needs assessment will indicate whether an agency/organization has the capacity to make systemic change that is necessary to participate in a collaborative community response. The findings will also indicate whether the agency or organization provides the appropriate type of and level of direct services that are desired for the collaborative community response project. Agencies chosen for final participation in the project will also be narrowed down based on similar function (for example—direct service provision). This will allow all system changes that occur within the agencies to

complement one another.

Selection of Individuals to Participate in the Needs Assessment

The PAT believes that there are five main groups who have direct experience in providing or accessing services for women with disabilities who have experienced violence: a) community-based health care providers, b) community-based disability advocates, c) community-based domestic violence advocates, d) community-based sexual assault advocates, and e) women with disabilities (self-advocates).

We believe that:

- Individuals within these five groups will be able to provide an accurate depiction of the strengths and gaps in crisis response and ongoing services provided to individuals with disabilities who experience abuse who choose to access services.
- Self-advocates can tell us why an individual might choose not to access services.
- Based on this information, we will be able to identify similarities and differences between issues in service provision in an urban and a rural community in Mississippi.

Identified Individual Interviews

We will conduct individual interviews with the Executive Directors or their representatives of the agencies/organizations listed on page 6. We will also interview self-advocates who indicate their preference for an individual interview instead of focus group participation. Participants will be informed of their rights in relationship to participation in the interview and they may opt out at any time.

Individual Interviews	City	Targeted # of participants
Interview Executive Directors and Presidents of the Board of Directors (if applicable) of the agencies/organizations listed on page 6 of this document:	Vicksburg	20
Interview Executive Directors and Presidents of the Board of Directors (if applicable) of the agencies/organizations listed on page 6 of this document:	Jackson	20
Optional Interview of Self-Advocates (at request of self-advocate)	Vicksburg	0-5
Optional Interview of Self-Advocates (at request of self-advocate)	Jackson	0-5

	Total=	40-50
--	---------------	--------------

Identified Focus Groups

We will conduct focus groups with the following groups of individuals. Participants will be informed of their rights in relationship to participation in the focus group. They may opt out at any time. They may also choose to do an individual interview rather than be a part of the focus group. The overall goal of the focus groups will be to determine how each organization can provide the best possible services to individuals with disabilities who experience abuse.

Focus Groups	City	Targeted # of participants
At least one focus group per agency. Each focus group will have agency staff, volunteers and other decision-makers such as program directors and Board members participate.	Vicksburg	50
At least one focus group per agency. Each focus group will have agency staff, volunteers and other decision-makers such as program directors and Board members participate.	Jackson	50
Interview one to three Self- Advocacy Groups—self advocates may choose to have an interview	Vicksburg	25
Interview one to three Self- Advocacy Groups—self advocates may choose to have an interview	Jackson	25
	Total=	150

C. Methodology to Compile and Analyze Data

Existing Data Overview

Since the 1980s, the project partners have formed collaborative relationships to increase access to competent and comprehensive services for women with disabilities who have experienced violence. We were fortunate to have been funded for the *2004 Education and Technical Assistance Project to End Violence Against Women with Disabilities*. We provided education and technical assistance to domestic violence, sexual assault, medical, and social work service providers and agencies/organizations on the interactions of abuse and disabilities. We did this by providing 18 local and regional one-day workshops and

by providing on-site, telephone, and email in-services and other consultations to these stakeholders. This project allowed us to reach over 300 service providers in the state of Mississippi.

The service providers were invited to stay after the workshops to participate in an informal discussion where they were asked to share their perceptions of what is needed in Mississippi for them to provide accessible services to women with disabilities who experienced violence. We found that service providers around the state shared many of the same perceived needs: more education about abuse and disabilities, better transportation for these individuals, more emergency housing and long-term housing support, etc. Without exception, all participants agreed that a collaborative community response for individuals with disabilities who entered the system seeking assistance was needed.

The existing data from our previous work, data from other agencies and organizations that serve women with disabilities, and new data collected during our needs assessment will be used to develop our strategic plan.

Existing Data Sources

- Informal discussion with participants from the 2006-2007 workshops
- Mississippi State Health Department Domestic Violence prevalence data
- Mississippi State Health Department Sexual Assault prevalence data

New Data Overview

Focus groups and interviews with participants from Jackson and Vicksburg will help the PAT in identifying strengths and weaknesses in service accessibility and delivery for individuals with disabilities who are seeking services for domestic violence or sexual assault. We have identified individuals with disabilities, domestic violence and sexual assault advocates, disability advocates and the medical community as the primary groups for our needs assessment. We believe these groups will provide a wide range of responses and insights, which will help us in creating a useful collaborative community response.

Protocol for Interviews

Overview

The interviews conducted in this needs assessment will provide the PAT with rich, detailed information about the strengths and gaps in crisis and ongoing service delivery in pilot communities. The interviews will be conducted with individuals in leadership positions (or their representatives) and selected medical personnel by PAT members. Leaders were chosen because of their firsthand knowledge and insight into the policies and procedures of their agencies/organizations. Individual interviews with these leaders will provide the PAT with a unique perspective on the agency/organizations systems and potential for change. We chose to interview leaders and selected medical personnel one-

on-one because it will be easier to access them individually rather than assemble them for a focus group interview.

Individual interviews may also be held with self-advocates who prefer not to participate in focus groups.

Interviewers

Members of the PAT will serve as interviewers for this component of the needs assessment. All interviewers will sign a confidentiality agreement (Appendix A) and all will review the mandatory reporting law for the state of Mississippi.

Participants

The PAT will conduct a total of 18-26 interviews with the following individuals:

Leadership

Jackson community

- Gwen Bouie-Haynes, Catholic Charities Inc., Rape Crisis Center, Director
- Loretta Jackson-Williams, University of Mississippi Medical Center, Emergency Department, Associate Professor and Associate Director
- Deborah Smitherman, University of Mississippi Medical Center, Coordinated Care Department, Director
- Sandy Middleton, Center for Violence Prevention , Executive Director
- Jennifer Cook, NAMI - Mississippi National Alliance on Mental Illness, Associate Director
- Christy Dunaway, LIFE of Mississippi (Living Independence For Everyone), Executive Director
- Charity Drummond, The Arc of Mississippi, My Voice, My Choice Self Advocates, Director
- Mike Everett, Protection and Advocacy, Administrative Representative
- Margaret Harris, Hinds Behavioral Health (Hinds County Mental Health Service), Executive Director

Vicksburg community

- Don Brown, Warren County Mental Health Service, Executive Director
- Ginger Parker, Midd-West (The Arc of Warren County), Executive Director
- Gwen Bouie-Haynes, Rape Crisis Center, Catholic Charities, Director
- Barbara Tolivar, United Way/ West Central, Executive Director
- Augusta Smith, LIFE of Mississippi, Executive Director
- Susan Fitzgerald, River Region Medical Center, Social Work Department, Social Worker
- Scottie Kiihnl, Haven House, Executive Director
- Debby Greer, River Region Medical Center, Emergency Department, SANE
- John Williams, River Region Medical Center, Emergency Department, Nurse

Manager

- Jennifer Cook, NAMI, Associate Executive Director
- Mike Everett, Protection and Advocacy, Administrative Representative

Self-Advocates from both communities

- Any self-advocate who requests an individual interview

Procedure

Each individual interview will last approximately one to one and one-half hours. The interviewer will use an interview guide that includes a list of areas or questions to be covered with each participant. There is one Interview Guide for leaders (Appendix B) and one for self-advocates (Appendix O). The interviewer's charge is to encourage the participant to talk freely about all of the topics on the list and to respond in his/her own words. This process will promote the attainment of all desired information while giving the interviewee the freedom to respond in their own words, providing as much detail as they wish, and offering illustrations and explanations to support their comments.

The interview guide was thoughtfully prepared with questions in a logical sequence. Interviewers will carefully listen to participants in case they spontaneously give information about questions that arise later on the list. The list of questions also includes suggestions for follow-up questions or probes which are designed to elicit more detailed information. After the interview has concluded, the interviewer and assistant interviewer will complete a fifteen minute debriefing form (Appendix E).

