

PROJECT SHIFT

COLLABORATION

CHARTER

Table of Contents

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|---|-----------|
| Table of Contents | 1 |
| Introduction | 2 |
| Project SHIFT Vision Statement | 4 |
| Project SHIFT Mission Statement | 4 |
| Core Values | 4 |
| Core Assumptions | 7 |
| Collaborative Partners | 8 |
| City of Los Angeles Mayor’s Office of Public Safety | 9 |
| Los Angeles Police Department | 10 |
| Department on Disability | 11 |
| Peace Over Violence | 13 |
| Westside Center for Independent Living | 14 |
| Collaborative Partners’ Roles and Responsibilities | 15 |
| Shared Commitments | 15 |
| Individual Member Agency Responsibilities | 16 |
| Decision Making Process | 22 |
| Positive Conflict Resolution Process | 23 |
| Individual Conflict Resolution Process | 24 |
| Confidentiality Plan | 25 |
| Survivor Confidentiality | 25 |
| Collaborative Partner Confidentiality | 26 |
| Confidentiality Within Needs Assessment | 26 |
| Mandated Reporting | 26 |
| Communication Plan | 28 |
| Internal Communication | 28 |
| External Communication | 29 |

Introduction

There is a well-documented risk factor for domestic violence and sexual assault pertaining to people living with a disability. When adjusted for age variation, the rate of violent victimization against people with disabilities was 2.5 times higher than violence against non-disabled people. People with disabilities were victims of serious violent crimes more than three times as often as non-disabled. People with disabilities were 90% more likely to experience abuse on multiple occasions, with 57% of the victims experiencing abuse on more than 20 occasions and 46% of the victims said that it was too frequent to count¹. Women with disabilities are almost three times as likely to be victims of interpersonal violence as men with disabilities and 30% more likely to identify an intimate partner as their abuser. Men with disabilities are 28.1% more likely to identify a family member as the perpetrator of abuse². Disabilities can make a survivor more vulnerable to their abuser, who may limit their independence and their ability to advocate for themselves. If a disabled survivor is a member of an oppressed group (i.e. LGBTQ, immigration status, gender, race, religion intersectionality) the likelihood of interpersonal abuse increases.

Project SHIFT represents the shared commitments of five agencies including community-based organizations and local government and law enforcement. Each of the community-based organizations provides direct support and advocacy services for persons who are survivors of interpersonal violence and are Deaf/hard of hearing/Deaf-blind or who have

¹ Laura Platt et al (2017) "The Role of Gender in Violence Experienced by Adults With intimate Developmental Disabilities"

² Breiding, Matthew j. and Brian S. Armour (2015) "The association between disability and intimate partner violence in the United States"

disabilities. The local government provides a combination of enforcement, advocacy and policy development on behalf of people living with disabilities. We have joined together to create a sustainable and seamless system of appropriate response and services to survivors within the City of Los Angeles.

Project SHIFT represents a collaborative effort between the Mayor's Office of Public Safety (MOPS), the Los Angeles Police Department (LAPD), the City of Los Angeles Department on Disabilities (DOD), and two non-profit service providers Peace Over Violence (POV) and Westside Center for Independent Living (WCIL). The City is fortunate to have long-standing relationships with both of these non-profit providers in partnerships serving individuals with disabilities and survivors of interpersonal violence with direct service delivery, training, technical assistance, and other areas over the past several years.

In 2002, the Los Angeles Commission on Assaults Against Women (LACAAW -- now known as POV) and DOD were awarded the first Office on Violence Against Women (OVW) Training Grant to Stop Abuse Against Older Individuals or Individuals with Disabilities. The project objectives included training LAPD officers, prosecutors and Superior Court personnel.

In 2004, LACAAW, DOD, and WCIL were awarded the second OVW Education and Technical Assistance Grant to End Violence Against Women with Disabilities. The project objectives included training for disability and victim service providers, creating an online victim resource guide, and developing an ADA technical assistance program for shelters.

In 2008, POV, DOD, WCIL, the Los Angeles City Attorney's Office, the Greater Los Angeles Agency on Deafness, Rainbow Services, and LAPD were awarded the third OVW Training Grant. The project objectives included training staff of domestic violence shelters, rape crisis centers and disability service agencies, and created multi-disciplinary teams that provide comprehensive services to individuals with disabilities who are victims of domestic violence, sexual assault, dating violence, and stalking.

For over 15 years, we have collaborated to create seamless services for

survivors of interpersonal violence who are Deaf/hard of hearing/Deaf-blind or who have disabilities. Our history of successfully working together strengthens our collaborative and guides our vision into Project SHIFT.

Project SHIFT does not represent any one of these organizations independently; it represents our shared expectations, commitments, responsibilities and goals while respecting each member's unique perspective. Our combined efforts will guide, strengthen, and sustain services for survivors who are Deaf/hard of hearing/Deaf-blind or who have disabilities within the City of Los Angeles.

Project SHIFT Vision Statement

Project SHIFT envisions that within the City of Los Angeles, survivors of interpersonal violence who are Deaf/hard of hearing/Deaf-blind or who have disabilities will receive seamless and culturally competent services in an atmosphere of dignity and respect.

Project SHIFT Mission Statement

The mission of Project SHIFT is to create permanent change and shift perspectives within and among partnering agencies that will result in more accessible, safe, culturally competent and effective services for survivors of interpersonal violence who are Deaf/hard of hearing/Deaf-blind or who have disabilities. Project SHIFT will accomplish this by

1. Promoting collaboration, increasing knowledge and resource sharing among community-based agencies and local government.
2. Enhancing the existing service system through establishment of policies and procedures that increase accessibility, responsiveness and support for survivors who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
3. Supporting accountability and responsibility of community based organizations, and local government as an integral part of the continuum of services.

Core Values

Project Shift is guided by common values and beliefs. We believe that survivors of interpersonal violence who are Deaf/hard of hearing/Deaf-blind or who have disabilities have equal rights to quality services. We set forth the following core values.

Related to the collaboration

1. All partnering agencies have an equal voice. The opinions of the members will be treated with respect and consideration.
2. By encouraging and facilitating the sharing of each of our unique perspectives and areas of expertise, the collaboration strengthens each partner agency's ability to respond appropriately to the needs of survivors who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
3. We hold ourselves, and each other, responsible for our commitments to survivors who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
4. We commit to take an intersectional approach to supporting survivors by removing barriers- attitudinal, physical and communication - while simultaneously challenging racism, homophobia, ableism, xenophobia, sexism, classism and other forms of oppression.
5. We commit to using the survivor's preferred method of communication and preferred language. The voices and experiences of individuals who are survivors and who are Deaf/hard of hearing/Deaf-blind or who have disabilities are at the center of our work in this collaborative.
6. We commit to using culturally competent and primary language when referencing the Deaf community or members of the Deaf community.
7. We commit to ensuring ethical communication among our members. Ethical communication involves communication that is truthful, direct, tactful, and tolerant of diverse perspectives for the purpose of

achieving informed and responsible decision-making. Ethical communication includes access to communication, resources and opportunities for all members, as well as the encouragement of mutual respect and understanding among members.

