

New York County Collaborative Strategic Plan

barrier free living



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TABLE OF CONTENTS

| | |
|--------------------------------------|----|
| Introduction | 3 |
| Overview of Collaborative | |
| Collaborative Partner Agencies | 5 |
| Vision & Mission | 7 |
| Needs Assessment Summary | 8 |
| Overview of the Strategic Plan | 9 |
| Short-term Initiatives | 10 |
| Long-term Activities | 15 |
| Sustainability Plan | 15 |
| Appendices | |
| A. Work Plan | 16 |
| B. Project Timeline | 23 |

INTRODUCTION

The New York County Collaborative is a partnership between Barrier Free Living, The New York County District Attorney's Office, Harlem Independent Living Center, Crime Victims Treatment Center of Mount Sinai St. Luke's and Roosevelt Hospitals and CONNECT. Funded by the Office on Violence Against Women's 2012 Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program, our agencies are partnering to: Examine the barriers Deaf/deaf and Hard of Hearing (D/deaf and HOH) individuals experience when they disclose domestic violence and sexual assault (DV/SA), when seeking services or when engaged with the criminal justice system; and to build the capacity of each partner agency to ensure equal participation by D/deaf and HOH survivors and a trauma-informed and culturally-sensitive response to their needs.

The activities of this grant-funded, collaborative process unfold in two phases: Planning and Development, followed by Implementation (see "Timeline" in Appendix B). Throughout Planning and Development, Collaborative members have participated in extensive discussions about their respective agency missions, values and assumptions. They developed a Collaboration Charter that establishes the team's *collective* mission and vision (below) and guidelines for healthy group dynamics to strengthen their existing relationships. Partner agencies then narrowed their capacity-building focus, deciding which programs and services would be considered "sites of change."

The Collaborative then developed a Needs Assessment Plan to explore the capacity of those programs and services to respond to D/deaf and HOH survivors. The needs assessment provided an opportunity for the Collaborative to increase its understanding of access and safety from the perspectives of the people served by each agency and of staff and leadership. The team collected data, analyzed the data as a team and identified key findings, resulting in their Needs Assessment Report.

That report provides a foundation for this Strategic Plan. The findings highlight strengths and gaps at each partner agency and opportunities to build capacity to respond to the needs of D/deaf and HOH victims at each site of change. The initiatives described in this plan address the findings by proposing enhancements to individual skills and knowledge, agency environments, policies and procedures, work with interpreters and ongoing collaboration between partners.

A note on language used in this document

Our team is proud to be represented by Deaf, Hard of Hearing, bilingual Hard of Hearing and hearing professionals who are committed to fostering spaces where all are heard and understood. While this report is intended only for internal Collaborative use, we feel it is important to acknowledge this is not a Deaf-friendly document: It was developed, and is presented here, in written English rather than a visual format, which

assumes English language literacy; it uses professional jargon we would not necessarily include in communications with D/deaf and HOH individuals; and it lacks an accompanying American Sign Language (ASL) or other visual interpretation for the D/deaf and HOH audience to which we strive to be accountable.

Throughout the document we use the terms “D/deaf and HOH” to describe individuals with a wide range of hearing loss and, in some cases, will use only the term “Deaf” when referring to individuals who identify as culturally Deaf. We recognize the right of individuals with hearing loss to self-identify.

Additionally, Collaborative partners use different terms when referring to the individuals they work with, including “client,” “consumer,” “witness,” “victim” and “survivor.” Throughout this document we have tried to use terms that are relevant to each agency. In some cases, the terms “victim” and “survivor” are used interchangeably. We recognize the right of individuals who have experienced DV/SA to self-identify.

OVERVIEW OF COLLABORATIVE

Collaborative Partner Agencies

Barrier Free Living, Inc.

For over 30 years Barrier Free Living, Inc. (BFL) has worked to empower individuals with disabilities to live independent, dignified lives free of abuse. BFL programs include transitional housing, outreach, Freedom House emergency shelter for DV survivors with disabilities and survivors who are Deaf, and the Secret Garden program, which is the focus of this collaborative process. Secret Garden is a non-residential DV program for survivors with disabilities and survivors who are Deaf. Since 1986, Secret Garden has assisted survivors to navigate medical, legal, financial, law enforcement and social service systems. The program offers safety planning, counseling and support groups, occupational therapy, referral services and case management to DV survivors. Secret Garden staff members are also co-located at the Family Justice Centers of Queens, Brooklyn and the Bronx and will provide services to DV survivors with disabilities at the new Manhattan Family Justice Center, housed at the Special Victims Bureau of the Office of the Manhattan District Attorney.