Participant Recruitment Strategy

The leaders were selected from the agencies and organizations that were chosen to participate in the needs assessments in the Jackson and Vicksburg communities. First we identified initial stakeholder agencies/organizations in both Vicksburg and Jackson and held initial stakeholder meetings in both communities to gauge the interest and commitment of agencies/organizations and their leadership. During this narrowing phase each of our stakeholder agencies/organizations committed their leaders and staff to participate in the project.

Potential self-advocate focus group participants will be given the option of individual interviews or focus group participation during their pre-focus group contact (see focus group recruitment strategy on page 15)

Consent

All of the leaders and self-advocates who participate in the interviews will sign a consent form acknowledging that they fully understand the purpose, process, risks, and benefits of the interviews prior to making the decision to participate. Participants will be aware that they are under no obligation to participate and that they may withdraw their participation at any time. All information that will be relayed to participants is contained in the Consent Form. There are two interview consent forms-one for direct service providers (Appendix F) and one for self-advocates (Appendix G).

Confidentiality

Interviews will be conducted by a PAT member and a note taker will be present. These two people are the only people who will hear what was shared during the interview. The assistant interviewer will take notes during the discussion which will allow the primary interviewer to give her full attention to the participant. The assistant interviewer will be given note taking materials so data will be recorded in a consistent manner. The note taking form (Interview/Focus Group Data Collection Form) will be formatted to the interview questions with one column for participant responses and one column for facilitator observations (Appendix H). The interview will be audio taped with the participant's consent and later transcribed by the PAT Administrative Assistant. The notes, tapes, and transcripts will be coded so they will not be linked back to a particular agency/organization or person. The audiotapes, notes, and transcripts will be stored in a locked file cabinet monitored by the Administrative Assistant and Project Director. When the PAT has completed the development of the strategic plan the tapes, notes, and transcripts will be destroyed.

Safety

The PAT will take precautions to ensure the safety of all participants. PAT interviewers will provide local domestic violence shelters and rape crisis centers information and referral services to those participants who seek it. Self-advocates will be informed of their rights and will be informed about mandatory reporting/confidentiality.

Disclosure

All persons without exception in the state of Mississippi are mandatory reporters of child abuse, elder abuse, or vulnerable adult abuse. This law is absolute and thus will not allow the PAT to maintain confidentiality of disclosure of abuse by an individual with a disability. With the issue of mandatory reporting, it is important to differentiate between a person with a disability and who is considered a vulnerable adult according to the law. In Mississippi, the law implies that anyone witnessing or with knowledge of the abuse of a vulnerable adult is mandated to report. A vulnerable adult is not the same as a person with a disability, in regards to reporting. A person can have a disability and not be a vulnerable adult. The term vulnerable adult refers to the inability to perform the activities of daily living without assistance, which does not apply to all persons with a disability.

In the definitions section of this document (Appendix I), the terms- *vulnerable adults*, *abuse*, *mandatory reporting*, and other relevant terms are defined to help participants completely understand the team's responsibility of reporting abuse. Accordingly, it is critical that the team fully disclose to participants that any disclosure of abuse or suspicion of abuse by a vulnerable adult will be reported to authorities. Individuals participating in the focus groups or individual interviews will be clearly notified of the purpose of the interaction and the mandatory reporting requirement. Informed consent forms will be completed by each participant. All facilitators will have a script that they will read to participants related to reportable information (Appendix J).

Accessibility and Accommodations

Interviews will be conducted in the leader's agency/organization or in neutral locations

that are accessible to all participants. Within the recruitment process, we will inform individuals that accommodations will be made to allow for them to fully participate in the interview. Once individuals have committed to participating in a scheduled interview, follow-up and confirmation will be done to effectively prepare for any needed accommodations. Accommodations may include but not be limited to:

- Braille
- Sign Language interpreters
- Note taker/typist
- Flip Chart
- Large print
- Pictures
- Other accommodations upon request

Stipend

At the end of the interviews, agency/organization leaders (or their representatives) will receive a note of appreciation and contact information for the Project Director. Self-advocate participants will receive a \$25 gift card and a note of appreciation from the PAT that will include contact information for the Project Director should the person have further questions about their participation or the project.

Materials Needed

The following materials will be prepared for the interviews:

- Facilitator scripts: These scripts will be written and reviewed with the interviewers and note takers prior to the interviews.
- Tape recorder and tapes: These will be used to tape record the individual interviews.
- Informed consent forms: These forms will be completed by interview participants prior to beginning the interview process.
- Direct Service Provider and Self-Advocate Interview Participant Feedback Forms (Appendices K and L): These forms will be given to the interview participants at the end of the process. Participants' feedback will be used to fine-tune the remaining interview sessions.
 - Accessible materials: Accessible materials will depend on what participants indicate they need to be able to participate in the interviews. For example, it may be necessary to provide a sign language interpreter.
 - Referral information: Referral information detailing services available from each partner agency/organization. Basic referral information for domestic violence, sexual assault, and disability services will also be offered. Crisis line numbers for each city will also be available.
 - Thank you notes with Project Director contact information.
- \$25 gift card: Each self-advocate will be given a \$25 gift card as an expression of the PAT's appreciation for their time and participation in the focus group sessions.

Tool Development

There are eight main questions that structure the interview for leaders and six main

questions for self-advocates who chose individual interviews. These questions were developed by the PAT. Interviewers also have follow-up questions or probes for each of the main questions. These probes are used to elicit more detailed information. An example of a probe is “What happened next?”

Protocol for Focus Groups

Overview

The PAT chose the focus group format as the mechanism for obtaining rich information in a dynamic and efficient manner. This process will allow participants to share their experiences and perspectives on strengths and gaps in accessing or providing services. The focus group setting will allow service providers as well as self-advocates to participate in a safe and supportive environment.

Facilitators

Two members of the PAT will facilitate each focus group session. The primary facilitator will make introductions, present information about confidentiality and disclosure, ask questions, and guide the discussion. The assistant facilitator will take notes during the discussion and manage unexpected interruptions. This will allow the primary facilitator to give her full attention to participants. The assistant facilitator will be given note taking materials so data will be recorded in a consistent manner. The note taking form will be formatted to the focus group questions with one column for participant responses and one column for facilitator observations (Appendix H). The sessions will be audio taped with the consent of all participants.

Facilitators will be trained by Zonzie McLaurin to guide the discussion and use scripts and focus group tools. Ms. McLaurin has many years of experience in conducting community needs assessments with individuals with varying abilities. Training will consist of mock focus group scenarios including problem solving role-playing. An example of a problem solving role-playing scenario is to allow the facilitators to practice various responses if the focus group participants become completely silent during the process. Facilitators will also be trained on how to facilitate the use of an alternative format in the focus groups such as the use of sign language interpreters. All facilitators will sign a confidentiality agreement (Appendix A). All facilitators will review the mandatory reporting law for the state of Mississippi.

Participants

The PAT will conduct four to eight focus groups. There will be at least two focus groups comprised of direct care service providers and self-advocates in each community. The PAT will conduct up to three focus groups of self-advocates in both Vicksburg and Jackson if the situation warrants. Direct care service providers will be chosen from each of the agencies/organizations listed on pages 10-11. Self-advocates will be recruited from the disability agencies/organizations also listed on pages 10-11.

Procedure

The procedure for conducting the focus group sessions is as follows:

Establish Rapport

The focus group facilitator will welcome and make introductions, give an overview of the project and goals, explain what participants should expect from the focus group interview (such as the time duration of no more than ninety minutes, process informality, individual breaks as needed, confidentiality and safety, etc.), the rules (it's ok to disagree, just please don't be disagreeable), and will take any questions before beginning. The facilitator will also encourage participants to take care of themselves and exit the focus group if needed for any reason. A private space staffed by a service provider from the community family violence shelter and the Jackson Rape Crisis Center will be provided during and after the focus group sessions in case a person wishes to speak immediately with an advocate or counselor. Referral information will be provided if requested by the participant.