8. We commit to respecting the confidentiality of each person who seeks services while understanding the constraints placed by California law. Confidentiality protects people who have been abused from further victimization. Where reporting is mandated, we will explain the process, risks and benefits; and ensure that a safety plan is in place.
9. Each agency in Project SHIFT is rooted in the belief that collaboration is essential for successful systems change and social change.

Values related to survivors

1. We believe that people who are Deaf/hard of hearing/Deaf-blind or who have disabilities should not face physical, attitudinal, cultural or communication barriers when they are in need of services.
2. We believe that every person should be able to live a life that is free of fear, harm, abuse, control and violence.
3. We believe that people who are Deaf/hard of hearing/Deaf-blind or who have disabilities should be able to live as independently as possible without the demands and control of another.
4. We believe that each survivor, including those who are Deaf/hard of hearing/Deaf-blind or who have disabilities, has the right to be treated with dignity and respect.
5. We respect that a survivor's sharing of information about interpersonal violence is difficult and often dangerous. This is true for all survivors.
6. We recognize survivors may not have control over their lives to make

decisions and choices for themselves.

We support all survivors to make informed decisions to make decisions and choices for themselves.

NOTE: Theirs to offer and theirs to control.

Core Assumptions

1. All partnering agencies strive to offer appropriate, accommodating, culturally competent, and welcoming programs and services to those who present for support.
2. Disability service providers may not always be able to recognize the signs and impact of violence and/or abuse.
3. Domestic violence and sexual assault service providers are not always aware of the unique issues and experiences of those who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
4. Domestic violence and sexual assault service providers, law enforcement, the criminal justice system and society in general may not feel comfortable with or know how to communicate with persons who are Deaf/hard of hearing/Deaf-blind or who have disabilities. They may rely on practices, systems and means of communication which do not adequately meet the needs of these individuals, such as talking to a caregiver instead of a survivor, using a family member as a sign language interpreter, or writing back and forth with an individual who needs American Sign Language (ASL).
5. Persons who are Deaf/hard of hearing/Deaf-blind or who have disabilities are at higher risk of experiencing interpersonal violence (i.e. domestic violence, sexual assault) and more likely to be a victim of crime than non-disabled.
6. Persons who are Deaf/hard of hearing/Deaf-blind or who have disabilities are often not aware of how to access interpersonal violence programs, services and resources.

7. Persons who are Deaf/hard of hearing/Deaf-blind or who have disabilities often face cultural, physical, attitudinal and communication barriers to accessing and obtaining programs and services.
8. When there is available access and accommodation, survivors of interpersonal violence who are Deaf/hard of hearing/Deaf-blind or who have disabilities can be actively involved and make decisions about the programs and services they access and receive.
9. People who are Deaf/hard of hearing/Deaf-blind or who have disabilities experience ableism on a daily basis- the practices, beliefs and dominant attitudes in society that devalue and/or limit their potential. Survivors of interpersonal violence are impacted by ableism in many ways- faced with inaccessible buildings, shelters, programs, services and information; and/or with beliefs or attitudes that limit or assume the needs of survivor- the opposite of self-determination.
10. People who are Deaf/hard of hearing/Deaf-blind or who have disabilities have overlapping or intersecting social identities and related systems of oppression, domination and/or discrimination. These identities can intersect based on gender, race, social class, ethnicity, nationality, sexual orientation, religion, age, disability as well as other forms of identity. These aspects of identity are not isolated, mutually exclusive experiences but instead inextricably linked with all of the other elements in order to fully understand one's identity.

Collaborative Partners

Project SHIFT is comprised of five partner agencies, which include victim service providers, disability service providers, and local government agencies. Each collaborative partner was selected because of the key role that the agency plays in addressing interpersonal violence against survivors with disabilities, as well as the agency's demonstrated

commitment to affecting systems change to improve community and criminal justice responses to such violence. Each partner has designated a representative(s) to participate in the collaborative.

The collaborative partners and their designated representatives are:
City of Los Angeles Mayor's Office of Public Safety

The Mayor's Office of Public Safety is responsible for securing and administering the City's State and Federal public safety and criminal justice grants. The Mayor's Office has managed over \$500 million in grant funds, including over \$40 million in grants from the United States Department of Justice. The Mayor's Office oversees the funding and management of the City's Domestic Abuse Response Team (DART) and Sexual Assault Response Team (SART) program.

The Collaboration between the Los Angeles Police Department, Mayor's Office of Public Safety, and community-based organizations provides law enforcement Officers trained in sexual assault investigations, counselor-advocates who provides emotional support, referrals, and information to help the survivor, and support for survivor's family and friends where appropriate. This proposed program will build on this model by ensuring that the SART programs have policies and procedures in place to address the needs of survivors with Deaf/hard of hearing/Deaf-blind or who have disabilities, and that law enforcement and non-profit service providers have the tools needed to better serve these survivors.

The Mayor's Office of Public Safety has Initiated a three-year program dedicated to enhancing training and services to address elder survivors of DV and other types of abuse (including instances of domestic violence) and developed a case management system, curriculum, and specialized trainings for the Los Angeles City Attorneys and LAPD Detectives on DV and gangs.

The Mayor's Office of Public Safety is dedicated to establishing and strengthening partnerships with services providers and law enforcement to enhance quality of life for survivors who are Deaf/hard of

hearing/Deaf-blind or who have disabilities.

Representatives: Carol S. Perez, Project Director
Mayra Medel, Project Coordinator

Carol Perez currently serves as a Domestic Violence Coordinator for the Mayor's Office of Public Safety. In matter of Domestic Violence victim advocacy, Carol serves as the Project Director for the Abuse in Later Life and Disabilities grants awarded by the Department of Justice, Office on Violence Against Women. Carol received her B.A. in Psychology from the University of Southern California, which she utilizes in her philanthropic work with City partners, particularly in her work with domestic violence victim service providers and to assist survivors of human trafficking.

Mayra Medel serves as a Project Coordinator and Grant Specialist with the Mayor's Office of Public Safety. She received her B.A. in Psychology from California State University, Long Beach. With a background in grant and program management, inclusive of OVW grants, she has dedicated herself to helping the disenfranchised. Mayra assists with the implementation of policies and procedures in the Domestic Abuse Response Team, Sexual Assault Response Team and the Justice Assistance Grant.

Los Angeles Police Department

The Los Angeles Police Department (LAPD) employs over 9,900 officers to protect and serve the approximately 4 million residents of the City of Los Angeles. The LAPD's jurisdiction covers 473 square miles of the City. Because Los Angeles is one of the most ethnically and geographically diverse cities in the country, LAPD officers work out of 21 divisions around the city, speak over 30 languages, and have access to interpreters 24 hours a day to reach citizens in additional languages. The LAPD has specialized units that respond to and investigate incidents of domestic violence and sexual assault.