New York County District Attorney's Office

The New York County District Attorney's Office (DANY) is charged with investigating and prosecuting crime in the borough of Manhattan. For over seventy years DANY has been considered a model for public prosecutors' offices throughout the nation, known for its vigorous prosecution combined with concern for the rights of those being prosecuted. Its prosecution of misdemeanor and felony crimes is guided by the belief that the prosecutor's function is to do justice and to serve the public. The District Attorney, Cyrus R. Vance, Jr. is assisted by 500 attorneys (Assistant District Attorneys) and over 750 support staff. DANY's Special Victims Bureau and Witness Aid Services Unit are the focus of these collaborative efforts. The Special Victims Bureau is one of DANY's specialized bureaus, overseeing the prosecution of domestic violence, sex crimes, child abuse, elder abuse and human trafficking. Assistant District Attorneys who work in the Special Victims Bureau have the most advanced training for investigating and prosecuting these cases with standardized best practices to ensure that victims are protected and able to restore safety in their lives. Supporting the Assistant District Attorneys in this mission is DANY's Witness Aid Services Unit which provides a variety of court-related services, social services and counseling services designed to meet the needs of crime victims, witnesses and their families.

Harlem Independent Living Center

Since 1991, Harlem Independent Living Center (HILC) has assisted people with disabilities to achieve optimal independence through culturally and linguistically appropriate services by advocating, educating, empowering and being a community change catalyst. With a philosophy of consumer control and peer mentorship, HILC's

services are accessible for all people with disabilities and include: Assistance with benefits and housing applications; assistive device training; independent living skills training; advocacy for community and systems change; and service referrals. When working with D/deaf and HOH individuals, HILC offers a wide range of communication choices (e.g., meeting with a hearing advocate who is “native-like” in ASL, a Deaf advocate whose first language is ASL, both a hearing advocate *and* sign language interpreter, or a Certified Deaf interpreter if the need arises). HILC conducts community outreach and a broad range of community trainings that include, but are not limited to, the New York City Police Academy, the New York County District Attorney’s Office and staff of child-protection, health care and social service agencies. HILC encourages consumers to determine their own destinies and set their own criteria for goals and success.

Crime Victims Treatment Center of Mount Sinai St. Luke’s & Roosevelt Hospitals

The Crime Victims Treatment Center (CVTC) has served victims of violent crimes, including sexual assault and intimate partner violence, since 1977. Beginning in 2014, Mount Sinai Medical Center acquired Continuum Health Partners, parent company of St. Luke’s-Roosevelt Hospital where CVTC was founded. CVTC is the largest and most comprehensive hospital-based victim assistance program in New York State and one of the largest in the nation. CVTC offers individual and group therapy, crisis intervention, legal advocacy, psychiatric consultation and alternative healing practices, all free of charge. Seventeen Licensed Clinical Social Workers provide trauma-focused individual and group therapy and a group of 176 dedicated Volunteer Rape Crisis and Domestic Violence Advocates are on-call 365 days per year to provide emotional support and advocacy to survivors in the emergency departments of the St. Luke’s and Roosevelt Hospitals. CVTC’s 39 Sexual Assault Forensic Examiners (SAFE) are also on call every day of the year to provide compassionate and expert care to sexual assault survivors in the Emergency Department. CVTC’s direct services and Volunteer Advocate program are the focus of this collaborative process.

CONNECT

Founded in 1993, CONNECT is a grassroots DV program that provides legal advocacy for survivors, training and capacity-building services for professionals and facilitation of community-based dialogue about DV intervention and prevention. CONNECT’s Community Empowerment Program and Legal Advocacy Program are the focus of this collaborative effort. The Community Empowerment Program works with community members to address the multi-level roots of DV through roundtable discussions, comprehensive trainings, and activities to engage men, women, youth and communities of faith in efforts to support survivors and hold perpetrators accountable. The Legal Advocacy Program is comprised of the Legal Advocacy Helpline, Coordinated Action Against Violence (CAAV) and the Immigration Project. Through the Helpline, advocates share information about filing incident reports or following up on police investigation, navigating the Criminal and Family Court systems, obtaining orders of protection, developing safety plans and securing shelter, housing and public assistance. CAAV is a

partnership between CONNECT, East Harlem police precincts and CVTC, in which staff work directly with survivors, advocating for their needs and rights within law enforcement and criminal justice systems, as well as safety planning, securing shelter or housing, and filing for crime victims' reimbursement. The Immigration Project assists survivors seeking DV-based immigration remedies, including Violence Against Women Act (VAWA) self-petitions, VAWA Battered Spouse Waivers, VAWA Cancellations of Removal, U-Nonimmigrant status for Crime Victims and VAWA or U Visa-based Adjustment of Status.