Focus Group Discussion

The primary facilitator will use a Focus Group Guide to lead the process. There are two focus group guides—one for direct service providers (Appendix C) and one for self-advocates (Appendix D). The focus group discussion will start with orientation and general questions to get a response from each individual. General definitions related to the focus group questions will be presented by the facilitator (Appendix I). The facilitator will then move on to the focus group questions allowing responses to flow naturally. The facilitator will use probes to direct and re-direct discussion as needed. The assistant facilitator will take meeting notes and audiotape the discussion. Respectful interactions and self care will be modeled by the facilitator and assistant facilitator throughout the focus group sessions.

Concluding Activities

The facilitator will issue a request for final thoughts, give an expression of appreciation for the time and input of each participant, and distribute participant feedback forms (Appendices M and N). Each self-advocate participant will also be given a \$25 gift card. After the participants have gone, the two facilitators will complete a fifteen minute debriefing form (Appendix O).

Services provided

There will be resources provided to focus group participants if needed. The family violence shelters from each city and the Jackson Rape Crisis Center will provide a staff member to provide referral information during each focus group meeting.

Participant Recruitment Strategy

These individuals will be selected from the agencies and organizations that were chosen to participate in the needs assessments in the Jackson and Vicksburg communities. Initial steps for recruitment have already taken place. First we identified initial stakeholder agencies/organizations in both the Vicksburg and Jackson communities and held initial stakeholder meetings in both communities to determine the interest and commitment of agencies/organizations and their leadership. During this narrowing phase each of our stakeholder agencies/organizations committed their leaders and staff to participate in the

project.

We then identified individual interviews and focus groups to be held during the needs assessment process. We identified stakeholder agencies/organizations' leaders as one target group for individual interviews. We will ask all direct service providers within their agencies/organizations to participate in focus groups. We will also ask the leaders for names and contact information of individuals in charge of ongoing self-advocacy groups.

We will contact individuals in charge of organizing self-advocacy groups and we will explain our grant project, the types of participants we are looking for, and we will ask them to make appropriate referrals to the PAT. By appropriate referrals we mean that we will ask them to screen out anyone who has recently experienced domestic or sexual violence because of Mississippi's vulnerable adult mandatory reporting law. Appropriate referrals include individuals with disabilities who regularly access their services and those who are relatively new in using them.

We will invite staff, volunteers, and individuals with disabilities from the stakeholder agencies/organizations to attend role-specific focus groups (direct service providers and self-advocate focus groups) in both communities. We will contact self-advocates prior to the focus group to determine the need for accommodations. We will also offer the option of individual interviews. We will conduct individual interviews with anyone who requests it.

Consent

All of the direct service providers and self-advocates who participate in the interviews will sign a consent form acknowledging that they fully understand the purpose, process, risks, and benefits of the interviews prior to making the decision to participate. Participants will be aware that they are under no obligation to participate and that they may withdraw their participation at any time. All information that will be relayed to participants is contained in the Consent Form. There are two consent forms for focus group participants—one for direct service providers (Appendix F) and one for self-advocates (Appendix G).

Confidentiality

Questions are designed to focus on service accessibility and delivery. Focus groups will be conducted by a PAT member and a note taker will be present. These are the only people who will know what was shared during the focus group. Participants will be assured that the information gathered during the focus group interview will only be used to complete the goal of the needs assessment. Identifying information will be carefully screened so individuals will not be matched with statements and experiences shared in the focus group session. The focus group will be audio taped with the participants' consent and later transcribed by the PAT Administrative Assistant. The notes, tapes, and transcripts will be coded so that there will be no way to link them back to a particular agency/organization or person. The audiotapes, notes, and transcripts will be stored in a locked file cabinet monitored by the Administrative Assistant and Project Director.

When the PAT has completed the development of the strategic plan the tapes, notes, and transcripts will be destroyed. All participants will be asked to respect the confidentiality of other participants and will be asked to not identify other participants in any way in the future to preserve their anonymity.

Safety

The PAT will take the following precautions to ensure the safety of all participants. There will be staff from the local domestic violence shelters and Jackson Rape Crisis Center at the focus group to provide information and referral services to those participants who seek it. The construct of the group will be heavily structured so as to not re-traumatize victims. Participants will be informed of their rights and will be informed about mandatory reporting/confidentiality.

Disclosure

All persons without exception in the state of Mississippi are mandatory reporters of child abuse, elder abuse, or vulnerable adult abuse. This law is absolute and thus will not allow the PAT to maintain confidentiality of disclosure of abuse by an individual with a disability. In the definitions section of this document, the terms--*vulnerable adults, abuse, mandatory reporting*, and other relevant terms are defined to help participants completely understand the team's responsibility of reporting abuse. The facilitator will also differentiate between a person with a disability and a vulnerable adult as described in the definitions of this document (Appendix I).

The PAT will fully disclose to participants that any disclosure of abuse or suspicion of abuse will be reported to authorities. Individuals participating in the focus groups or individual interviews will be clearly notified of the purpose of the interaction and the mandatory reporting requirement. Informed consent forms will be completed by each participant. All facilitators will have a script that they will read to participants related to reportable information (Appendix J).

Accessibility and Accommodations

Focus group interviews will be conducted in neutral locations that are physically accessible to all participants. There will be at least one physically accessible bathroom within close proximity to the meeting room. Within the recruitment process, we will inform individuals that accommodations will be made to allow for them to be full-participating members of the focus group. Once individuals have committed to participating in a scheduled focus group, follow-up and confirmation will be done to effectively prepare for any needed accommodations. Accommodations may include but not be limited to:

- Braille
- Sign Language interpreters
- Note taker/typist
- Flip Chart
- Large print
- Pictures
- Other accommodations upon request

Stipend

At the end of the interviews, agency/organization staff and volunteers will receive a note of appreciation and contact information for the Project Director. Self-advocate participants will receive a \$25 gift card and a note of appreciation from the PAT that will include contact information for the Project Director should the person have further questions about their participation or the project.

Materials needed

The following materials will be prepared for the focus groups:

- Refreshments: All participants will be asked prior to arriving for the focus group process if they have any special dietary needs. Peanut products will not be used in the refreshments. A selection of fresh fruit, cookies, water, and soft drinks will be provided to participants.
- Name tags for all participants.
- Easel, newsprint pad, markers to record data.
- Facilitator scripts: These scripts will be written and reviewed with the facilitators prior to the focus groups.
- Tape recorder and tapes: These will be used to tape record the focus group sessions.
- Informed consent forms: These forms will be completed by focus group participants prior to beginning the focus group process.
- Direct Service Provider Participant Feedback Forms (Appendix M) and Self-Advocate Participant Feedback Forms (Appendix N): These forms will be given to the focus group participants at the end of the process. Participants' feedback will be used to fine-tune the remaining focus group sessions.
 - Accessible materials: Accessible materials will depend on what participants indicate they need to be able to participate in the focus groups. For example, it may be necessary to provide written materials such as the consent form in large print format.
 - Referral information: Referral information detailing services available from each partner agency/organization. Basic referral information for domestic violence, sexual assault, and disability services will also be offered. Crisis line numbers for each city will also be available.
 - Thank you notes with Project Director contact information.
- \$25 gift card: Each self-advocate will be given a \$25 gift card as an expression of the PAT's appreciation for their time and participation in the focus group sessions.

Tool Development

There are eight main questions that structure the interview for direct service providers and six main questions for self-advocates. These questions were developed by the PAT. Interviewers also have follow-up questions or probes for each of the main questions. These probes are used to elicit more detailed information. An example of a probe is "Please give an example of ..."

