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**Strategic Goals**

A.D.DV.O.C.A+E is supported by grant no. 2013-FW-AX-K005 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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# **Introduction**

We have named our project A.D.DV.O.C.A.+E: An initiative to ensure ACCESS for DEAF persons experiencing DOMESTIC VIOLENCE through OUTREACH, COLLABORATION, ALLIES, and EDUCATION. The overall goal of our work is to produce sustainable change by creating a network of service providers that are prepared and accessible to communities that are D/HH.

Day One® of Cornerstone (Day One) and Communication Service for the Deaf (CSD) began working together in 2001 in order to discuss and respond to gaps and barriers in service delivery for Deaf women seeking shelter. From 2002-2005, CSD led a partnership that included Day One (at that time a standalone statewide organization), and Cornerstone among others, launching a landmark training and technical assistance project sponsored by Office of Violence Against Women (OVW). The focus was on enhancing access to domestic violence (DV) emergency shelters. At the time, the project was successful; however, due to staff turnover, advancements in technology and high expenses for on-line interpreting services, after 2008 agencies were unable to sustain much of what was put in place. These were vital lessons learned and will be addressed in this grant. For this project, Day One of Cornerstone will be the lead agency partnering with CSD.

The collaboration is comprised of a multi-disciplinary team of staff from both agencies and has been given the responsibility of creating models, protocols and practices which can be found within the charter. The collaboration has identified several gaps in service delivery, including:

* Many mainstream agencies are not aware of Deaf-specific issues related to domestic and sexual violence and how to work effectively with Deaf and hard of hearing (D/HH) survivors. They may risk inadvertent re-victimization of survivors seeking services
	+ There often is a lack of disability awareness and access rights in general
	+ Lack of awareness surrounding Deafness within hearing agencies
	+ Insufficient accessibility relating to communication (i.e. Videophones, TTYs, etc.) while survivors are in shelter
	+ High turnover of agency staff, meaning we need more sustainable training
	+ Service providers do not always recognize the intersection of oppression (i.e. Deaf and low income, or Deaf and LGBTQ, etc.)
	+ A lack of outreach to the Deaf Community: program capacity needs to be built in order for programs to hire and work with D/HH individuals from the Deaf community
* Lack of understanding of the Interpreter’s role
	+ How to/When to use
	+ How to request an interpreter
	+ Establishing a pool of qualified interpreters with the required experience and training to work with survivors
* Gaps within the Deaf Community
	+ The community needs more awareness and education surrounding issues of domestic violence and available services
	+ The Deaf community is historically and culturally a very private community that is reluctant to open discussion of sensitive topics
	+ To effectively educate and engage the D/HH community, activities need to be led by a respected community member versus an agent from a mainstream organization
* The Hearing community in general lacks awareness of domestic violence in the D/HH community
* Emergency personnel (i.e. Police, First Responders, etc.) have limited and/or insufficient knowledge about Deafness

**Vision Statement**

We are collaborating to improve access and create social change, as well as to improve safety and service. The Vision of the collaboration is that all D/HH persons experiencing domestic violence will have access to services that are safe, just and sustainable. Survivors, when seeking services at either mainstream or D/HH agencies, will experience environments that are welcoming, accessible and culturally competent. Community and systems (medical, law enforcement, social services, etc.) will have enhanced readiness when encountering D/HH survivors of domestic violence.

 **Mission Statement**

The mission of A.D.DV.O.C.A.+E is to create a collaborative service delivery system for all D/HH persons experiencing domestic violence that is accessible, empowering and welcoming by:

* Identifying gaps in service delivery
* Building capacity within our collaboration and other service providers formalizing our relationships
* Enhancing services
* Sharing our expertise
* Educating ourselves and other service providers
* Creating awareness

**Member Agencies**

The collaborative team has been divided into three groups: Core, Advisory, and Working. The descriptions of group division are as follows:

**Core Group**

Day One of Cornerstone Representative:

Colleen Schmitt, *Director of Day One*

TJay Middlebrook, *Project Coordinator*

Communication Service for the Deaf Representative:

Aaron Gutzke, *State Director - Minnesota*

**Advisory Group**

Day One of Cornerstone Representative:

Esmé Rodríguez, *Day One Social Justice Program Specialist*

Cornerstone Representative:

Youa Yang, *Children, Youth, and Families Program Manager*

Cornerstone Representative:

Carmen Anderson, *Emergency Services Manager*

**Working Group**

Day One of Cornerstone Representative:

Jessica Wysong, *Program Specialist*

Communication Service for the Deaf Representative:

Stephanie Ritenour, *DV Advocate/Program Coordinator*

**Full Collaborative Team**

All members of the Core, Advisory and Working Groups

**About Day One of Cornerstone**

Cornerstone was founded in 1983 to serve victims of domestic violence in South Hennepin County. The organization started with a 24-hour crisis line staffed by dedicated, well trained volunteers. In January of 1985, Cornerstone established the first Hotel/Motel safe housing program in Minnesota. During the 1990’s, the agency implemented many more innovative services that were firsts in the state for victims and their children. In 2001, due to service demands and agency growth, the Board of Directors made the decision to conduct a capital campaign to build a facility that would house both a 35 bed Emergency Shelter and community-based services. The agency was able to move into the Sheila Wellstone Center in 2004 and retire the mortgage in 2005 – the same year Day One® was acquired. At the request of additional communities, our geographic footprint began to expand to Northwestern Hennepin County in 2012. Although the agency serves anyone in imminent danger, as of January 2015, Cornerstone now has eleven Minnesota target cities: Bloomington, Richfield, Eden Prairie, Edina, St. Louis Park, Brooklyn Park, Brooklyn Center, Robbinsdale, Crystal, Minneapolis and Maple Grove.

Day One actually began in 1995 as a collaboration between ten metropolitan domestic violence shelters, Allina Foundation and United Way. In the beginning, the direction of the collaboration was determined by holding focus groups that were conducted with women staying at domestic violence shelters. Participants stated that they placed between 8-15 phone calls when trying to find safety. For many, after being told the shelters were full and to try another number, they gave up their search until the next time they were hurt or afraid. In response Day One® set out to provide the right service, at the right place, at the right time - on “Day One.”

By 1999, the Day One project had grown to include 28 shelters across the state. The Minnesota Domestic Violence Crisis Line was established resulting in victims receiving safety in one call. Our model of services was founded, incorporating collaboration, best practices and real-time technology. Today, under Cornerstone’s leadership, the Day One network has expanded to over 82 agencies representing domestic violence, sexual assault and anti-trafficking programs. In 2008, the City of Seattle approached Cornerstone about replicating the work from Minnesota in their region. Today, the City of Seattle and surrounding regions have grown to a network of 22 agencies utilizing the Day One model.

## **Collaboration Representatives**

## **Day One of Cornerstone Collaborative Representatives**

## **Project Coordinator for the Collaboration**

**TJay Middlebrook** serves as the Deaf and Hard of Hearing Project Coordinator at Day One. He coordinates the collaborative project between Cornerstone and CSD (Communication Services for the Deaf) to establish and strengthen multidisciplinary collaborative relationships and increase the organizational capacity to provide accessible, safe and effective services to the Deaf and hard of hearing. TJay has over 8 years of experience in public policy and the political realm and he has travelled to Uganda as a Deaf educator and advocate teaching Deaf and Hard of Hearing Ugandans on how to lobby for more access to interpreters, technology and education. TJay holds a Bachelor’s degree in International Politics and Development and he is currently a Master’s student studying International Business.

**Colleen Schmitt** is the of Director of Day One and is a graduate of St. Catherine University, St. Paul, MN with a major in Social Work and minor in Women’s studies. She has over 30 years of experience in the field of violence against women and children. Ms. Schmitt was involved with the evolution of Day One by consulting on the original team charged with developing the processes, protocols, practices and trainings. She was hired by Cornerstone when Day One was acquired by the organization and is responsible for overseeing all aspects of the program including the technology, partner relationships, program evaluation, training and technical assistance. She is part of Cornerstone’s Senior Management Team. From 2003-2005, Ms. Schmitt directly co-trained with Communication Service for the Deaf and assisted with all aspects of the OVW emergency shelter training and technical assistance project. Her skills in developing collaborative groups across multidisciplinary fields have led Cornerstone to implementing and overseeing three initiatives actively working to reduce barriers encountered by victims from underserved communities when seeking services – Social Justice, Minnesota Alliance for Family and Animal Safety and Abuse in Later Life. She utilizes her skills to work on decreasing interpersonal violence on the local, national and international levels.