Representatives: Yvonne Ortiz, Detective III
LAPD Domestic Violence Coordinator
Marie Sadanaga, Detective II

LAPD Assistant Domestic Violence Coordinator

Detective Ortiz is currently assigned to the Los Angeles Police Department's Detective Bureau under the command of Deputy Chief Justin Eisenberg. Detective Ortiz has been with the department for 23 years. She has worked various assignments as a detective and a detective supervisor. Detective Ortiz is committed to building partnerships to address domestic violence concerns in the communities of Los Angeles.

Detective Sadanaga is currently assigned to the Los Angeles Police Department's Detective Bureau under the command of Deputy Chief Justin Eisenberg. Detective Sadanaga has been with the department for over 13 years. She has worked various assignments as a detective and is committed to building partnerships to address domestic violence concerns in the communities of Los Angeles.

Department on Disability

The City of Los Angeles has been one of the nation's leaders in its commitment to provide equal access for persons with disabilities. The Department on Disability (DOD) was established and is mandated to lead the City's efforts to ensure that people with disabilities have full access to City programs, activities, services, and facilities as outlined in the Americans with Disabilities Act (ADA) as well as in a series of related federal and state laws.

DOD has three divisions that act as a three-hundred and sixty degree support mechanism to ensure that persons with disabilities can benefit from, and participate in, all City programs, activities, and services. Each division provides a unique and necessary set of services to ensure that we meet our citywide departmental directive.

The Department has made great strides in reaching its potential and fulfilling the Mayor's vision for DOD. We believe our level of expertise and service is unparalleled. The Department can truly be a central support system for this collaborative in creating a fully integrated response to survivors with disabilities as well as the go-to resource in the United States.

Representatives: Lourdes Sinibaldi, MPA
Dhalia Fertilito, MPH
Juliana K. Soto
Angela Kaufman, MA, CI, and CT

Lourdes Sinibaldi, MPA, has worked in social services for over ten years in mental health administration, early care and education programs and family support services. During her tenure in mental health administration, she was a lead strategist in charge of developing and implementing training tools for program and chart requirements and compliance for DCFS and DMH contracts. In addition, she researched, created, implemented and improved policies and procedures for quality assurance and compliance standards. Lourdes' experience in direct services includes, routinely ensuring families are connected to community resources based on their interests and needs in Service Planning Areas (SPA) 4,6, and 8. She also coordinated parent meetings, socializations, workshops, and other opportunities for families to be involved in the program and develop opportunities for self-advocacy with partnering agencies; served as the lead in established relationships with community organizations. Lourdes has a Bachelor's degree in English from San Diego State University and a Master's in Public Administration from California State University, Los Angeles.

Dahlia Ferlito, **MPH**, has extensive experience working in the field of HIV/AIDS and substance abuse in nonprofit and research settings including Cambridge Cares About AIDS, Asian Pacific Health Care Venture, the Los Angeles Gay and Lesbian Center and Friends Research Institute. Dahlia has coordinated comprehensive HIV and STD prevention programs that involved sexual education, street outreach, HIV test counseling, Comprehensive Risk Counseling Services, Motivational Interviewing, and HIV Health Education/Risk Reduction. Dahlia is a certified HIV Testing Counselor, Family Planning Counselor, and Reproductive Health Counselor. Dahlia is a founding member of the County of Los Angeles Testing, Linkage to Care Plus Treatment Workgroup, CHIPTS CAB, and works in the City of Los Angeles AIDS Coordinator's Office. As a consultant with AIDS United, Dahlia is a trainer for the Centers for Disease Control

WILLOW evidence based intervention. Dahlia holds a Bachelor's Degree in Human Services from Northeastern University and a Master's in Public Health from California State University, Northridge.

Juliana K. Soto is a Master's student in the Sociology Research Skills Option program at California State University, Dominguez Hills and an Administrative Clerk for the City of Los Angeles Department on Disability. She earned a B.A. in Sociology and a Grant Writing and Administration Certificate at California State University, Dominguez Hills. Her primary research interests include community studies, fieldwork methodology, creation of public policy, HIV/AIDS and health, social movements, and LGBTQ studies and is committed to building partnerships to address Domestic Violence concerns in the underserved and underrepresented communities of Los Angeles. Ms. Soto has over 4 years of research experience investigating the social and cultural contexts of HIV prevention and treatment, education, and the underserved and underrepresented community issues. She has co-authored a published peer-reviewed scholarly article focused on HIV/AIDS prevention and treatment issues.

Angela Kaufman, ADA Compliance Officer, obtained a Bachelor's degree in Deaf Studies and a Master's degree in Special Education from California State University, Northridge. She presents locally and nationally on the nexus of violence and children and adults with disabilities. In 2003, she helped to create and coordinate the first Sign Language Interpreter Crisis/Disaster Response Team (Strike Team) in the country which was highlighted in Presidential Executive Order 13347.

Peace Over Violence

Peace Over Violence (POV) is a non-profit, feminist, multicultural organization dedicated to building healthy relationships, families and communities free from sexual, domestic and interpersonal violence. To achieve this mission, POV provides direct services in the following areas: Emergency, Intervention, Prevention, Education and Advocacy. In addition to direct services, since 1971, Peace Over Violence has successfully advocated for policy changes to assist survivors of sexual assault, domestic violence, and other interpersonal crimes in Los Angeles.

Since its inception in 1989, Peace Over Violence's Deaf, Disabled & Elder (DDE) Services Program has provided emergency services, individual & support group counseling, hospital and court accompaniment, legal advocacy, case management, shelter referral/advocacy and other assistance as needed to survivors of sexual assault, domestic violence and stalking. We offer personal security awareness and self-defense training adapted to ability. Peace Over Violence's Deaf, Disabled & Elder Program provides professional training and consulting support to deaf and hearing agencies across the country with the mission of extending accessible services for survivors of domestic, sexual or interpersonal violence who are deaf, hard of hearing, who have a disability or who are elder individuals.

Representative: Peggie Reyna, Director of Deaf, Disabled & Elder Services and the Anti-Stalking Project

Peggie Reyna is a nationally recognized trainer and advocate for women who are Deaf/hard of hearing or who have a disability. Peace Over Violence has been a key advocate over the past 45 years for the many changes in policies, procedures, and attitudes regarding interpersonal violence.

Westside Center for Independent Living

The Westside Center for Independent Living (WCIL) is a non residential center dedicated to enhancing the quality of life for people with all kinds of disabilities. The goal of WCIL's peer-led programs and services is the elimination of economic, social, attitudinal and environmental barriers. WCIL's services include assistive technology services, benefits counseling and advocacy, housing services, independent living skills education, peer counseling, employment services, individual advocacy, personal assistance services, information and referral services, and systems changes advocacy.