III. Timeline

Action	Timeframe
Set up dates / time and place for focus groups (before invite participation)	October 2008
Complete individual interviews,(one on one or phone interview) find out target people in that agency/organization for focus groups	October 2008
Invite focus group participants. Service providers: call, write or email; Self- Advocates: telephone, via contact person. Identify any needed accommodations. Offer individual interviews for those who desire one.	October 2008
Conduct focus groups immediately after individual interviews.	November-December 2008
Analyze all data Review themes, etc.	December 2008-January 2009
Write Needs Assessment Report Submit to OVW	January 2009
Develop strategic plan in consultation with Vera Institute	January 2009-February 2009
Send to OVW	March 2009

IV. Analysis of Needs Assessment Data

A. Overview

Focus group interviews yield rich and complex data. There is little consensus in the literature about the analysis of focus group data. Various analysis processes are possible with this data: group-level, individual-level, or individual-level in relation to the group context. Data obtained from these focus group and individual interview sessions will be analyzed at the group aggregate level by members of the PAT. This analysis will enable us to identify emerging themes which will shape the strategic plan. The process for focus group and individual interview data analysis at the group aggregate level is as follows:

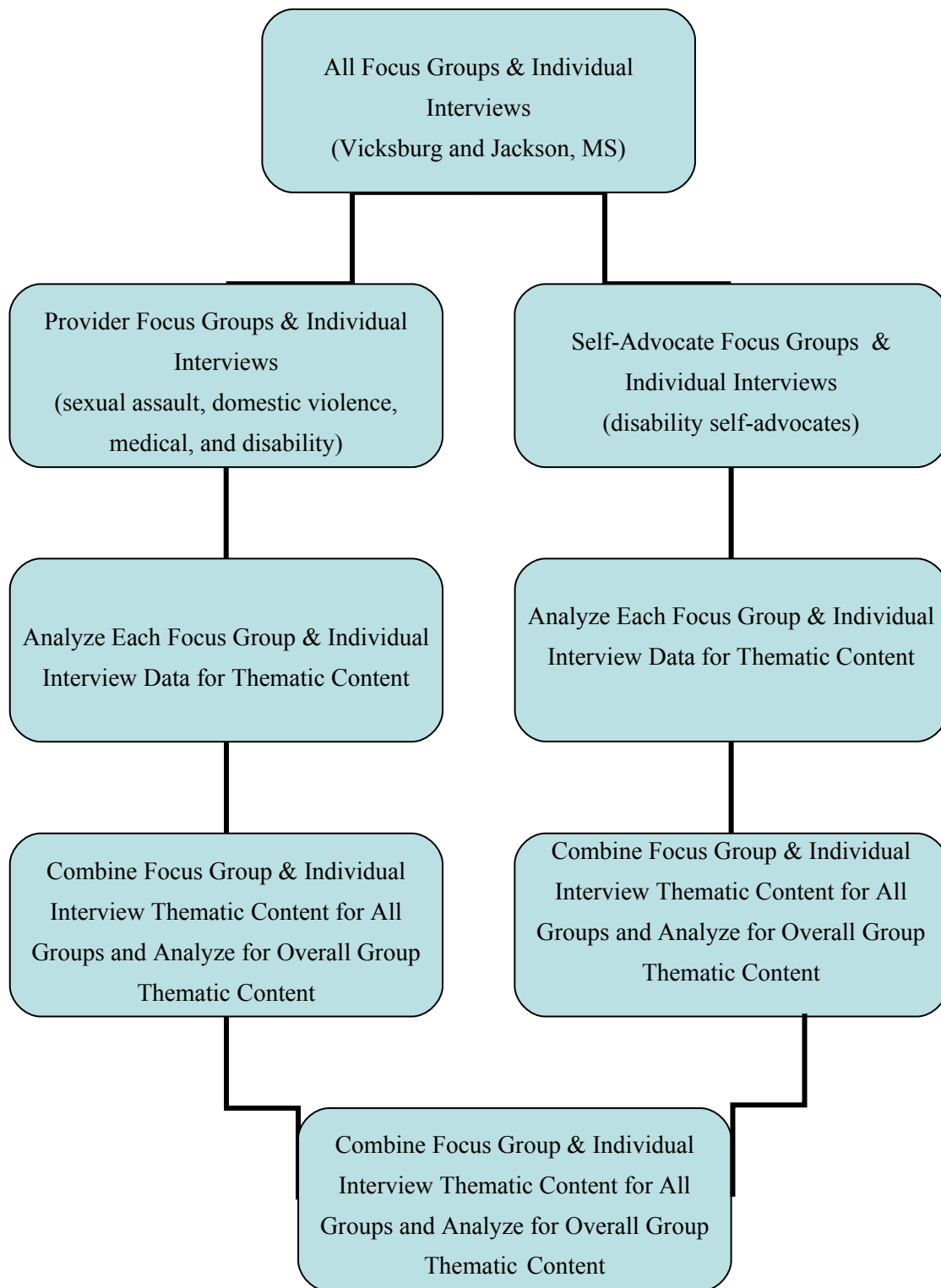


Chart 1: Process for focus group and individual interview data analysis

B. Distribution of Findings

Members of Collaboration

A copy of the needs assessment report will be provided to the PAT members. The findings from the individual interviews and focus groups will support the attainment of the needs assessment goals found on page 3. This will allow the PAT to develop a problem statement and construct a strategic plan for years two and three of this project. Through the implementation of the strategic plan, we will assist the pilot communities to develop collaborative response systems which will provide women with disabilities access to the same standard of care available to other women who experience violence.

Participants of the Needs Assessment

The PAT will provide an executive summary of the findings to individuals who participated in the individual interviews and the focus groups. Participants will also have access to the strategic plan.

Other Key Stakeholders and Potential Decision-Makers

The executive summary will also be available to other key stakeholders and potential community agency/organization decision-makers as well as other individuals who may be interested in its findings.

Office on Violence Against Women

The complete needs assessment report and strategic plan will be made available to the Office on Violence Against Women.

V. Strategic Planning

After the Needs Assessment has been analyzed, the Project Access Team will develop a Strategic plan for years two and three of this project. During strategic planning, short term initiatives will be developed based on the findings of the Needs Assessment. Short term initiatives will be the actions that will be taken during years two and three. Long term initiatives will also be developed and will be the actions that should be taken to extend the life of the grant.

Appendix A
Interviewer/Facilitator Confidentiality Agreement

Confidentiality ensures that only those who are authorized to have the information have access to it. Confidentiality reflects a person’s right to privacy and the obligation that we as professionals and agencies/organizations have not to disclose any information that we receive in confidence unless there is a compelling reason to do so. We believe that confidentiality is essential to the development of trust within a collaborative. We believe that confidentiality is essential to the development of trust and confidence between a service provider and the person with whom they are providing services or obtaining information from.

All interviewers and focus group facilitators of the Project Access Team (PAT) must understand that the work they do is to be guided by the following procedures to protect needs assessment participant confidentiality:

All of the information you gather during the course of this needs assessment is confidential. Participants have a right to expect and demand that any personal information obtained in the course of the needs assessment will be treated confidentially. Any and all information that identifies participants will be kept separately from interview and focus group data in a locked filing cabinet. Only the Project Director and the project Administrative Assistant will have access to the locked filing cabinet. Identifying data that would link a participant or agency/organization with findings should never be written on any papers nor should they be taken out of the office.

A participant’s rights can be violated by PAT members who discuss a subject even if no names are mentioned. Private team discussions about collected data are perfectly acceptable but should be done under circumstances that do not jeopardize the participants’ privacy. For instance, it is important that specific participants not be talked about in elevators, hallways, restrooms, or other public places. Even if you don’t mention names, other individuals may know enough about an agency/organization or participant to be able to link the information to the person or agency.

After the needs assessment report has been written and approved by the Office on Violence Against Women, the notes, tape recordings, and transcripts will be destroyed.

Your signature on this confidentiality agreement indicates that you fully understand your professional responsibilities as an interviewer or focus group facilitator and that you are signing this voluntarily.

Interviewer/Facilitator Signature

Date

Appendix B Interview Guide Leaders

Note: All interviewers/facilitators will sign the Interviewer/Facilitator Confidentiality Agreement form prior to participating in an interview.

1. Introductions:

- a. Thank the participant for taking the time to participate in the interview process.
- b. Interviewers/facilitators should introduce themselves and associates to interview participant. Introductions should include:
 1. Name.
 2. Position.
- c. Ask the participant to share the following information:
 1. Name.
 2. Position.

3. Purpose of the Interview:

- a. Introduce the name of the project.
- b. Review the focus and the goals of the needs assessment.

4. Overview of the Approach

- a. Introduce the interview process.
- b. Provide the consent form and read it to the participant.
- c. Discuss confidentiality issues.
- d. Read the mandatory reporting script.
- e. Ask participant to sign the consent form if they wish to participate in the process.
- f. Collect the consent form.

g. Give a copy of the consent form to the participant.