**Esmé Rodríguez, MA, PhD (ABD)** is the Social Justice and Training Specialist. Esmé obtained their Master’s Degree from Boston College and they studied for their PhD (ABD) at the University of Minnesota. In addition to working as the Social Justice & Training Specialist at Cornerstone, Esmé is also a Development and Diversity Consultant with Mental Health Connect and was formerly the Development Manager at TransActive Gender Center in Portland, OR. Esmé has taught Gender Studies and Latin American Literature at the university level for 12 years and is currently touring national colleges with their “Gender Show and Tell Program,” which engages in intersectional discussions surrounding the performance of diverse gender identities and gender expressions from non-binary cultural perspectives.

**Youa Yang** has fifteen years of experience working with diverse children and families. Her current position at Cornerstone is the Children, Youth, and Family Program Manager. Her various positions have included school social worker, children’s crisis worker, therapist and supervisor and she has worked with concerns regarding violence, mental illness, trauma and acculturation for newly arrived immigrants. She has a BA in Social Work from the University of St. Thomas and a Master of Social Work from the University of Minnesota. Ms. Yang is a Licensed Independent Clinical Social Worker (LICSW).

**Carmen Anderson** is the Emergency Shelter Manager at Cornerstone and has over 24 years of experience working with victims of domestic violence in shelters, hospitals and the court system. Ms. Anderson attended the University of Missouri, majoring in both English and Psychology. She has been with Cornerstone since 1999.

**Jessica Wysong** joined the Day One team in February of 2014 as the part time Day One Specialist. Today, Jessica is the full-time Day One Program Coordinator. Jessica’s previous work experience has involved working as a shelter manager for a program which provides services to victims of domestic and sexual abuse. Jessica has also provided supportive services to youth as well as adults in a variety of capacities including: skills counseling, youth offender treatment programing and group home management.

**About Communication Service for the Deaf**

CSD opened its doors in 1975 with a mission to both advocate for and create access to essential programs and services that make the world more equal for deaf and hard of hearing individuals. CSD began its journey as a small but passionate grassroots movement in South Dakota, and we have evolved into an international organization that has positively affected millions of lives. For nearly 40 years, CSD has worked to challenge convention by championing innovation, which has transformed the communications experience for deaf and hearing people. CSD – Minnesota has been an integral part of the deaf community for nearly twenty-five years providing Adult Education and in the last ten, spearheading efforts to provide advocacy programming specifically for deaf survivors of domestic violence.

 **CSD Collaborative Representatives**

**Aaron Gutzke** is the State Director of CSD – Minnesota Programs. He oversees the programming provided to the Minnesota deaf community in this state, which includes Adult Education and Domestic Violence Advocacy. Aaron holds a pivotal role throughout Minnesota bringing together service agencies, law enforcement, emergency management services and the Deaf survivors they serve. He is a recent graduate of University of Minnesota’s Hubert H. Humphrey School of Public Affairs with a concentration in disability policy and services.

**Stephanie Ritenour** serves as the Program Coordinator and Domestic Violence/Sexual Assault Advocate. She provides direct services to Deaf/hard of hearing victims, outreach to the Deaf community, oversees part time advocates and volunteers and provides workshops and technical assistance to other agencies. Stephanie brings to CSD nearly 10 years of supervisory, care coordination and direct care experience in mental health services serving Deaf and hard of hearing persons. She has worked in a range of settings including drop-in centers, group homes, assisted living facilities and within the community. Stephanie holds an interdisciplinary bachelor’s degree from the University of Minnesota in addiction studies and complementary healing.

**Key Findings**

The collaborative conducted a needs assessment to plan our strategic goals. The following are our key findings:

**Key finding: Agencies do not always provide a safe and accessible environment for survivors.**

**Participants**

Multiple participants expressed that they wanted to seek services and shelter where the location was more private (i.e. not easily identifiable as a shelter and off of a main road).

One participant expressed: “Being in a shelter, it is always a concern when you know people outside of the shelter and are not sure if they are going to tell people that you are in a shelter. At Cornerstone, I thought it was good and felt safe because [the location is not initially disclosed] I was met at Walmart, then was brought to the shelter.” Although Cornerstone has taken into consideration the safety concerns residents of the shelter may have, there still needs to be education among staff and residents about the use of social media. There have been a few situations where residents go out and socialize with people outside of the shelter, then come to find out that a picture of them was taken and tagged on social media, which can lead to issues of safety such as an abuser finding them.