Vision

We envision a responsive network of agencies that are key entry-points for D/deaf and HOH survivors of DV/SA in New York County, including: D/deaf and HOH service providers; DV/SA organizations; and the criminal justice system. In this network, agencies have the capacity to address the cultural and communication needs of D/deaf and HOH survivors in order to sensitively handle disclosures and ensure full and equal access. Agency staff and volunteers within this system are compassionate and knowledgeable about D/deaf and HOH cultural and communication needs, and are able to communicate effectively and maintain trust with D/deaf and HOH survivors. D/deaf and HOH survivors have knowledge about their rights and strategies for healing, accountability and empowerment. Survivors work with individuals they trust, knowing they are heard and understood.

Mission

It is the mission of the New York County Collaborative to develop a responsive network of agencies that are key entry-points for D/deaf and HOH survivors of DV/SA in New York County by understanding the conditions that prevent equal participation and changing those conditions within each partner agency by:

- Creating organizational cultures informed by the impact of DV/SA trauma and sensitive to the unique cultural context of D/deaf and HOH survivors;
- Building agency capacity to respond to the cultural and linguistic needs of D/deaf and HOH survivors, including effective modes of communication and culturally-relevant safety planning and advocacy;
- Institutionalizing these changes through coordinated policies and protocols, across all partner agencies; and
- Fostering and maintaining strong collaboration between the partners within this network, with each partner playing a meaningful role. This partnership will be characterized by trust, learning, encouragement and accountability to D/deaf and HOH survivors, to fellow members and other Collaborative stakeholders.

NEEDS ASSESSMENT SUMMARY

The Collaborative conducted twenty-one focus groups and interviews with clients, staff and leadership across the five partner agencies. Once all data was collected, members participated in an interactive analysis process to identify key findings and their implications for the Strategic Plan. Key findings include:

- 1) D/deaf and HOH individuals and DV/SA survivors seek services that are responsive, providers who are knowledgeable and sensitive to individual needs, and an agency environment that is safe and welcoming;
- 2) Partner agency staff needs additional training and support to respond effectively to the needs of D/deaf and HOH survivors of DV/SA;
- 3) Partner agencies should develop formal, written policies and procedures for responding to D/deaf and HOH victims of DV/SA;
- 4) Partner agencies should develop stronger resources for ensuring access and safety for D/deaf and HOH survivors (including qualified personnel, assistive technology and accessible agency materials);
- 5) The goals of this Collaborative build on, and enhance, the work of Collaborative members and partner agencies;
- 6) The Collaborative faces challenges to building partner agency capacity to respond effectively to D/deaf and HOH survivors, including resource limitations beyond the grant period.

In addition to these key findings, the data analysis process also revealed the “relationship” between findings. For example, the Collaborative found similarities between themes describing what is and isn’t Deaf-friendly, and what is and isn’t victim-friendly (e.g. availability of resources, competency & sensitivity of service providers, importance of the physical environment). Additionally, both D/deaf-focused and DV/SA-focused partner agencies discovered opportunities to grow even in their own areas of expertise. Finally, the needs assessment revealed how the organizational philosophies of D/deaf-focused partner agencies mirror those of DV/SA-focused partners, both honoring the experience and expertise of individuals and emphasizing choice.

OVERVIEW OF THE STRATEGIC PLAN

Referring to the Needs Assessment Report, the Collaborative brainstormed numerous opportunities to increase responsiveness to the needs of D/deaf and HOH survivors and create safer, more welcoming and accessible agency environments. In September 2014, the Collaborative was pleased to be joined by Lisa Becker, Senior Program Associate at the Vera Institute of Justice, who facilitated a two-day strategic planning session. This process helped the team to refine the proposed initiatives, identifying those which are highest priority and most achievable within the remaining grant period. These are referred to as "short-term initiatives," while "long-term initiatives" refer to Collaborative goals beyond the scope of the grant program, such as advocacy with external stakeholders and identifying resources for continued collaboration.