5. Conduct the Interview

a. Interview questions for leaders

(questions preceded by • indicate probe questions):

1. How good is your organization at providing services to people with a disability?
 - What makes those experiences positive?
 - What makes those experiences negative?
 - Can you give us some examples of how your organization worked with a client with a disability when the experience was positive?
 - Can you give us some examples of your organization worked with a client with a disability when the experience was negative?

2. What other community organizations, agencies, collaborations or partners has your organization found helpful in providing services to individuals with disabilities? Not helpful? *(Make sure participants know they are being asked for generalities, not names of specific entities)*
 - What makes those experiences helpful?
 - What makes those experiences not helpful?
 - Can you give us some examples of working with a community organization, agency, collaborative or partner when the experience was positive?
 - Can you give us some examples of working with a community organization, agency, collaborative or partner when the experience was negative?
 - How can community organizations, agencies, collaborative or partners in your community work better together?

3. What are the strengths in both your organization and in the community (Vicksburg/Jackson) in providing services to women with disabilities who are victims of domestic violence or sexual assault?
 - Can you give us some examples of how those strengths supported your organization's ability to serve individuals with disabilities who are victims of domestic violence and sexual assault effectively?
 - What can be done to enhance these strengths?

4. What are the gaps in services in both your organization and in the community (Vicksburg/Jackson) in providing services to women with disabilities who are victims of domestic violence or sexual assault?
 - Can you give us some examples of how those gaps in services hindered your organization's ability to serve individuals with disabilities who are victims of domestic violence and sexual assault effectively?
 - What can be done to lessen or eliminate those gaps?

5. What do you need to do your job serving individuals with disabilities more effectively?
 - Can you give us some examples of what would assist you to serve individuals with disabilities who are victims of domestic violence and sexual assault more effectively?
6. What do you see as barriers to providing effective service to victims of domestic violence and sexual assault?
 - Can you give us some examples of barriers to providing effective service to victims of domestic violence and sexual assault?
 - What would lessen or eliminate some of those barriers?
7. Has your staff been trained on all types of disabilities and how to respond to persons with disabilities who seek services in your agency?
 - How often does training related to serving people with disabilities occur?
 - Can you give us some examples of staff training related to providing effective service to individuals with all types of disabilities?
 - Can you give us some examples of staff training related to providing effective service to individuals with all disabilities who are victims of domestic violence and sexual assault?
 - How was the quality of the training you received on a scale of 0-10 with 0 being completely unhelpful, 5 neither helpful or non-helpful and 10 being extremely helpful?
8. How does change happen in your organization?
 - Who can institute the change process?
 - Is change a collaborative process in your organization?
 - Can you give us an example of a successful change that happened in your organization?
 - Can you give us an example of a time when the change process was Unsuccessful?
9. How are budget decisions made in your organization?
 - What role does other leadership have in budget decision-making?
 - What role does staff have in budget decision-making?
10. How can disability/sexual assault/domestic violence and health care agencies work better together to provide services to women with disabilities who are victims of domestic violence or sexual assault?
 - Can you give us an example of a collaborative effort that would allow all direct service providers to provide better services to individuals with disabilities who experience domestic violence or sexual assault?
11. Is there anything else you would like for us to know?

6. Summary of Interview/Focus Group Findings:
 - a. At the conclusion of the interview, summarize the information gathered from the participant.
 - b. Ask the participant if the summary is correct. If it is not, ask for clarification.
7. Request for Additional Comments:
 - a. Offer participant the opportunity to add further comments to the gathered information.
8. Conclusion and Thank You:
 - a. Inform the participant that the Project Access Team will provide them with a copy of the Needs Assessment Executive Summary at the conclusion of the needs assessment process.
 - b. Offer participant feedback form for the participant to complete. Completion of form is optional.
 - c. Thank participant for their time and participation in the interview.
 - d. Allow the participant to complete the participant feedback form.
 - e. Collect the participant feedback form.
9. Final Thank You:
 - a. Thank the participant for her/his participation.
10. Interviewer/facilitator Debriefing:
 - a. Interviewer/facilitators and assistant interviewers/facilitators will complete the interviewer/facilitator debriefing form.

Appendix C
Focus Group Guide
Direct Service Providers

Note: All interviewers/facilitators will sign the Interviewer/Facilitator Confidentiality Agreement form prior to participating in a focus group.

1. Prior to the Start of Focus Groups:

- a. Make sure any and all requested accommodations are available.
- b. Set up focus group room.
- c. Make sure room temperature is comfortable.
- d. Set up room for domestic violence/rape crisis staff/advocates.
- e. Make sure bathroom is open and accessible.

2. As Participants Arrive:

- a. Welcome participants as they come into the room and introduce yourself.
- b. Offer refreshments.
- c. Offer seating arrangements.
- d. Offer other accommodations as needed.

2. Introductions:

- a. Thank the participants for taking the time to participate in the focus group process.
- b. Interviewers/facilitators should introduce themselves and associates (assistants, domestic violence shelter/rape crisis center staff/advocates in focus groups) to participants. Introductions should include:
 1. Name.
 2. Position.
- c. Ask the participants to share the following information:
 1. Name.

2. Position if appropriate.
3. Purpose of the Focus Group:
 - a. Introduce the name of the project.
 - b. Review the focus and the goals of the needs assessment.
4. Overview of the Approach
 - a. Introduce the focus group process.
 - b. Provide the consent form and read it to the participants.
 - c. Discuss confidentiality issues.
 - d. Read the mandatory reporting script.
 - e. Ask participants to sign the consent form if they wish to participate in the process.
 - f. Collect the consent forms.
 - g. Give a copy of the consent form to the participant.
5. Conduct the Focus Group
 - a. Focus group questions for direct service providers (questions preceded by • indicate probe questions):
 1. What was your comfort level in providing service to a person with a disability?
 - What makes those experiences comfortable for you?
 - What makes those experiences challenging for you?
 - Can you give us some examples of working with a client with a disability that were comfortable for you?
 - Can you give us some examples of working with a client with a disability that were challenging for you?
 2. What other community organizations, agencies, collaborations or partners have you found helpful in providing services to individuals with disabilities? Not helpful? (*Make sure participants know they are being asked for generalities, not names of specific entities*)
 - What makes those experiences helpful?
 - What makes those experiences not helpful?
 - Can you give us some examples of working with a community organization, agency, collaborative or partner when the

- experience was positive?
 - Can you give us some examples of working with a community organization, agency, collaborative or partner when the experience was negative?
 - How can community organizations, agencies, collaborative or partners in your community work better together?
3. What are the strengths of your organization and community (Vicksburg/Jackson) in providing services to women with disabilities who are victims of domestic violence or sexual assault?
 - Can you give us some examples of how those strengths supported your ability to serve individuals with disabilities who are victims of domestic violence and sexual assault effectively?
 - What can be done to enhance these strengths?
 4. What are the gaps in services of your organization and community (Vicksburg/Jackson) in providing services to women with disabilities who are victims of domestic violence or sexual assault?
 - Can you give us some examples of how those gaps in services hindered your ability to serve individuals with disabilities who are victims of domestic violence and sexual assault effectively?
 - What can be done to lessen or eliminate those gaps?
 5. What do you need to do your job serving individuals with disabilities more effectively?
 - Can you give us some examples of what would assist you to serve individuals with disabilities who are victims of domestic violence and sexual assault more effectively?
 - What can decision-makers do to provide support to staff so staff can provide better services to individuals with disabilities?
 6. What do you see as barriers to providing effective service to victims of domestic violence and sexual assault?
 - Can you give us some examples of barriers to providing effective service to victims of domestic violence and sexual assault?
 - What would lessen or eliminate some of those barriers?
 7. Have you been trained on all types of disabilities and how to respond to persons with disabilities who seek services in your organization?
 - How often does training related to serving people with disabilities occur?
 - Can you give us some examples of staff training related to providing effective service to individuals with all types of disabilities?
 - Can you give us some examples of staff training related to providing effective service to individuals with all disabilities who are victims of domestic violence and sexual assault?