Another participant stated: “Privacy and location of Cornerstone is great. Some shelters are in too obvious of areas.” Other comments regarding Cornerstone and the feeling of safety included:

\* “…They sent a cab for me, and that made me feel good.”

\* “If I didn’t feel safe somewhere, I’d rather go back to being abused.”

Participants are sensitive to and classify not only the aesthetics and décor as part of the welcoming environment, but also include staff attitude and etiquette.

When discussing the aesthetics and décor, participants commented on the need for color on the walls. If the walls are a stark white color, they feel less welcoming. Participants also stated that in order to feel welcomed, they like soft things to sit on and art hung on the walls.

During the assessment, participants felt strongly and had many responses regarding staffers’ attitude and etiquette as part of feeling welcome. They want staffers who are approachable, friendly and understanding. Characteristics they feel a good advocate has are: good attitude, taking the time to make sure residents understand everything being talked about, and making them feel comfortable and cared for.

Another component identified to feeling welcome was consistent messages from staff members. Some shelter residents felt as though they would be told one thing from a staff member, then be told something different by another. One shelter participant also discussed the issue of information collection during the intake process, as being “too much, too fast”. The participant didn’t feel ready to discuss all of the information on the abuser (i.e. birthdate, tattoos, physical description, etc.), when first arriving to shelter but was pressed to provide such information.

One participant would like shelter staffers to “be a little more understanding that people have different reactions especially because residents are in a new environment.” Another participant shared their experience about having a dispute with an advocate and being told that they would be “asked to leave if that happened again”. The participant and others also agreed, that they feel violated when not given the chance to talk about their feelings because they may not have all the tools to communicate with.

Deaf participants stated they wanted to talk with an advocate who knows how to work with interpreters, is knowledgeable about Deaf culture, and makes the participant feel believed when talking about problems. One participant state: “Sometimes hearing people misunderstand Deaf culture, so in general, I prefer someone Deaf to talk about domestic violence with.”

**Interpreters**

“It makes it difficult to discuss DV if you do not have good communication.” states a Deaf needs assessment participant.

Capacity needs to be built within Cornerstone and Communication Service for the Deaf to be able to sensitively handle disclosures of domestic violence from Deaf survivors. Right now there is no standard phrasing used at Cornerstone or Communication Service for the Deaf if disclosure were to happen and this project has found through the needs assessment that staff want more training regarding how to handle such disclosures. Some staff are unsure of the technology used within the Deaf community and are also unsure about how to obtain and work with a sign language interpreter or even how to work with a Deaf co-advocate.

In order to provide the best services possible, the way in which communication happens needs to be accessible and understandable by both the service provider and the person seeking services. During the needs assessment, when Deaf participants were asked about their experience requesting an interpreter, responses varied regarding the setting in which interpreters were requested, but nonetheless, responses appeared to be similar.

Many Deaf participants faced barriers when trying to access services and obtain a qualified interpreter. Oftentimes, Deaf people are expected to bring their own interpreter and get frustrated when organizations refuse to provide one. One participant discussed an experience trying to join a support group: “I wanted to start looking for a support group and I couldn’t get ahold of them. I was referred to many different places and it was frustrating. I wanted to get involved in the support group but they said it wasn’t worth getting an interpreter because the group was so small…” Another participant, who lives in rural Minnesota, says that finding an interpreter in that area is hard and believes that small towns should be educated on where they can find qualified interpreters, regardless on the size of the Deaf community in the area.

Within Cornerstone, it was found that there is not a consistent message surrounding how to obtain a sign language interpreter. However, the staff were more confident in their answers about how to obtain a spoken language interpreter versus a sign language interpreter due to the accessibility of spoken language interpreters via telephone (staff calls Pacific Interpreters, selects the language of their client, and then is connected to a spoken language interpreter over the phone).

When staff were specifically asked about how they would obtain a sign language interpreter, many responded with an “I don’t know” or with “I think we have policies but I would have to look or check with my manager.” Other responses included that they would go talk to Becky, the Deaf and Hard of Hearing Project Coordinator.