Representatives: Anastasia Bacigalupo, Executive Director
Nancy Urquilla, Information and Referral Specialist

Anastasia Bacigalupo is an advocate for self-determination and equal access for people who have disabilities. She provides leadership on legislation, public policy, system change advocacy, and community education around disability and related laws. In addition, she has volunteered and/or worked as a service provider in the domestic violence movement for over 20 years in the United States and Central America. She is bilingual and is Hard of Hearing.

Nancy Urquilla is a strong advocate and supporter of the Independent Living movement as well as the rights and full integration of people with disabilities in their everyday life and their place of work. At WCIL, She provides community resources related to housing, transportation, food, disability issues and much more. Utilizing her bilingual skills and her lived experience as a person who is blind, she has expertise in self-help through education and support groups for the community at large as well as for the underserved and underrepresented populations.

Collaborative Partner's Roles and Responsibilities

Members of the collaborative agree to make the following shared and individual commitments to the project, with the understanding that the roles and responsibilities of partners may change over time.

Shared Commitments

1. Commit to creating systemic change within their agency that improves responses to, and services for, interpersonal violence against survivors who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
2. Provide a duly authorized representative to serve as the agency's point person for the collaboration. The representative's responsibilities will include the following.

- a. Participate in all collaboration meetings and activities, including project-related meetings and activities scheduled by the Office on Violence Against Women (OVW) and the Vera Institute for Justice (Vera).
- b. Contribute to the development and completion of project related work, objectives, and deliverables.
- c. Share information from collaborative meetings and activities with management, board and staff in each representative's agency.
- d. Keep collaborative members apprised of any important information from the representative's agency or field of practice that might influence the collaborative's work.
- e. Consult with and obtain any necessary approvals from executive director, management, or other key stakeholders regarding recommended policy or procedure changes as needed to move the project forward.
- f. Participate in the project's planning and development phase, including developing the collaboration charter, planning and conducting the needs assessment, and developing a strategic plan for the project.
- g. Participate in the project's implementation phase.
- h. Work with other collaborative partners to ensure that the project budget usage reflects the goals and needs of the collaborative and each partner agency.
- i. Work with other collaborative partners to reevaluate the collaboration's objectives and activities, as well as the roles and responsibilities of partner agencies.
- j. Submit invoices and reimbursement requests to the lead agency in a timely manner.

- k. Submit documentation and information to the lead agency, as needed, to support project activities and reporting requirements.

Individual Member Agency Responsibilities

In addition to the shared responsibilities described above, individual members agree to assume the following individual responsibilities.

Mayor's Office of Public Safety will

1. Provide a Domestic Violence Coordinator to ensure that all of the City's Domestic Violence and sexual assault programs are coordinated and able to provide a seamless and robust response for all survivors who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
2. Provide a Project Coordinator who is responsible for management and administration of the grant, compliant with reporting and all other grantor and federal requirements, and coordination of project partners to ensure implementation of the Violence Against Women Training Program.
3. Project Coordinator will work with OVW and their subject matter experts to convene monthly meetings with project partners to review current research, develop/conduct a needs assessment and other related planning tasks as agreed upon by project team. It is anticipated that the Plan of Action will include concrete recommendations for developing and implementing violence intervention, reduction and prevention policies, procedures and training tasks to address the needs of survivors with disabilities.
4. Project Coordinator will ensure that the "Project SHIFT" group is seamlessly integrated into the all aspects of the City's programming for women who are survivors of interpersonal violence.
5. Serve as a liaison between the collaborative and local law enforcement agencies and service providers.

6. Provide a Project Director for the collaborative who will oversee all project activities and participate in all Project Director-related meetings and activities, as required by OVW and Vera.
7. Ensure compliance with all administrative grant requirements, including submitting work product and progress reports to OVW.
8. Serve as the fiscal agent for the project, including reimbursing collaborative partners according to their subcontracts for personnel and administrative costs and submitting program and fiscal reports to OVW, as required.
9. Schedule and convene collaboration meetings and activities.
10. Serve as the primary contact for the media regarding the work of the collaborative.

Los Angeles Police Department will

1. Provide expertise on issues regarding law enforcement response to domestic violence, sexual violence, and crimes against persons with physical disabilities.
2. Serve as a liaison between the collaborative and local law enforcement agencies.
3. Assess accommodation issues involving people who are Deaf/hard of hearing/Deaf-blind or who have disabilities. Immediate accommodations may be temporarily delayed until law enforcement has rendered the scene safe.
4. Explore and address transportation for people who are Deaf/hard of hearing/Deaf-blind or who have disabilities when they need to visit the LAPD, prosecution offices, shelters, or domestic violence or sexual assault service providers.
5. Identify the resources necessary to effectively assist those who are

Deaf/hard of hearing/Deaf-blind or who have disabilities.

6. Detective Ortiz meets regularly with her commander, Commander Kevin McCarthy, to apprise him of the status of Project SHIFT.

Peace Over Violence will

1. Provide expertise on issues regarding interpersonal violence, and the experiences of survivors of interpersonal violence among persons who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
2. Serve as a liaison between the collaborative and local domestic violence and sexual assault service providers.
3. Provide services to individuals who are Deaf/hard of hearing/Deaf-blind or who have disabilities who are survivors of interpersonal violence, as needed and appropriate, during the implementation phase of the project.
4. Review policy and procedure related to hotline access for individuals who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
5. Review plan for succession and sustainability for Deaf/hard of hearing/disabled program.
6. Evaluate need for more integration of the deaf/hard of hearing/disabled program into the general agency.
7. Evaluate general staff awareness of and response to individuals who are Deaf/hard of hearing/Deaf-blind or who have disabilities.

Westside Center for Independent Living will

1. Provide expertise to the collaborative on issues regarding the needs and experiences of persons with all types of disabilities.
2. Serve as a liaison between the collaborative and local disability service providers.

3. Provide services to individuals with disabilities who have experienced interpersonal violence, as needed and appropriate, during the implementation phase of the project.
4. Examine WICL policy and procedure related to the need for screening for interpersonal violence at the time of client intake.
5. Review safety plan for situations in which both a survivor and batterer are receiving services at the agency.
6. Review policies ensuring confidentiality if both survivor and perpetrator are clients.
7. Promote staff awareness and sensitivity to interpersonal violence issues.
8. Because one of the representatives to the Collaborative from WCIL is the Executive Director, she is immediately aware of the activities and discussions of the Collaborative.

Department on Disability will

1. Provide support in coordination and dissemination of training and information.
2. Participate in project planning advisory groups.
3. Support progress report requirements.

Working together, the partners believe that they can have a substantive influence within the City of Los Angeles to streamline the identification and intervention made by our members on behalf of persons who are Deaf/hard of hearing/Deaf-blind or who have disabilities and have experienced interpersonal violence.

By identifying gaps and barriers within each of our organizations, through

the needs assessment process, we will be able to identify areas that need change within each of our systems so that we may better work together. By involving key stakeholders in the needs assessment process, and reporting to them on a regular basis as to the findings of each phase of the needs assessment process, they will be partners in the implementation of changes phase.