Each short-term initiative highlights a general area for improvement identified in the Needs Assessment Report. They are interrelated, building upon the success of other initiatives. Within each short-term initiative are a series of activities, which detail the capacity-building changes Collaborative partners plan to make. Finally, activities are accompanied by a list of tasks, or the specific steps members will take to accomplish each.

The Work Plan, found in Appendix A, provides a summary of short-term initiatives, activities and tasks, identifying who is responsible and the anticipated timeline.

Roles and responsibilities

Partner agencies will approach the initiatives in this plan as a full Collaborative, using a process similar to the one used by the team throughout Planning and Development. The team will continue to meet twice monthly to brainstorm collectively, make decisions, delegate tasks and monitor progress. The Project Director will continue to facilitate meetings, document discussion and prepare deliverables to be submitted to OVW.

Throughout Implementation, Collaborative members and the Project Director will be expected to take responsibility for significantly more tasks between meetings. For example, members will need to do research, draft documents and meet with additional staff at their agencies in order to complete many of the tasks included in this plan. The Project Director will also be assigned tasks between Collaborative meetings and is responsible for meeting and communicating with members regularly to check in on their progress. Task responsibilities are detailed in the Work Plan (Appendix A).

As needed, members will request input and participation by additional staff at their agency or by the people they serve. This will ensure that capacity-building changes at each agency are made with the perspectives and experiences of staff, clients and consumers in mind. These individuals may also be invited to attend meetings of the full Collaborative, as needed, to share their expertise with the team.

SHORT-TERM INITIATIVES

Initiative 1: Increase knowledge and skills of staff and volunteers to respond sensitively and effectively to the needs of D/deaf and HOH survivors

This initiative emphasizes building individual-level capacity of partner agency staff. It reflects the key needs assessment finding that staff wants more information about the intersection of DV/SA and hearing loss and seeks guidance on engaging with D/deaf and HOH survivors sensitively and effectively.

Activities

Initiative 1 centers on two main activities: providing staff with trainings tailored to the needs of their service environment and developing a resource and referral guide that helps staff to refer D/deaf and HOH survivors appropriately.

Collaborative partners will identify opportunities and develop content for staff training at sites of change on topics at the intersection, for example:

- Deaf culture
- ASL and other communication styles
- Critical analysis of DV/SA
- Dynamics of DV/SA in D/deaf and HOH communities
- Trauma, vicarious trauma and self-care
- Sensitively handling disclosures
- Effective communication and responsibilities under ADA

Trainings should not merely be “101” introductions to these topics, but should explore the individual, cultural and systemic context D/deaf and HOH survivors seek services in, and what is the appropriate response to their needs in each agency environment. In addition to developing training materials, partners will establish policies for implementation; for example, partners may provide training during staff orientation while others may require training on an annual basis (see Initiative 3).

The Collaborative will also develop a guide to appropriate resources for D/deaf and HOH survivors. While creating this guide, members will think critically about the systems D/deaf and HOH survivors must navigate, and how each partner agency might be the entry-point for a D/deaf survivor into a network of services and responses. The list of resources and referrals should provide more than contact information: it should include guidance for D/deaf and HOH survivors on what to expect at different agencies, eligibility requirements and accessibility information.

Initiative 2: Build partner agency capacity to provide a safe, welcoming and accessible environment for D/deaf and HOH survivors

This initiative recognizes the need for capacity-building changes to the service environment at each partner agency. It balances activities intended to prepare the environment for D/deaf and HOH survivors with those intended to prepare D/deaf and HOH survivors for the environment.

Activities

Initiative 2 focuses on four activities. The first is development of a safety and access review tool that can be used by Collaborative partners to monitor agency environments. Partners will establish indicators of safety and accessibility for each service environment and develop a tool and guidelines (see Initiative 3) for conducting reviews on a regular basis. This ongoing activity will help sustain the Collaborative's capacity-building changes beyond the grant period.

The second activity is exploration of assistive technology and how it may be used to ensure effective communication between hearing staff and D/deaf and HOH individuals, including clients, consumers and even agency staff. The Collaborative will gather information from local assistive technology resource programs to understand what is available, and develop a plan for purchasing devices and/or resource sharing between partners.