**Recommendations:**

1. Create a training for staff of Cornerstone and Communication Service for the Deaf and for shelter residents about social media, discussing the safety concerns about pictures posted, pictures tagged and status updates with the location services turned on.

2. Create a training on technology used by Deaf persons for Cornerstone staff, specifically about how the video phone works.

3. Create consistent messaging for Cornerstone staff for the persons they work with.

4. Develop policies to create a standard phrasing around disclosure for Cornerstone and Communication Service for the Deaf.

5. Create training on how to obtain certified interpreters and the differences between spoken language interpreters and ASL interpreters for Cornerstone.

6. Create a training for certified interpreters to become certified as “Trauma Informed” who will then be first called when a DV need arises for both agencies to use.

7. Build capacity of both Cornerstone and Communication Service for the Deaf, by having both agencies continuing to host tables at Deaf events so they can be seen as a partnership within the community.

8. Create PR materials using Aurasma technology (utilizing an app for smart phones and the Aurasma technology, a 2D printed image/information can be seen in a video in ASL).

9. Create a welcoming video in ASL for Deaf survivors coming into shelter. The video will explain what to expect while being in shelter and will be used to provide information until an interpreter arrives.

10. Purchase equipment such as an IPad/tablet and the VOX app to be used for communication when an interpreter is not present. The VOX app will also be beneficial for non-English speakers staying in shelter.

**Key Finding: Deaf participants were very selective and cautious about who they talk to about their situation, inclusive of friends, family, or a service provider, due to the concern about it spreading through the community “grapevine” quickly and their abuser finding out they are seeking help.**

Many participants stated the fear of rumors or information spreading through the community “grapevine” quickly, made it difficult to seek services. One participant stated, “It is difficult in general talking to hearing people about it [domestic violence]; I prefer Deaf to Deaf. Sometimes hearing people, they misunderstand Deaf culture. I don’t socialize with the Deaf community because it will always get around the grapevine and that makes it dangerous.”

Information going through the “grapevine” isn’t the only concern participants had. Participants were also concerned about the lack of services available to Deaf people in general. It is believed that there is far more support available for hearing survivors compared to the support and services available to Deaf survivors. This supports the idea that Deaf awareness and knowledge of Deaf culture is crucial in mainstream agencies. Exposing mainstream agencies who work with Cornerstone to Communication Service for the Deaf is one way to build their capacity for serving Deaf individuals and create new or stronger partnerships.

**Confidentiality**

Many survivors, Deaf and hearing, don’t know where to look for services. However, it appears that hearing survivors are aware of more places to look for or ask for services versus the Deaf survivors surveyed.

Deaf participant responses varied when asked about where they go to look for services. Survivors of domestic violence tended to respond negatively about reaching out to family or friends when looking for help due to the close knit nature of the Deaf community. However among the Deaf Adult Basic Education (ABE) Learners who were interviewed, they sought assistance from family members or their ABE teachers as they felt safe and comfortable.

In general, most Deaf participants only knew to contact Communication Service for the Deaf (CSD) when seeking assistance. Other responses ranged from being referred to a local clinic by a hospital social worker to asking a health professional where to get help or being provided Cornerstone’s card from a Police Officer.

When hearing survivors were asked about where they looked prior to seeking services, the responses varied across the board. Many of the participants indicated that they would seek help from some sort of professional (i.e. doctor, dentist, therapist, social services worker, etc.) or would call 211, which is a crisis program of United Way in Minnesota that provides 24 hour free and confidential health and services information. Although many participants reported that they would seek help from a professional, there were also concerns raised regarding the professionals’ ability to help. One participant stated: “When at a doctor appointment you are asked if you are being abused but do they REALLY have the resources if I say yes?”

**Recommendations:**

1. Create standard phrasing around disclosure for the Communication Service for the Deaf staff.

2. Create a training for certified interpreters to become classified as “Trauma Informed” and will be first called when a DV need arises.

3. Build capacity of both Cornerstone and Communication Service for the Deaf by continuing to host tables at Deaf events so they can be seen as a partnership within the community.

4. Continue to raise awareness through different outlets in the community with public awareness materials and information geared toward the Deaf community.