Collaborative Partners' Agency Logos



Department on Disability



Decision Making Process

Project SHIFT is committed to trauma-informed model of decision making. Where there is initial disagreement, every effort will be made to find common ground and reach consensus by providing each member with an opportunity to be heard. We enter into this process with a philosophy of efficiency and decisiveness.

In those circumstances where consensus is not and appears unlikely to be, readily achieved, the collaborative members will follow the gradient decision-making process as listed below:

5. Definitely (100% agreement)
4. OK (I can agree but need some clarification.)
3. Acceptable (I will support the decision but have some objections and/or modifications.)
2. Maybe (I have as many objections as I have reasons to support this decision.)
1. WAIT (I cannot support this and do not want the collaborative to move forward with this decision. We need to discuss this further or place this issue on hold.)

We will move forward if all the collaborative members vote at "3" or above, taking into account any suggested modifications. We will not move forward if a member of the collaborative feels that doing so will negatively impact the mission and vision of Project SHIFT.

The responsibility for certain decisions have been preset by agreement of the collaborative.

1. Administrative oversight of Project SHIFT project, including OVW reports and communications with our VERA technical advisor are the responsibility of MOPS. This responsibility includes ensuring compliance with all obligations and deadlines imposed by OVW and

VERA, as well as keeping the Collaborative members up to date regarding such communications and reports.

2. Fiscal management is the responsibility of MOPS.
3. Policy directions and initiatives are the responsibility of the collaborative.
4. Need for expenditures will be open to discussion within the collaborative as this need arises.
5. Decisions made by the members of Project SHIFT are presumed to be made with the authority of their respective agencies unless an express statement by the collaborative member indicates otherwise.

Positive Conflict Resolution Process

The members of Project SHIFT recognize that, while we share a common goal, we may have a difference of opinion/perspective on how to reach those goals. At times these differences may create challenges or barriers to effective communication. We agree that a positive conflict resolution process creates a safe space for sharing opinions and ideas; and contributes greatly to the success of the collaborative.

Our guidelines for a positive conflict resolution process include the following.

1. We will seek to build trust between and among all Project SHIFT members by following through on our commitments.
2. We will practice strong listening skills and allow all voices to be heard, whether or not we agree with the statements or opinions being shared.
3. We will not use negative non-verbal communication.

4. We will express disagreement without focusing on individual personalities.
5. We will commit to ethical communication to avoid inciting or escalating conflict.
6. We will keep an open mind and seek solutions that promote collaboration and teamwork.

Individual Conflict Resolution Process

Should a conflict occur between members of the collaborative the following steps will be taken in order to resolve the conflict.

1. The members of the collaborative who are in conflict will meet and attempt to work it out between themselves. If, for any reason, a member does not feel comfortable meeting directly with the member with whom they have a conflict, they can proceed as described below.
2. If the members are unable to resolve the conflict (or are unable to discuss the matter between themselves) they will meet with the Project Director to discuss the reason for the conflict and seek resolution.
3. If the Project Director (Carol Perez) is unavailable, involved in the conflict, or if the members in conflict do not feel comfortable approaching the Project Director about the matter, the members in conflict will contact a designated alternate, chosen by the full collaborative membership. Project Coordinator Mayra Medel is the designated alternate.
4. Ideally, conflicts should be discussed and resolved in person or by telephone or Videophone. The collaborative agrees that conflicts will

be resolved by e-mail only if no other process is possible.

5. If, in the opinion of the Project Director or the Alternate, the matter at issue is one of importance to the group, the Project Director will add the matter to the next meeting agenda.
6. The person identifying a problem can present the issue to the collaborative membership or request the Project Director to do so.
7. All members of the collaborative will be given the opportunity to be heard in the group meeting.
8. If the collaborative is unable to come to a resolution using the decision making process (as outlined in the Charter) the Project Director will request mediation and guidance from VERA.

Confidentiality Plan

As a collaborative we agree that we must establish an environment where the free flow of information is encouraged. To that end, members of Project SHIFT agree to the following guidelines of confidentiality.

Survivor Confidentiality

We understand that members of the collaborative are required to abide by different rules, laws and guidelines for confidentiality of survivors. We therefore commit to honor the confidentiality of survivors except where consent or waiver is provided, in cases where there is a serious risk of bodily harm, or a report is mandated.

No member of the collaborative will seek disclosure of information that is legally protected from disclosure from any other member of the collaborative. It is agreed by all members of the collaborative that NO names of or identifying information about survivors is shared. Each survivor has the right to confidentiality of information shared with the

Collaboration member to whom they are known. If a situation exists that is representative of a general issue that is being shared, all identifying information is removed so that the identity of the survivor remains confidential.

Collaborative Partner Confidentiality

In order to encourage open and honest conversations amongst members of the collaborative, we seek to provide a "safe haven" wherein thoughts, feelings and perspectives may be shared. To this end, we agree that members may speak openly about their respective agencies and/or practices of their respective agencies without being held to be speaking on behalf of their agency. We further agree that when such personal statements are made, members will keep that information "in the room" and will not share it with persons who are not members of the collaborative. If something is shared which triggers a legal obligation of a member to report, the person who made the statement is informed that such disclosure will be made.

Confidentiality Within Needs Assessment

The confidentiality of information gathered as part of the collaborative Needs Assessment will be protected except where the law requires a mandatory report. All participants in the Needs Assessment will be advised in writing and in person of the limitations in the confidentiality of their responses.

Mandated Reporting

Members of the collaborative acknowledge that this agreement does not negate their responsibility to report abuse, as required by California Law. California Law requires all mandated reporters to report suspicion or knowledge of abuse of children, elders and vulnerable adults. Mandated reporters include persons employed by social, health and law enforcement agencies.

1. Suspicion or knowledge of abuse of children should be reported to

the Los Angeles County Department of Children and Family Services Hotline at 1-800-540-4000.

2. Suspicion or knowledge of abuse of elders or vulnerable adults is reported to the Adult Protective Services hotline for Los Angeles County at 1-877-477-3646 or 211.
3. Domestic Violence reporting is mandated for health practitioners employed in a local or state public health department, health facility, licensed clinic or physician's office. Only physical injuries caused by domestic violence which are observed during the provision of medical services for a physical condition must be reported. If a provider is not treating a patient for a physical condition, the provider is not required to report domestic violence injuries (e.g. advice nurses).

All mandated reporters must report suspected or actual abuse. The reporting responsibility is individual for each mandated reporter. Mandated reporters who fail to report suspected or actual abuse can be charged with a misdemeanor, punishable by a jail sentence, a fine, or both.

Should disclosure happen in a focus group, the collaborative member representative who receives information of abuse or neglect of an elder, vulnerable adult or child, is responsible for filing the report within his or her agency or individually according to his or her organization's guidelines. If two representatives receive the information, the two mandated reporters would decide who will make the report, and then that reporter will inform collaboration organizations at the next meeting. The members of the collaborative feel confident that safeguards are in place which will decrease the likelihood that mandated reporting requirements will be triggered by the information shared.