The third and fourth activities will focus on opportunities to share information with D/deaf and HOH survivors and prepare them to engage with each partner agency. The Collaborative will develop signed, captioned videos that describe the services at sites of change, which can be shared with D/deaf and HOH survivors on-site or online. The Collaborative acknowledges the limitations of this effort to create videos appropriate for all individuals with hearing loss (for example, survivors who are Deaf-Blind or survivors whose communication styles differ from the individuals featured in the videos) and recognize that videos in no way replace the role of qualified interpreters. Finally, the Collaborative will develop outreach and informational materials for print & web that are more accessible for D/deaf and HOH survivors.

Initiative 3: Develop policies & procedures to ensure sites of change are safe, accessible and welcoming to D/deaf & HOH survivors

This initiative responds to the needs assessment finding that formal policies and procedures are needed to guide staff in their response to D/deaf and HOH survivors. Previously, some partner agencies may have relied on informal practices to meet the needs of D/deaf and HOH survivors, or on the expertise of one individual staff member. By adopting official policies and procedures, partner agencies demonstrate their commitment to safety and accessibility and ensure staff has the guidance needed to

engage D/deaf and HOH survivors appropriately. Furthermore, the Collaborative believes strong policies and procedures will enhance the relationship between partner agencies, increasing confidence to refer D/deaf and HOH survivors to agencies with shared commitments.

Activities

Activities in Initiative 3 will center on development of four types of policies: communication access; handling disclosures; front desk and security; and human resource/administrative policies.

Communication access policies and procedures will primarily benefit BFL, DANY, CVTC and CONNECT, although HILC is also in the process of reviewing its organizational policy and procedure manual and will look for opportunities to strengthen it. Ensuring communication access might include:

- Protocol for obtaining interpreters
- Guidelines for utilizing assistive technology
- Requirements under the Americans with Disabilities Act

A policy for handling disclosures of DV/SA will be developed at HILC, in collaboration with fellow partner agencies. A disclosure policy might include:

- Guidance on sensitive and appropriate responses
- Confidentiality statement that acknowledges any limitations, such as mandatory reporting requirements
- Process for referring D/deaf and HOH survivors to appropriate agencies
- Protocol for engaging perpetrators

Each partner agency will develop policies and procedures related to the front desk and security personnel who D/deaf and HOH survivors encounter when they first arrive. This is intended to make the building entrance a more welcoming and less intimidating environment, particularly when an interpreter is not immediately available. For some partners, this may take the form of recommendations, as not all partners employ or directly supervise front desk and security personnel in their building.

Finally, each partner will develop policies and procedures to be used by human resource and administrative staff to ensure accessibility and increase expertise on issues at the intersection, such as:

- Developing job descriptions that emphasize ASL fluency and experience with D/deaf and HOH communities
- Fostering linkages with Deaf schools and professional organizations to share job announcements
- Budgeting for communication access

- Policies related to staff training and orientation (corresponds with Initiative 1)
- Policies related to conducting safety and access reviews (corresponds with Initiative 2)

Initiative 4: Enhance partner agency capacity to work effectively with sign language interpreters when engaging D/deaf and HOH survivors

This initiative reflects a recurring theme identified during the needs assessment and throughout strategic planning: sign language interpreters play a critical role in providing communication access with D/deaf and HOH survivors, thus, partner agencies must strengthen their capacity to work effectively with these qualified, appropriate interpreters.

Activities

Initiative 4 is comprised of three activities. The first is to convene a “roundtable” of hearing, D/deaf and HOH professionals, D/deaf and HOH survivors and community members, as well as certified Deaf and hearing interpreters in order to establish best practices for working with interpreters. The Collaborative will explore the role of the interpreter in the response to DV/SA, what signs are used locally to communicate about DV/SA and understand what makes an individual “qualified” and “appropriate” to interpret for D/deaf and HOH survivors.

The second activity will be to compile a list of qualified, trauma-informed interpreters located in or near NYC for partner agencies to utilize when working with D/deaf and HOH survivors.

The last activity addresses a key finding about the challenges Collaborative partners anticipate in building capacity to serve D/deaf and HOH survivors. The Collaborative will explore “creative” ways to address the resource limitations some partners may face when budgeting for communication access. Partners will identify opportunities for resource sharing in order to ensure D/deaf and HOH survivors have access to qualified interpreters.