5. Build referrals by connecting with local hospitals and police departments.

**Key Finding: The co-advocacy model of service provision to Deaf survivors shows promise, but there are policy and staff barriers to full implementation.**

Hearing advocates who have experienced working with a co-advocate saw it to be beneficial not only to the client but also for themselves. The ability to identify and address concerns and/or barriers as well as picking up on non-verbal cues are some benefits participants identified when discussing working with a culturally specific co-advocate. Other staff participants stated that having “two heads are better than one, especially when looking for resources” and that more services are provided “when working with a culturally specific co-advocate because the client feels more comfortable and heard.” One staff participant said, “Due to the language and cultural competency of the co-advocate, the communication is more fluid. I’ve seen it provide a great level of support for clients because they see both advocates working for and with them. It shows clients how really valued they are.”

When asking the past and present Deaf advocate about their perspectives on co-advocacy, the responses recorded were:

\* “I can help with education related to communication needs and take some of that burden off the client’s shoulders; I’m all for empowering people to be strong self-advocates, but when you’ve been traumatized you shouldn’t have to take on that responsibility. I have learned a lot from other advocates especially those who specialize (housing, legal, etc.) because I don’t specialize and can’t know everything or have access to the same databases or funding.”

\* “It is a benefit for the participant to be given the option of whether they’d like to work with a hearing or Deaf advocate because we’ve found that some Deaf individuals do not want to work exclusively with a Deaf advocate due to the size of the Deaf community and the fear that it will go through the “grapevine”. Working with a hearing advocate who is knowledgeable on how to work with Deaf and/or having a hearing advocate who is fluent in ASL is a good option if a Deaf advocate is not preferred. On the other hand, I’ve heard many times that Deaf participants prefer a Deaf Advocate because they understand Deaf culture and there is no need for a third party/interpreter.”

These perspectives solidify the need for culturally competent hearing advocates who are able and ready to work with Deaf individuals. This can be done through ongoing trainings at the agency, as well as being exposed to Deafness and Deaf culture on a regular basis so that it becomes somewhat of a norm.

Some staff voiced concerns about working with a co-advocate but the greatest concern was around clarification of roles between the advocates and had little to do about the service provided. Another hesitation to utilizing the co-advocacy model was around the concern that it may be too overwhelming at times for some clients, depending how many people they work with already.

Speaking to the concern regarding clearly defined procedures and the benefits co-advocacy has, not only on the level of the individual advocates, but also on the agency level, one Communication Service for the Deaf administrator stated, “…policies and procedures would need to be developed with Cornerstone versus one agency creating the policies and procedures then applying them to the co-advocacy model. CSD really wants to maintain this relationship on an ongoing basis because we need Cornerstone. We need the resources that Cornerstone can provide and the access to services that they have in order to ensure Deaf victims and survivors get the services they deserve...”

**Recommendations:**

1. Create a position for a Deaf advocate at Cornerstone. This will increase the exposure of Deafness and Deaf culture at the mainstream agency.

2. Create an MOU that can later be replicated that discusses and defines the roles of each advocate, discusses the use of interpreters and has 2 separate scenarios (one with the Deaf advocate as the primary and the hearing advocate as the co-advocate and vice versa).

3. Invite the Communication Service for the Deaf Advocate and the Minnesota State Program Director to attend Cornerstone staff trainings to build the capacity of their organization.

**Key Finding: Limited funding, staffing and inconsistent policies make organizational change difficult around better serving Deaf participants.**

“It takes a culture change, which can take time. We are always evaluating if something is accessible. Also, realistically we have financial restraints but we need to make it a priority because financial restraints will always be there.”

The administration and staff had consistent answers surrounding what the greatest barrier to organizational change: funding. Through the needs assessment process, we found when there is limited funding, staff capacity can be constrained and there are inconsistencies with policies being upheld. The responses at each agency were similar but the lack of funding has a greater impact on Communication Service for the Deaf because of the small size of the Minnesota office. An Administrator at Communication Service for the Deaf reported, “Funding is the top barrier related to DV/SA; our programs are being carried by the parent company and it has been a long process to receive baseline funding from OJP [Minnesota Office of Justice Programs]. Once funding is secured, change will happen quickly. It will allow for more staff hours, more help, we are trying to tremendous work with so little staff time and resources. We need an advisory board and that won’t be implemented until we have a clear understanding of what the future holds for our group.”