All participants will be informed during the recruiting phase that focus groups and interviews are being held for people who are Deaf/hard of hearing/Deaf-blind or who have disabilities to find out more about people's experience accessing a variety of organizations. Some of these people will be survivors known to member organizations. The recruiter/facilitator will explain that the purpose of the focus group is not to discuss to personal

experiences of abuse/violence but to discuss access to and experiences with collaborative member organizations/agencies. We will explain at the time of recruitment and at the focus group venue that support and help is available at that moment if needed. We encourage all survivors to use the services of the member organizations.

At the beginning of the focus groups and interviews, the purpose will be clearly stated again, that we are gathered together to discuss experiences that participants have had with the collaborative member organizations, and not the specifics of what led the participants to contact our member organizations.

In addition to the facilitator in the room, there will be a counselor or support person representing the organization where the meeting is taking place. A clear statement will be made at the beginning that should someone wish to talk privately, the counselor or support person is available to talk in a private room.

Any representative of a member agency who determines that a mandatory report is necessary, and files a report, will inform the collaborative member that this has been done. In any situation requiring a report to Adult Protective Services, the Department of Children and Family Services or law enforcement, the report will be made by the mandated reporter in the reporter's agency and in compliance with the appropriate mandated reporting statutes.

Communications Plan

The members of Project SHIFT are committed to open and ethical communication on a regular basis throughout the grant period.

Internal Communication

The members of Project SHIFT will meet bi-monthly, either in-person or by

conference call for the purpose of developing our charter, needs assessment and the goals and objectives for the grant.

Project Director will schedule and coordinate collaboration meetings as well as all webinars and/or Vera meetings. Members of the collaboration will complete agreed on portions of the work between in-person meetings and submit to the Project Director prior to the next in-person meeting unless otherwise specified. Email and/or conference call communications will be used to guide the work between meetings. We will re-evaluate the amount of time needed for in-person meetings each month as we move into other stages of the project.

Two day meetings will be held when a VERA technical advisor is requested to join the collaborative for the purpose of guidance into the next phase of Project SHIFT.

Members of the collaborative will share information about the goals and objectives of Project SHIFT with executive directors, staff and volunteers of their individual agencies as appropriate.

The executive directors of member agencies are invited to attend all of the Project SHIFT meetings. When this is not possible, the representative member will keep the executive director informed of the collaborative progress and decisions.

External Communication

The Project Domestic Violence Coordinator or Project Coordinator will have bi-monthly scheduled conference calls and email communications with our VERA technical advisor regarding charter development, needs assessment plan and report, as well as the implementation of our project deliverables. The Domestic Violence and Project Coordinator will complete all necessary reports on a timely basis and will be the primary contact for all OVW communication.

All agencies will be responsible for sharing information from Project SHIFT with their respective agencies.

Media Communication

Recognizing the importance of education through print, broadcast and electronic media, Project SHIFT Domestic Violence Coordinator will seek to be an initiator, as well as responder to the media. Media contact and communication will be handled by Mayor's Press Office, as the primary voice of Project SHIFT. The Project Director will be the direct contact with the Mayor's Press Office and will prepare all public announcements for the media.

Should the Project Director not be available, the person who received the media inquiry will direct the inquirer to the MOPS Public Information Officer for response.

In preparation for responding to the media, the members of the collaborative will develop specific talking points which will promote uniform, positive messages about our goals and activities and will include.

1. What is Project SHIFT? A collaborative of anti-violence, disability support agencies, law enforcement and government agencies joined together to promote an integrated continuum of physically, attitudinally, accessible and culturally competent services for survivors of interpersonal violence who are Deaf/hard of hearing/Deaf-blind or who have disabilities.
2. Who are the member agencies? City of Los Angeles Mayor's Office of Public Safety, the City of Los Angeles Department of Disability, the Westside Center for Independent Living, Peace Over Violence, and the Los Angeles Police Department.
3. When? Project SHIFT is a three-year project. The Project is currently in the planning phase. We expect to host a press conference as we move into the implementation phase.
4. Why? Women who are Deaf/hard of hearing/Deaf-blind or who have disabilities are especially vulnerable to violence and abuse. Although

these women are at increased risk for violence and abuse, there are limited outreach, education, access (physical and programmatic), and services in our community.

5. The collaborative will then host a press conference as an opportunity to educate the media and the general public about our agencies services and the work of the collaborative

Glossary of Terms

Ableism. Ableism is the practice and dominant attitude in society that devalue and/or limit the potential of persons with disabilities. Typically ableist attitudes assign an inferior value or worth to people who are Deaf/hard of hearing/Deaf-blind or who have disabilities.

Ableist Society. An ableist society is one that treats non-disabled people as the standard of “normal” which results in physical spaces (public and private), services, education and social work that are built to serve “normal” people, thereby inherently excluding people who are Deaf/hard of hearing/Deaf-blind or who have disabilities.

Abuse. Abuse is an umbrella term, which includes, but is not limited to, interpersonal violence, domestic violence, sexual abuse, child abuse and elder abuse, as well as all other types of abuse defined herein.

Accessibility. Includes both physical and programmatic accommodations for people with disabilities in order for them to participate and access programs, services and activities.

1. Physical Access.

Each facility or part of a facility for the use of a public entity shall be designed and constructed in such manner that the facility or part of the facility is readily accessible to and usable by individuals with disabilities.

2. Programmatic Access.

Programmatic access removes barriers to services, programs, and activities.

Accommodation. A modification or adjustment to a program, practice, environment, that makes it easier for a person with a disability to participate in program and services in the same manner as other people.

ADA. The Americans with Disabilities Act is a 1990 federal law that protects the civil rights of people with disabilities in the areas of housing, employment, education, public transportation and public accommodations.

Advocacy. An act or process of speaking out on an issue in order to educate and persuade others on behalf of an individual or group for the purpose of affecting a positive change for the individual/group. Advocacy can occur at an individual or systemic level.

Caregiver. A person who provides direct support to another, either formally, such as a paid personal attendant, or informally, such as an unpaid family member or friend. The term is often used to denote a person who assists people who are very young or elderly, or people with disabilities.

Child Abuse. Abuse that results in harm to a child or puts the child at risk of harm. Neglect, or not providing for a child's needs, is a form of child abuse.

Collaboration. A mutually beneficial and well-defined relationship entered into by two or more individuals and/or agencies to achieve results that they are more likely to achieve together than alone. This relationship includes commitment to mutual relationships and goals, a jointly developed structure, a shared responsibility, mutual authority, mutual accountability, and the sharing of resources and information.

Confidential Communication. Any communication between a survivor and another person who is a professional, paraprofessional or peer, that is protected by law or policy, from being disclosed to a third party without the permission of the survivor. The exceptions to this are the issues that fall within the mandated reporting laws. See Mandatory Reporting below.