Initiative 5: Enhance collaboration in order to ensure success and sustainability of grant-program efforts

This final initiative corresponds with the needs assessment finding that collaboration strengthens the work of each individual partner agency. Continued partnership ensures the success and sustainability of the activities described in this plan, so partner agencies recommit to an ongoing process of critical discussion and cooperation throughout the Implementation phase.

Activities

Partner agencies will continue to meet as a full Collaborative twice monthly in order to discuss activities of the Strategic Plan, make decisions, delegate tasks and monitor progress.

The Collaborative will share grant program deliverables (such as the Needs Assessment Plan, Needs Assessment Report and Strategic Plan) with internal and external stakeholders. By sharing these documents internally, the Collaborative hopes to increase knowledge and buy-in of partner agency staff and leadership. By sharing them externally, with stakeholders such as the Vera Institute of Justice Accessing Safety Initiative website, the Collaborative hopes they will be a useful resource for other multi-disciplinary collaboratives.

Finally, the Collaborative will involve additional program staff, clients, consumers and community members, as needed, throughout Implementation. The Collaborative will welcome their input and expertise during Implementation, and will identify opportunities to share the learnings of this collaborative process with internal and external stakeholders.

LONG-TERM ACTIVITIES

Some activities proposed by the Collaborative are considered long-term efforts, either because they fall outside the scope of this grant program or because they were determined to be lower priority activities. These include:

- Advocate with the New York City Police Department and 911 dispatchers to ensure effective communication between first responders and D/deaf and HOH victims
- Educate SAFE examiners of Mount Sinai St. Luke's and Roosevelt Hospitals about Deaf culture, effective communication and best practices for working with D/deaf and HOH victims
- Advocate with Mount Sinai St. Luke's and Roosevelt Hospital administration to increase accessibility of hospital emergency departments to D/deaf and HOH survivors
- Collaborate with expert interpreters to develop a workshop on trauma-informed interpreting
- Enhance basic ASL skills among staff at site of change

The Collaborative will revisit these long-term activities when discussing grant program continuation, including opportunities to expand our capacity-building impact to additional sites of change.

SUSTAINABILITY PLAN

The Collaborative is confident that the capacity-building changes described in this plan can be sustained beyond the grant period. Staff will benefit from regular trainings, using enhanced materials created through this collaboration. Partners will use a review tool to continuously monitor indicators of safety and access in their agency environments. Agency information will be available in accessible formats for D/deaf and HOH survivors. Partner will adopt policies and procedures that reflect best practices and provide guidance to staff and leadership well beyond the grant period. Partners will identify qualified, trauma-informed interpreters who have the expertise to ensure effective communication with D/deaf and HOH survivors. The Collaborative will continue to meet beyond the grant period in order to support each other's work and maintain critical discussion about issues at the intersection.

In order to sustain the momentum of the initiatives proposed in this plan and increase the Collaborative's impact to additional sites of change, partner agencies will apply for OVW continuation funding. However, partners will also explore other potential funding sources, including other OVW grant programs such as those focused on DV/SA survivors from underserved and culturally- and linguistically-specific communities.

APPENDIX A: WORK PLAN

| Initiative 1: Increase knowledge & skills of staff and volunteers to respond sensitively and effectively to the needs of D/deaf & HOH survivors | | | | | | | | | | | | | |
|--|---|---------------------------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Activities | Tasks | Participants responsible | Timeline | | | | | | | | | | |
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
| 1.1 Provide training tailored to the needs of staff at each site of change* | a. Review existing training materials at each agency | Collaborative | X | | | | | | | | | | |
| | b. Compile relevant training modules on safety and access and create new modules as necessary | Collaborative | | X | X | X | | | | | | | |
| | c. Create a training implementation plan | Collaborative | | | | | X | | | | | | |
| | d. Submit modules and plan to OVW for approval | Project Director | | | | | X | | | | | | |
| 1.2 Develop referral guide for D/deaf and HOH survivors to be utilized by staff at each partner agency | a. Research services that are accessible and welcoming to D/deaf and HOH survivors | Collaborative | | | | | | | | X | X | | |
| | b. Compile referral guide. Share w/ partners and incorporate feedback | Project Director | | | | | | | | | | X | |
| | c. Share with D/deaf and HOH survivors; incorporate feedback | BFL, HILC, Project Director | | | | | | | | | | X | |
| | d. Disseminate final referral guide to partner agency staff and share with OVW | Collaborative, Project director | | | | | | | | | | | X |