8. How can disability/sexual assault/domestic violence and health care agencies work better together to provide services to women with disabilities who are victims of domestic violence or sexual assault?
 - Can you give us an example of a collaborative effort that would allow all direct service providers to provide better services to individuals with disabilities who experience domestic violence or sexual assault?
 9. Is there anything else you would like for us to know?
6. Summary of Focus Group Findings:
 - c. At the conclusion of the focus group, summarize the information gathered from the participants.
 - d. Ask the participants if the summary is correct. If it is not, ask for clarification and make changes on the flip chart.
 7. Request for Additional Comments:
 - b. Offer participants the opportunity to add further comments to the gathered information and write additional information on the flip chart.
 8. Conclusion and Thank You:
 - f. Inform the participants that the Project Access Team will provide them with a copy of the Needs Assessment Executive Summary at the conclusion of the needs assessment process.
 - g. Offer participant feedback forms for the participants to complete. Completion of forms is optional.
 - h. Thank participants for their time and participation in the focus group.
 - i. Allow the participants to complete the participant feedback forms.
 - j. Collect the participant feedback forms.
 9. Final Thank You:
 - b. Thank the participant for her/his participation when she/he leaves the focus group room.
 10. Interviewer/facilitator Debriefing:
 - b. Interviewer/facilitators and assistant interviewers/facilitators will complete the

interviewer/facilitator debriefing form.

- c. Pack up the focus group room and return the room to its pre-focus group appearance.

Appendix D
Interview/Focus Group Guide
Self-Advocates

Note: All interviewers/facilitators will sign the Interviewer/Facilitator Confidentiality Agreement form prior to participating in an interview/focus group.

1. Prior to the Start of Focus Groups Only:

- a. Make sure any and all requested accommodations are available.
- b. Set up focus group room.
- c. Make sure room temperature is comfortable.
- d. Set up room for domestic violence/rape crisis staff/advocates.
- e. Make sure bathroom is open and accessible.

2. As Participants Arrive:

- a. Welcome participants as they come into the room and introduce yourself.
- b. Offer refreshments.
- c. Offer seating arrangements.
- d. Offer other accommodations as needed.

2. Introductions:

- a. Thank the participants for taking the time to participate in the interview/focus group process.
- b. Interviewers/facilitators should introduce themselves and associates (assistants, domestic violence shelter/rape crisis center staff/advocates in focus groups) to participants. Introductions should include:
 1. Name.
 2. Position.
- c. Ask the participants to share the following information:

1. Name.
2. Position if appropriate.
3. Purpose of the Interview:
 - a. Introduce the name of the project.
 - b. Review the focus and the goals of the needs assessment.
4. Overview of the Approach:
 - a. Introduce the interview/focus group process.
 - b. Provide the consent form and read it to the participants.
 - c. Discuss confidentiality issues.
 - d. Read the mandatory reporting script.
 - e. Ask participants to sign the consent form if they wish to participate in the process.
 - f. Collect the consent forms.
 - g. Give a copy of the consent form to the participant.
5. Conduct the Interview/Focus Group
 - a. Interview/focus group questions for self-advocates (questions preceded by • indicate probe questions):
 1. How do you find out about things that are going on in your community?
 - Can you give us an example of how you found out about something that was going on in your community?
 2. How do you seek services in your community?
 - Can you tell us if you use a phone, go to the location of the agency, or seek services some other way?
 3. What services in your community provide you with the best assistance?
 - What makes those services the best?
 - Can you give us some examples of working with a service provider who was helpful to you?
 - Why did you like what the service provider did to help you?
 4. What is the best way to get information to women with disabilities about

the services available in your community?

- What types of information lets you know that services are available—flyers, brochures, TV or radio announcements, others?
- Where should service staff go to talk about the services they offer?
- Where should they place flyers and brochures about their services?

5. What advice would you give a person who is serving people with disabilities about how to better serve them?

- What is the biggest barrier you faced when you tried to get services?
- How could they do better accommodating your disability?
- Would you go back to a person who did not accommodate your disability?
- Can you give us an example of a time when you did not go back to a person because they did not accommodate your disability?

6. What qualities do you look for when seeking services from a service provider or advocate?

- How do you decide to trust a service provider or advocate?
- What do service providers or advocates do that makes you decide to trust them?
- Can you give us an example of something a service provider or advocate did or said that made you not want to share information with them?

7. Is there anything else you would like to share with us?

6. Summary of Interview/Focus Group Findings:

- a. At the conclusion of the interview/focus group, summarize the information gathered from the participants.
- b. Ask the participants if the summary is correct. If it is not, ask for clarification and make changes on the flip chart.

7. Request for Additional Comments:

- a. Offer participants the opportunity to add further comments to the gathered information and write additional information on the flip chart.

8. Conclusion and Thank You:

- a. Inform the participants that the Project Access Team will provide them with a copy of the Needs Assessment Executive Summary at the conclusion of the needs assessment process.

- b. Offer participant feedback forms for the participants to complete. Completion of forms is optional.
 - c. Thank participants for their time and participation in the interview/focus group.
 - d. Allow the participants to complete the participant feedback forms.
 - e. Collect the participant feedback forms.
9. Final Thank You:
- a. Thank the participant for her/his participation when she/he leaves the focus group room.
10. Interviewer/facilitator Debriefing:
- a. Interviewer/facilitators and assistant interviewers/facilitators will complete the interviewer/facilitator debriefing form.
 - b. Pack up the focus group room and return the room to its pre-focus group appearance.

Appendix E
Interviewer Debriefing Form

Date and Time of Interview: _____

Interviewed By: _____

Venue

Did you find the venue easily?

How much time did you allow to get there?

How many minutes before the interview did you arrive at the venue?

Did you have any problems with starting the interview on time?

Were all accommodations requested by the participants available?

Interview Process

Was your opening script appropriate? If not, what changes should be made?

Were your interview questions appropriate? If not, what changes should be made?

Did you have to use many probe questions to elicit the information you wanted? If so, what probes were used? Are there others that should be added?

Was the 1-1 ½ hour timeframe adequate/not enough/too much for you to complete the interview? If not appropriate, what timeframe would have been adequate?

Follow-up Question for Leader Interviews

Were you able to obtain the names and contact information of agency/organization staff and volunteers to participate in focus groups? If not, why not?

Things That Went Well

Things That Did Not Go Well

Recommendations for Change

Appendix F
Consent for Interview/Focus Group Participants
(Direct Service Providers)

For Participation in Interview/Focus Group for Direct Service Providers

Reason for Interview/Focus Group

You are being asked to participate in this interview/focus group to help Project Access assess your community's response to individuals with disabilities. We appreciate your willingness to participate in this interview/focus group and we value your input.

Procedures

This interview/focus group will last no longer than 90 minutes. If you agree to participate, you will be asked several questions about accessing or providing services for an individual with a disability in your community. During the interview/focus group, notes will be taken on the content of what is said and the session will be tape recorded. However, NO identifying information will be taken during the course of the interview/focus group. The session notes and tape recordings will be analyzed and our findings will be reported as group data and will not be traceable back to you. We will destroy our notes and tape recordings after we have completed our analysis. You also do not have to answer any question that you do not wish to answer and you may leave the interview/focus group at any time.

Confidentiality

While questions are designed *to focus on service accessibility and delivery*, some participants may disclose traumatic and painful experiences in the context of discussions. Because of the sensitive nature of these issues, the information gathered during the interview/focus group will only be used to complete the goal of the needs assessment. Identifying information will be carefully screened so individuals will not be matched with statements and experiences shared in the interview/focus group session, *EXCEPT when a person discloses abuse of a vulnerable adult or child*. See Mandatory Reporting.

We ask that you keep the identities of other participants confidential and that you not discuss their names or where they work with anyone else. This preserves their privacy as we are preserving yours.

Mandatory Reporting

We are mandated by state law to report child abuse, elder abuse and/or vulnerable adult abuse to the proper authorities. This means that anytime we are told about a vulnerable adult or a child being physically or sexually abused or neglected, we must report this to the authorities. This also includes reporting the risk of imminent harm to self or others. We want participants to be aware of this obligation and request that you frame your comments accordingly. However, we are not suggesting you do not seek help if needed. If you need referral information, it will be provided for you.