Consumer. A person who utilizes services provided by a community based agency. This person may also be referred to as a client, participant, customer, survivor or member.

Crisis Intervention. Methods used to offer immediate, short-term help to an individual who experiences an event that produces emotional, mental, physical, and behavioral distress or problems. Intervention can include, but is not limited to, the use of personal, social, legal, medical, and/or financial services and resources.

deaf. The condition of having any hearing loss.

Deaf. Of or pertaining to a community of Deaf individuals who share a common language and culture.

Discrimination. The act or practice of treating a person or group differently than others based on categorical or stereotypical judgments about that person or group. Discrimination is often based on a person/group's real or perceived gender, sexual orientation, race/ethnicity, religion, nationality, age, or disability.

Domestic Violence. A pattern of abuse designed to achieve power and control over an intimate partner. Acts constituting a pattern of domestic violence often increase in frequency and severity over time.

Domestic Violence Advocate. An employee or volunteer of a domestic violence victim service organization who counsels or assists domestic violence survivors and has completed the 40-hour domestic violence training described in California Evidence Code §1037.1(a)(2). A domestic violence advocate engages in individual advocacy on behalf of domestic violence survivors, including but not limited to: providing court

accompaniment, case management, and assistance with accessing public benefits and services.

Domestic Violence Victim Service Organization. A nongovernmental program or organization that provides shelter, programs, and/or services to domestic violence survivors and their children, including domestic violence shelters and other programs whose primary mission is to provide services to domestic violence survivors.

Emergency Domestic Violence Response Services. Services provided by a domestic violence victim service organization to respond to an immediate and present danger of domestic violence. These services include, but are not limited to:

1. **Hotline.** 24/7 service to individuals seeking information related to domestic violence.
2. **Shelter.** Temporary housing to provide safety to women and children at an undisclosed location for a period of 30 to 45 days.
3. **Domestic Abuse Response Team (DART).** Law enforcement-based crisis response team which pairs trained domestic violence advocates with police officers. DART respond to domestic violence incidents, provide immediate crisis intervention, and follow-up services to survivors of domestic violence and their families.

Emergency Sexual Assault Response Services. Services provided by a sexual assault crisis agency to respond to sexual assault emergencies that have recently occurred. These services include, but are not limited to:

1. **Hotline.** 24/7 service to individuals seeking information related to sexual assault.
2. **Sexual Assault Response Team (SART)** Multidisciplinary interagency crisis response team which includes trained sexual assault advocates, law enforcement, and forensic nurses. SART

responds to sexual violence incidents, provide immediate crisis intervention, provide forensic exams, and follow-up services to survivors of sexual violence and their families.

3. **Rape kit.** The collecting of biological and physiological evidence after a rape has taken place. Rape kits can lead law enforcement to the perpetrator, and can also bolster the case in court if it goes to trial.
4. **SART Exam.** A medical examination performed by a forensic nurse.
5. **Emergency medical care.** 24-hour medical care provided by an Emergency Sexual Assault Response Service. The medical care is usually comprehensive and free of cost.

Ethical Communication. Ethical communication is communication that is truthful, direct, tactful and tolerant of diverse perspectives for the purpose of achieving informed and responsible decision-making. Ethical communication involves access to communication resources and opportunities for all, as well as the encouragement of mutual respect and understanding for all.

Hard of Hearing. The condition of having mild to moderate hearing loss. The term is typically used to refer to an individual who has some hearing, can use his/her hearing for communication purposes, and feels reasonably comfortable doing so.

Independent Living Services. Services provided by a community based agency that maximize independence and self-determination, especially among persons with a disability who live in the community rather than in a medical facility. These services can include, but are not limited to: advocacy, peer counseling, skills training, education, and referral services.

Interpersonal Violence. An umbrella term which includes, but is not limited to the following.

1. **Elder Abuse.** Abuse that results in harm to an elderly person, age 50 or older, or puts that elderly person at risk of harm. Neglecting or

deserting an elderly person whom one is responsible for, and/or taking or misusing an elderly person's money or property are also considered forms of elder abuse.

2. **Economic Abuse.** Maintaining or threatening to maintain control over finances for the purpose of exerting power and control over another including, but not limited to: maintaining total control over financial resources, withholding access to money, or forbidding attendance at school or employment.
3. **Emotional/Psychological Abuse.** An act or pattern of behavior intended to undermine a person's self-worth, autonomy, and mental health for the purpose of exerting power and control over another including, but not limited to: engaging in constant criticism, belittling, or name calling, damaging a partner's relationship with the children, inflicting physical harm on loved ones, such as children and pets, destroying property, etc.
4. **Isolation.** Restricting a person's freedom, controlling his/her personal and social contacts, and controlling his/her access to information and participation in groups or organizations. Isolating tactics include, but are not limited to: not allowing a person to have visitors, forcing a person to stay only in one room of the house, not allowing a persons to use the telephone, TTY, video phone or computer, not allowing a person to go out alone, not allowing use of ASL to communicate with a person who is Deaf, removal or control of a wheelchair or other assistive device, etc.
5. **Medical Abuse.** Any act or threat designed to interfere with a person's proper medical care or treatment including, but not limited to: withholding medication or over medicating, not allowing a survivor to obtain medical care or physical therapy, refusing to provide an ASL interpreter for a medical exam or an explanation of a diagnosis.
6. **Physical Abuse.** Includes non-consensual physical contact or the threat of non-consensual contact intended to exert power and control over another. This includes, but is not limited: to grabbing, pinching,

shoving, slapping, hitting, hair pulling, biting, etc.

7. **Sexual Abuse.** Forcing, coercing, attempting or threatening to coerce any non-consensual sexual contact with a person for the purpose of exerting power and control over that person. This includes, but is not limited to: marital rape, forcing sex, attacks on sexual parts of the body or treating another in a sexually demeaning manner for the purpose of power and control.
8. **Systems Abuse.** Policies, procedures, or practices for responding to interpersonal violence that minimize or trivialize a survivor's complaints of abuse or otherwise have the effect of discriminating against, or unjustly harming, the survivor.
9. **Institutional Abuse.** The mistreatment of a person living in an institution such as a nursing home, foster home, group home, or board and care facility, brought about by poor or inadequate care and support. Institutional abuse refers to abuse by individuals and/or abusive practices within the institution or community at large in regard to institutional care.
10. **Abuser.** Someone who perpetrates abuse against another. In domestic violence, an abuser is also referred to as a batterer.

Mandatory Reporting. Laws that require members of certain professional groups to report certain instances of abuse and/or neglect to law enforcement, social services, and/or other regulatory agencies.

Intersectionality. Intersectionality is the idea that people have overlapping or intersecting social identities and related systems of oppression, domination or discrimination. These identities that intersect include gender, race, social class, ethnicity, nationality, sexual orientation, religion, age, disability, as well as, other forms of identity. These aspects of identity are not isolated, mutually exclusive entities, but instead inextricably linked with all of the other elements in order to fully understand one's identity.