Initiative 2:**Build partner agency capacity to provide a safe, welcoming and accessible environment for D/deaf and HOH survivors**

| Activities | Tasks | Participants responsible | Timeline | | | | | | | | | | | |
|--|---|--|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 2.1 Understand best practices for ensuring safety & access in each service environment and develop a mechanism for monitoring and sustaining those practices* | a. Explore existing safety and access review tools created by other OVW grantees | Collaborative | | | | | | | | | X | | | |
| | b. Establish criteria for safety & access in agency environments | Collaborative | | | | | | | | | X | | | |
| | c. Adapt/create a tool for reviewing partner agency environments. Share with partners; incorporate feedback. | Project Director | | | | | | | | | X | X | | |
| | d. Submit safety & access review tool for OVW approval | Project Director | | | | | | | | | | | X | |
| 2.2 Explore assistive technology to strengthen communication with D/deaf and HOH survivors | a. Identify partner agency needs for assistive technology | Collaborative | | | | | | | | X | | | | |
| | b. Explore available assistive technology resources | Project Director, HILC, BFL | | | | | | | | | X | | | |
| | c. Explore options for supporting costs associated with assistive technology | Collaborative | | | | | | | | | X | | | |
| | d. Develop purchase/implementation plan for assistive technology. Share plan with OVW. | Collaborative, Project Director | | | | | | | | | X | X | | |
| | e. Coordinate purchasing & implementation of assistive technology (including staff training) at sites of change | Individual partner agencies & Project Director | | | | | | | | | | X | X | X |

Initiative 2, continued...

| Activities | Tasks | Participants responsible | Timeline | | | | | | | | | | | |
|---|---|---------------------------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 2.3 Create signed/captioned videos that describe the services available at sites of change | a. Develop “scripts” for videos at each site of change | Collaborative | | | | | X | X | X | | | | | |
| | b. Identify individual(s) to sign in each video and prepare ASL translations of scripts. | Collaborative | | | | | | X | X | | | | | |
| | c. Coordinate shoot logistics & film videos | Collaborative, Project Director | | | | | | | | X | X | | | |
| | d. Share draft videos with partner agencies and incorporate feedback. Share final videos with OVW for approval. | Project Director | | | | | | | | | | X | | |
| | e. Disseminate final videos at partner agencies | Collaborative | | | | | | | | | | | | X |
| 2.4 Create accessible outreach/informational materials for print & web | a. Review existing print and web materials used by each site of change | Collaborative | X | X | | | | | | | | | | |
| | b. Create recommendations for increasing accessibility (or longer-term plans for agencies unable to make revisions immediately) | Collaborative | | | | X | | | | | | | | |
| | c. Submit recommendations to OVW for approval | Project Director | | | | | X | | | | | | | |
| | d. Develop/review materials | Individual partner agencies | | | | | | | X | X | X | | | |

Initiative 3:**Develop policies & procedures to ensure sites of change are safe, accessible and welcoming to D/deaf & HOH survivors**

| Activities | Tasks | Participants responsible | Timeline | | | | | | | | | | | |
|---|---|-----------------------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3.1 Develop policies and procedures to ensure communication access for D/deaf and HOH survivors | a. Review existing policies at sites of change. Identify gaps and recommend revisions. | Collaborative | | | | | X | X | | | | | | |
| | b. Draft/review communication access policies & procedures | Individual partner agencies | | | | | | X | X | | | | | |
| | c. Submit to partner agency leadership & OVW for approval | Project Director | | | | | | | | X | | | | |
| | d. Train relevant staff on new/revised communication access policies & procedures | Individual partner agencies | | | | | | | | | X | X | X | |
| 3.2 Develop policy and procedures at HILC to ensure disclosures of DV/SA by D/deaf and HOH survivors are handled sensitively & appropriately | a. Review existing policies to handle disclosures at HILC. Identify gaps and recommend revisions. | Collaborative | | | | | X | X | | | | | | |
| | b. Draft new/revised disclosure policies & procedures | HILC | | | | | | X | X | | | | | |
| | c. Submit to HILC leadership & OVW for approval | Project Director | | | | | | | | X | | | | |
| | d. Train HILC staff on new/revised disclosure policy & procedures | HILC | | | | | | | | | X | X | X | |

Initiative 3, continued...