Benefits

There are no direct benefits to you as an individual for participating in this interview/focus group. You are helping increase the knowledge of service providers in your area. Your input will help them better serve people with disabilities.

Risks

Please understand the interview/focus group proceedings will be recorded via note taking and tape recording. Although no identifying information will be written, if you feel that participating will be harmful, you may choose not to participate at any time. The main risks of participation include the possibility of re-traumatizing victims/survivors among the participants. There may also be a risk of endangerment to victim/survivor participants if an abuser found information connecting the person to a domestic violence or sexual assault organization or if interview/focus group participants spoke later about the content of the interview/focus group. There will be a counselor and/or advocate present to support participants as needed during focus group sessions.

To minimize these risks, the Project Access Team has:

- A counselor and/or advocate present at the focus group sessions that you may access for any resource information that you feel you may need.
- Designed questions that will be asked in the interview/focus group so as not to ask about events that would re-traumatize any victims/survivors among the participants.
- Made sure that you realize that you may leave the interview/focus group at any time you wish.
- Strongly advised all participants not to disclose any personal experiences of domestic violence or sexual assault.
- Strongly advised all participants not to disclose any information about what was discussed in the interview/focus group in order to maintain the safety and privacy of all participants. Acceptance of this consent form indicates your agreement not to disclose any information about what was discussed in the interview/focus group.
- Advised participants that this consent form is specifically linked to a domestic violence/sexual assault project and service organizations and, if found by a potential or actual abuser, might endanger you. Please take care with this form.
- Provided participants with the following hotline numbers in case you feel discomfort at any time due to your participation in this interview/focus group:
 - The National Domestic Violence Hotline 1-800-799-7233 (SAFE), 1-800-787-3224 (TTY)
 - The National Sexual Assault Hotline 1-800-656-4673 (HOPE)
 - Mississippi Coalition Against Domestic Violence 1-800-898-3234
 - Mississippi Coalition Against Sexual Assault 1-888-987-9011
 - Jackson Rape Crisis Center 1-982-7273
 - **Domestic violence shelter information will be added for each specific community here**

Cost

There is no cost to you to participate in the interview/focus group.

Right to Refuse or Change Your Mind

You have the right to change your mind about participating in the interview/focus group AT ANY TIME. However, be aware that once you have participated in the interview/focus group, there is no way for us to remove your comments because there is no way to link your comments to you. If you choose to withdraw from the interview/focus group you will not be impacted in any way.

Questions:

If you have any questions concerning the interview/focus group, please contact:

Debrynda Davey
Project Coordinator
University of Mississippi Medical Center
School of Nursing
2500 North State Street
Jackson, MS 39216
ddavey@son.umsmed.edu
1-601-984-6237

Consent

I voluntarily give my consent to participate in the Project Access interview/focus group. I also agree to allow note taking and to have my comments tape recorded during the interview/focus group, with the understanding that no identifying information will be kept and that the notes and tape recordings will be destroyed at the conclusion of the needs assessment process. I understand I will be given a copy of this form and that I can opt out of participating at anytime.

Participant's Name Printed

Date

Participant's Signature

Appendix G
Consent for Interview/Focus Group Participants
(Self-Advocates)

For Participation in Interview/Focus Group for Self-Advocates

Reason for Interview/Focus Group

You are being asked to participate in this interview/focus group to help Project Access assess your community's response to individuals with disabilities. We appreciate your willingness to participate in this interview/focus group and we value your input.

Procedures

This interview/focus group will last no longer than 90 minutes. If you agree to participate, you will be asked several questions about accessing or providing services for an individual with a disability in your community. During the interview/focus group, notes will be taken on the content of what is said and the session will be tape recorded. However, NO identifying information will be taken during the course of the interview/focus group. The session notes and tape recordings will be analyzed and our findings will be reported as group data and will not be traceable back to you. We will destroy our notes and tape recordings after we have completed our analysis. You also do not have to answer any question that you do not wish to answer and you may leave the interview/focus group at any time.

Confidentiality

While questions are designed *to focus on service accessibility and delivery*, some participants may disclose traumatic and painful experiences in the context of discussions. Because of the sensitive nature of these issues, the information gathered during the interview/focus group will only be used to complete the goal of the needs assessment. Identifying information will be carefully screened so individuals will not be matched with statements and experiences shared in the interview/focus group session, *EXCEPT when a person discloses abuse of a vulnerable adult or child*. See Mandatory Reporting.

We ask that you keep the identities of other participants confidential and that you not discuss their names or where they work with anyone else. This preserves their privacy as we are preserving yours.

Mandatory Reporting

We are mandated by state law to report child abuse, elder abuse and/or vulnerable adult abuse to the proper authorities. This means that anytime we are told about a vulnerable adult or a child being physically or sexually abused or neglected, we must report this to the authorities. This also includes reporting the risk of imminent harm to self or others. We want participants to be aware of this obligation and request that you frame your comments accordingly. However, we are not suggesting you do not seek help if needed. If you need referral information, it will be provided for you.

Benefits

There are no direct benefits to you as an individual for participating in this interview/focus group. You will receive a \$25 gift card as our thank you for your participation. You are helping increase the knowledge of service providers in your area. Your input will help them better serve people with disabilities.

Risks

Please understand the interview/focus group proceedings will be recorded via note taking and tape recording. Although no identifying information will be written, if you feel that participating will be harmful, you may choose not to participate at any time. The main risks of participation include the possibility of re-traumatizing victims/survivors among the participants. There may also be a risk of endangerment to victim/survivor participants if an abuser found information connecting the person to a domestic violence or sexual assault organization or if interview/focus group participants spoke later about the content of the interview/focus group. There will be a counselor and/or advocate present to support participants as needed during focus group sessions.

To minimize these risks, the Project Access Team has:

- A counselor and/or advocate present at the focus group sessions that you may access for any resource information that you feel you may need.
- Designed questions that will be asked in the interview/focus group so as not to ask about events that would re-traumatize any victims/survivors among the participants.
- Made sure that you realize that you may leave the interview/focus group at any time you wish.
- Strongly advised all participants not to disclose any personal experiences of domestic violence or sexual assault.
- Strongly advised all participants not to disclose any information about what was discussed in the interview/focus group in order to maintain the safety and privacy of all participants. Acceptance of this consent form indicates your agreement not to disclose any information about what was discussed in the interview/focus group.
- Advised participants that this consent form is specifically linked to a domestic violence/sexual assault project and service organizations and, if found by a potential or actual abuser, might endanger you. Please take care with this form.
- Provided participants with the following hotline numbers in case you feel discomfort at any time due to your participation in this interview/focus group:
 - The National Domestic Violence Hotline 1-800-799-7233 (SAFE), 1-800-787-3224 (TTY)
 - The National Sexual Assault Hotline 1-800-656-4673 (HOPE)
 - Mississippi Coalition Against Domestic Violence 1-800-898-3234
 - Mississippi Coalition Against Sexual Assault 1-888-987-9011
 - Jackson Rape Crisis Center 1-982-7273
 - **Domestic violence shelter information will be added for each specific community here**

Cost

There is no cost to you to participate in the interview/focus group.

Right to Refuse or Change Your Mind

You have the right to change your mind about participating in the interview/focus group AT ANY TIME. However, be aware that once you have participated in the interview/focus group, there is no way for us to remove your comments because there is no way to link your comments to you. If you choose to withdraw from the interview/focus group you will not be impacted in any way.

Questions:

If you have any questions concerning the interview/focus group, please contact:

Debrynda Davey
Project Coordinator
University of Mississippi Medical Center
School of Nursing
2500 North State Street
Jackson, MS 39216
ddavey@son.umsmed.edu
1-601-984-6237

Consent

I voluntarily give my consent to participate in the Project Access interview/focus group. I also agree to allow note taking and to have my comments tape recorded during the interview/focus group, with the understanding that no identifying information will be kept and that the notes and tape recordings will be destroyed at the conclusion of the needs assessment process. I understand I will be given a copy of this form and that I can opt out of participating at anytime.