People-First Language. The use of respectful language in reference to

people with disabilities. It requires the following: (1) avoidance of the following terms: afflicted, cripple, crippled, defective, feebleminded, handicapped, handicap, idiot, lunatic, imbecile, insane, invalid, maimed, moron, suffering, wheelchair user, wheelchair bound; (2) use of the terms: person, people, individual, individuals, adult, adults, child, children, or youth in sentence construction so that the language refers to individuals (a) with disabilities or with conditions that result in physical disability, (b) who have disabilities or who have conditions that result in physical disability, or (c) who use or who need assistive technology.

Personal Care Attendant. A person who provides direct support to another, either formally, such as a paid worker, or informally, such as an unpaid family member or friend. The term is often used to denote a person who assists people who are very young or elderly, or people with disabilities.

Sexual Assault Advocate. An employee or volunteer of a rape crisis center who counsels and assists survivors of sexual assault, has completed a certified training program on the counseling of sexual assault survivors, and meets one of the following requirements: (1) is a psychotherapist, (2) has a master's degree in counseling or a related field, (3) has one year of counseling experience, at least six months of which is in rape crisis counseling, or (4) has completed the 40-hour training for sexual assault advocates, as described in Evidence Code § 1035(a)(2). A sexual assault advocate engages in individual advocacy on behalf of sexual assault survivors, including but not limited to, providing crisis intervention, accompaniment, case management, and assistance with accessing counseling and other services.

Survivor. A term that is typically used to refer to an individual who has left an abusive relationship or an individual who has been sexually assaulted in the past, where the person has taken steps toward addressing the physical and psychological trauma that s/he experienced as a result of the abuse or assault. Domestic violence and sexual assault advocates sometimes prefer to use the term "survivor" instead of "victim" because they consider the term to be more empowering for the individual.

System. A network of individuals, agencies, and institutions that address a common issue, such as domestic violence, sexual violence, or the needs of individuals with disabilities.

Systems Change Advocacy. The process of advocating for systemic change which improves the capacity of a system or systems to address issues related to oppressed, disenfranchised, undervalued, underrepresented and/or underserved populations. Advocacy comes in the form of individual or group advocacy and it may be aimed at changing policies, ordinances, regulations, laws or creating legislation that will impact a system or systems.

Rape Crisis Center. A nongovernmental organization that provides the following services for sexual assault survivors: 24-hour crisis intervention, follow-up counseling services, in-person counseling, including group counseling, accompaniment services, advocacy services, information and referrals, community education, rape prevention presentations, and self-defense programs.

Transitional Housing. A residential program that provides temporary housing and supportive services for survivors of domestic violence. These programs are designed to enable survivors to achieve self-sufficiency and permanent housing. Typically, residents enter the program after residing in an emergency shelter, may remain in the transitional program for up to one year, and are required to establish and work toward goals that promote economic and emotional stability.

DRAFT WORK PLAN

| TIME FRAME | KEY ACTIVITIES | COMPLETED |
|----------------------|---|------------------|
| October 2016 | Disabilities Grant Award Acceptance | |
| November 2016 | Team planning teleconferences VERA New Grantee orientation in D.C. | |
| December 2016 | Project SHIFT first team meeting - Discussed Meeting Schedule | |
| January 2017 | Project SHIFT team meetings - Finalized Meeting Schedule - Discussed Document Accessibility | |
| February 2017 | Project SHIFT team meetings - Began developing the Introduction, Vision, Mission - Document Accessibility Training | |
| March 2017 | Project SHIFT team meetings - Began developing the Core Values, Assumptions. - Collaboration Name Submit Charter draft to VERA for review - Review VERA edits of Charter with collaboration partners | |
| April 2017 | Project SHIFT team meetings - Began developing Roles and Responsibilities and Decision Making | |

| | Process. | |
|--------------------|---|--|
| May 2017 | Project SHIFT team meetings <ul style="list-style-type: none"> - Began developing Confidentiality Reporting, Communication Plan. | |
| June 2017 | Project SHIFT team meetings <ul style="list-style-type: none"> - Began developing Glossary and Timeline. | |
| July 2017 | Needs Assessment (NA) (Deliverable 2) Development <ol style="list-style-type: none"> 1. Identify NA goals 2. Identify information sources—existing and new 3. Determine data collection methods 4. Identify target population/audience 5. Determine number (engagements/people) 6. Explore partner agencies’ interest, expertise, and influence | |
| August 2017 | Design methodology <ol style="list-style-type: none"> 1. Identify purpose of NA 2. Determine best recruitment strategies 3. Determine incentives 4. Determine consent and confidentiality plan 5. Identify safety and access considerations 6. Training and work plan 7. Write introduction for NA | |

| | | |
|-----------------------|--|--|
| | Review OVW critique of Charter and begin revision | |
| September 2017 | Create Tools/Materials for NA <ol style="list-style-type: none"> 1. Develop scripts and questions for each focus group 2. Develop scripts and questions for individual interviews 3. Develop consent forms | |
| October 2017 | Submit revised Charter to OVW Document NA Process <ol style="list-style-type: none"> 1. Review first draft of NA document 2. Continue development of scripts and questions | |
| November 2017 | Develop NA focus group invitations <ol style="list-style-type: none"> 1. Set dates and times for each focus group 2. Identify interviewers for each group | |
| December 2017 | Begin initial NA interviews | |
| January 2018 | Continue NA interviews | |
| March 2018 | Document NA findings—Key Findings Report (Deliverable 3) <ol style="list-style-type: none"> 1. Overview of collaboration 2. Overview of planning phase 3. Purpose/goals of NA | |

| | | |
|--------------------|---|--|
| | <ul style="list-style-type: none"> 4. Brief summary of methodology 5. Key findings and implications 6. Conclusion | |
| April 2018 | Develop Strategic Plan (Deliverable 4) <ul style="list-style-type: none"> 1. Determine approach to strategic plan 2. Who should be involved in process 3. What will process look like 4. What principals will guide our decisions in the strategic plan | |
| May 2018 | Identify short-term priorities and initiatives <ul style="list-style-type: none"> 1. Determine key activities 2. Determine when activities will be done and by who 3. Create systems change justification 4. Identify anticipated results 5. Address issues of sustainability 6. Identify long-term priorities and initiatives 7. Create plans to sustain our work 8. Identify areas of interest for future work | |
| June 2018 | Document the Strategic Plan <ul style="list-style-type: none"> 1. Overview of collaboration 2. Overview of planning phase 3. Brief summary of NA findings 4. Overview of key short-term initiatives 5. In-depth review of each initiative 6. Get buy-in from partner agencies 7. Finalize Strategic Plan | |
| July 2018 – | Implementation Phase—activities will be | |

| | | |
|---------------------------|-------------------------------------|--|
| August 2019 | identified in strategic plan | |
| September 2019 | Final Report to OVW | |

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