| Activities | Tasks | Participants responsible | Timeline | | | | | | | | | | | |
|--|--|-----------------------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3.3 Develop policies and procedures for front desk and security personnel to interact sensitively and appropriately with D/deaf and HOH survivors | a. Review existing front desk & security policies at sites of change. Identify gaps and recommend revisions. | Collaborative | | | | | X | X | | | | | | |
| | b. Draft/review front desk and security policies and procedures | Individual partner agencies | | | | | | X | X | | | | | |
| | c. Submit to partner agency leadership & OVW for approval | Project Director | | | | | | | | X | | | | |
| | d. Train front desk & security personnel on new/revised policies & procedures | Individual partner agencies | | | | | | | | | X | X | X | |
| 3.4 Strengthen administrative/HR policies and procedures to ensure sites of change are accessible and welcoming | a. Review existing HR policies. Identify gaps and recommend revisions. | Collaborative | | | | | X | X | | | | | | |
| | b. Draft/review HR policies and procedures | Individual partner agencies | | | | | | X | X | | | | | |
| | c. Submit to partner agency leadership & OVW for approval | Project Director | | | | | | | | X | | | | |
| | d. Train relevant staff on new/revised HR policies & procedures | Individual partner agencies | | | | | | | | | X | X | X | |

Initiative 4:
Enhance partner agency capacity to work effectively with sign language interpreters when engaging D/deaf and HOH survivors

| Activities | Tasks | Participants responsible | Timeline | | | | | | | | | | | |
|---|---|---------------------------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 4.1 Understand best practices for working with interpreters when engaging D/deaf and HOH survivors | a. Develop plan for a “roundtable” on best practices for working with interpreters | Collaborative | | | | | X | X | | | | | | |
| | b. Share plan (include agendas, recruitment plan, etc.) for roundtable with partner agencies and OVW for approval | Project Director | | | | | | | X | | | | | |
| | c. Recruit participants and coordinate meeting logistics | Collaborative, Project Director | | | | | | X | X | | | | | |
| | d. Document roundtable discussion. Compile guidelines for best practices when working with interpreters. Share with partners and OVW. | Project Director | | | | | | | | | X | | | |
| 4.2 Identify qualified, trauma-informed interpreters located in NYC for site of change staff to utilize when engaging D/deaf and HOH survivors | a. Research and compile list of qualified, trauma-informed interpreters | Collaborative, roundtable | | | | | | | | | X | X | | |
| | b. Disseminate to staff at sites of change and share with OVW | Project Director | | | | | | | | | | | X | |
| 4.3 Explore creative ways to ensure access to qualified interpreters for all partners | a. Discuss funding opportunities and strategies for leveraging partner resources | Collaborative, roundtable | | | | | | | | X | X | | | |
| | b. Report to partner agencies and OVW | Project Director | | | | | | | | | | X | | |

Initiative 5:**Enhance collaboration in order to ensure success and sustainability of grant-program efforts**

| Activities | Tasks | Participants responsible | Timeline | | | | | | | | | | | |
|---|--|--------------------------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 5.1 Continue to meet as a full Collaborative to monitor progress, make decisions, and maintain critical discussion of issues at the intersection | a. Coordinate logistics and facilitate meeting discussion | Project Director | X | X | X | X | X | X | X | X | X | X | X | X |
| | b. Participate in monthly meetings | Collaborative | X | X | X | X | X | X | X | X | X | X | X | X |
| 5.2 Share Needs Assessment Plan, Needs Assessment Report & Strategic Plan with internal and external stakeholders | a. Review documents and determine terms for dissemination | Collaborative | | X | | | | | | | | | | |
| | b. Share documents with internal and external stakeholders | Project Director | | | X | | | | | | | | | |
| 5.3 Identify opportunities to involve program staff, people served by each agency, and community throughout Implementation | a. Identify opportunities, as needed, at Collaborative meetings | Collaborative | X | X | X | X | X | X | X | X | X | X | X | X |
| | b. Facilitate meetings involving additional staff and people served, as needed | Project Director | X | X | X | X | X | X | X | X | X | X | X | X |
| | c. Identify ways to share the learnings from this collaboration during Deaf Awareness Month (September 2015) | Collaborative | | | | | | | | | | | X | X |

APPENDIX B: PROJECT TIMELINE

The award period for this 3-year collaborative grant program began October 1, 2012 and concludes September 30, 2015. Activities are divided into two phases—a Planning and Development phase followed by the Implementation phase. This timeline has been updated to reflect the progress of the New York County Collaborative, to date