Participant's Name Printed Date

Participant's Signature

Appendix H
Interview/Focus Group Data Collection Form

Focus Group _____
Interview _____

Question	Participant Responses	Facilitator Observations

Note: Assistant Facilitator will use as many sheets as needed to take notes for each interview or focus group.

Appendix I Definitions

Accessibility

Accessibility is a general term this Collaborative uses to describe the degree to which a system is usable by as many people as possible. It is the ability to access a system or an entity.

Batterer

A batterer is someone who uses physical, psychological and/or economic violence to maintain power and control over another person. There are many characteristics of a batterer. Typically they have low self esteem, isolate victims, have low tolerance for stress, have high need for control and domination, minimize violent behavior and express most emotions as anger. The Collaboration believes battering is not the result of a batterer's being out of control but rather is the attempt of the batterer to stay IN control.

Collaboration

A collaboration is a team working together in a formal, structured process through which individuals and agencies/organizations work to accomplish a common goal by sharing knowledge, learning from each other, and by building consensus. Roles are well defined and members share their workload and resources.

Disability

Under the Americans with Disabilities Act (ADA), an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities. A physical impairment is defined by the ADA as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hematic and lymphatic, skin, and endocrine. A mental impairment is defined by the ADA as any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

***Differentiation between a person with a disability and a vulnerable adult**

With the issue of mandatory reporting, the Collaboration wants to clarify the difference between a person with a disability and what is considered a vulnerable adult according to the law. In Mississippi, the law states that anyone witnessing or with knowledge of the abuse of a vulnerable adult is mandated to report. A vulnerable adult is not the same as a person with a disability, in regards to reporting. A person can have a disability and not be a vulnerable adult. The term vulnerable adult refers to the inability to perform the activities of daily living without assistance, which does not apply to all persons with a disability.

Domestic Violence

Domestic violence is a *coercive* pattern of behavior used to establish power and control over another person through fear and intimidation and often includes the threat or use of

violence with whom an intimate relationship is or has been shared. As defined by Mississippi state law, this type of violence can occur among spouses, former spouses, persons living as spouses or who formerly lived as spouses, persons having a child or children in common, other individuals related by consanguinity or affinity who reside together or who formerly resided together or between individuals who have a current or former dating relationship (MS Senate Bill 2797)

Types and examples of violence include but are not limited to:

Physical: Hitting, pinching, biting, pulling, pushing, slapping, burning, restraining, use or threat to use weapons, suffocation, and forcing the individual to eat, drink or stay awake.

Sexual: Forced sexual activity; forced pregnancy, abortion, or sterilization; using sexually explicit language; unwanted touching; forced to view pornography; and denial of sexual information/education.

Psychological/Emotional: Threats to harm individual (their family, pets, children), isolation from work or family, stalking, constant criticizing, false accusations, ignoring or minimizing needs, leaving person in a dangerous place, degradation, humiliation, name calling, attacks on self esteem, and intimidation.

Financial: Preventing access to bank accounts or other financial resources, misuse or theft of funds, and making financial decisions on her behalf without consent.

Neglect: Denial of food, shelter, medical care, medications, accommodations, companionship, and taking away means of communication or transportation.

Mandatory Reporter

According to Mississippi law, under the Vulnerable Adults Act (43-47-7), a mandatory reporter can include but is not limited to: attorneys, physicians, medical examiners, health professionals, mental health professionals, spiritual practitioners, social workers, family protection workers, professional adult care attendants, residential or institutional staff, state/county/municipal justice employee, law enforcement officer, human rights advocate, long-term care ombudsman, accountant, stock broker, financial advisor, bank employee, insurance agent or consultant, and many other relative occupations.

Needs Assessment

A needs assessment is a review of a community's needs as well as its strengths. It involves a variety of mediums, such as focus groups, surveys and interviews. People with disabilities and direct service providers need to participate to capture an accurate description of the community.

People First Language

People First Language is the concept that the person is more important than her/his disability. It reflects the Disability Rights Movement in that all people deserve to be treated with both dignity and respect. (MS Senate Bill no. 2556 July 1, 2005 states that derogatory terms used such as disabled, mentally retarded and handicapped are not to be used in state agencies)

Sexual Violence

Sexual assault and abuse is any type of sexual activity that a person does not agree to, including inappropriate touching, vaginal, anal, or oral penetration, incest, rape, or attempted rape. Sexual violence can be verbal, visual, or anything that forces a person to join in unwanted sexual contact or attention. Sexual assault can also be committed when those activities are forced on a person who is incapable of consenting.

Universal Design

Universal design is the creation of policy, products and environments that are meant to be usable by all people of all ages and all abilities, to the greatest extent possible, without the need for adaptation or specialization. Universal Design's intention is to simplify life for everyone by making products, communications and the built environment safely usable by as many people as possible at little or no extra cost in an intuitive and unobtrusive way.

Appendix J

Mandatory Reporting Script

Scripted item to be read to participants about reportable information –

We are mandated by state law to report child abuse, elder abuse or vulnerable adult abuse to the proper authorities. This also includes reporting the risk of imminent harm to others or yourself. We want you to be aware of this obligation and request you frame your comments accordingly. However, we are not suggesting you do not seek help if needed. If you or someone you know needs help, we will provide you with a referral immediately after the focus group.

Appendix K
Interview Participant Feedback Form
Direct Service Providers

Were you asked if you were willing to participate in an interview?
_____ (yes or no)

Were there significant deviations from the originally stated procedures?
_____ (yes or no)

If yes, please describe the nature of the deviation and the date, place and time it took place:

Please add anything else you would like us to know about the interview process:

Please add anything else you would like us to know about your organization's or community's resources and/or services provided to individuals with disabilities who experience domestic violence and/or sexual assault:

We appreciate your participation in our needs assessment!

Appendix L
Interview Participant Feedback Form
Self-Advocates

Were you given an option to participate in an interview?
_____ (yes or no)

Did the interview work like you were told it was going to work?
_____ (yes or no)

If no, please describe what worked differently and the date, place and time it took place:

Please add anything else you would like us to know about how the interview worked:

Please add anything else you would like us to know about your experiences in getting services from agencies in your community:

We appreciate your participation in our needs assessment!

Appendix M
Focus Group Participant Feedback Form
Direct Service Providers

Were you asked if you were willing to participate in the focus group?
_____ (yes or no)

Were there significant deviations from the originally stated procedures?
_____ (yes or no)

If yes, please describe the nature of the deviation and the date, place and time it took place:

Please add anything else you would like us to know about the focus group process:

Please add anything else you would like us to know about your organization's or community's resources and/or services provided to individuals with disabilities who experience domestic violence and/or sexual assault:

We appreciate your participation in our needs assessment!

Appendix N
Focus Group Participant Feedback Form
Self-Advocates

Were you asked if you were willing to participate in the focus group?
_____ (yes or no)

Did the focus group work like you were told it was going to work?
_____ (yes or no)

If no, please describe what worked differently and the date, place and time it took place:

Please add anything else you would like us to know about how the focus group worked:

Please add anything else you would like us to know about your experiences in getting services from agencies in your community:

Thank you for participating in our needs assessment!

Appendix O
Focus Group Facilitator Debriefing Form

Date and Time of Focus Group: _____

Facilitated By: _____

Venue

Did you find the venue easily?

How much time did you allow to get there?

How many minutes before the focus group did you arrive at the venue?

Did you have any problems with starting the focus group on time?

Were all accommodations requested by the participants available?

Was the venue physically accessible?

Was there a physically accessible bathroom located by the focus group room?

Was the focus group room located in a private location?

Was the focus group room comfortable?

Was there a private location located close to the focus group room where domestic violence and sexual assault direct service provider staff/advocates were available to provide resource information to participants?

Were the refreshments appropriate and in sufficient quantity?

Interview Process

Was your opening script appropriate? If not, what changes should be made?

Were your focus group questions appropriate? If not, what changes should be made?

Did you have to use many probe questions to elicit the information you wanted? If so, what probes were used? What additional probe questions should be added?

Was the 1-1 ½ hour timeframe adequate/not enough/too much for you to complete the focus group? If not, what timeframe would have been adequate?

Things That Went Well

Things That Did Not Go Well

Recommendations for Change