**Staffing**

The direct result of limited funding is decreased or limited staff capacity. When adding the infrequency of serving Deaf persons to the limited staff capacity, the result is fewer staff with even a basic understanding of how to support and work with Deaf clients. One staff member commented, “Related back to funding…making sure staff capacity is there based on need and funding. Also, balancing how much training for staff versus direct service. We want to do more training but with staff schedules, it isn’t always feasible.” This illustrates that although staff want more training due to schedule constraints, it isn’t always possible.

**Policies**

In general, staff does not feel confident in the policies that are in place for serving Deaf survivors, mainly surrounding sign language interpreters. There is a lot of concern that policies and procedures are not ingrained in the fabric of the work many are doing. Staff feel uncomfortable when situations come up where they do not think that they have enough training how to handle them. One staff member stated, “We don’t have a consistent process everyone is following, like getting interpreters. We need training for staff on working with Deaf [individuals], working with interpreters and working with a Deaf advocate. Training needs to happen on all levels within the organization.”

Overall, Cornerstone staff are not feeling supported enough when it comes to working with Deaf individuals. One staff member said, “We aren’t all super trained working with the Deaf population, we need more info on what that looks like and how the process may be different than their hearing counterparts.”

**Recommendations:**

1. Create an ongoing awareness through trainings and discussions.

2. Create an ad hoc Accommodations committee at Cornerstone, which can later be folded into an already established committee.

3. Assess and create policies, procedures, and accommodations to make sure they are sustainable for all agencies involved. Assessment will utilize tools that evaluate trauma informed and universal design practices in all policies, procedures and accommodations.

4. Hold Deaf specific staff training twice a year for Cornerstone.

5. Develop a best-practices/program guide resource for all DV/SA programming.

6. Continue to seek baseline funding to increase and sustain staff capacity, training and ongoing equipment needs.

**Short Term Initiatives and Activities**

Words of survivors and staff led the collaboration to identify several key priorities and recommendations during our needs assessment. The overarching theme was that survivors were seeking access and options to safe, confidential and comprehensive services provided by trusted agencies and well-trained advocates. To meet this need, we will create a service delivery model based in co-advocacy.

The purpose of these initiatives and activities is to break down communication barriers between Deaf and hard of hearing survivors and staffers at CSD/CAS as well as creating policy and procedures within each agency. Elements contained in these initiatives lay a strong foundation for the co-advocacy model that this collaboration envisions. The framework establishes models, policies and procedures, trainings, supplementary materials and resources, which will make our co-advocacy a reality in practice. The needs assessment findings guided the framework outlined within the initiatives, which will create a significant improvement in access to technology, communication, direct services, and interpreters when survivors encounter programs at both CSD and CAS.

**Initiative 1: Co-Advocacy and Interpreting**

**Build the capacity of CSD and Cornerstone to support Deaf and Hard of hearing survivors with a co-advocacy and interpreting model that offers cultural and linguistic expertise**.

**Activities**

1. Review existing models and best practices for co-advocacy and interpreting services
2. Develop policies and protocols for co-advocacy and interpreting
3. Develop training, resources and material for co-advocacy and interpreting services
4. Pilot co-advocacy and interpreting services

**Initiative 2: Safety, Access and Outreach**

**Enhance the ability of the collaboration to work effectively with Deaf and hard of hearing survivors by strengthening safety, access and outreach practices.**

**Activities**

1. Conduct safety and access review of all Cornerstone and CSD locations
2. Create a barrier removal plan for each location
3. Develop outreach materials highlighting services offered by the collaboration
4. Create a “Welcome to Our Service” ASL DVD for Cornerstone and CSD explaining who we are, services we offer and how advocates can assist.

**Strategic Plan**

**Initiative 1: Co-Advocacy and Interpreting**

**Build the capacity of CSD and Cornerstone to support Deaf and hard of hearing (D/HH) survivors with a co-advocacy and interpreting model that offers cultural and linguistic expertise.**

**Introduction:**

This initiative and its activities lay the foundation for our co-advocacy model. For purposes of our plan we are viewing co-advocacy as a collaborative relationship between a cultural specific and mainstream agency to provide advocacy services. This allows the agencies to provide culturally responsive services as they gather resources and expertise to provide comprehensive programming. The D/HH participant will have a choice in the type of advocacy they receive when they engage in services at CSD and/or Cornerstone. Options will include the co-advocacy structure, or advocacy with a Deaf advocate only or advocacy with a hearing advocate only. These choices are based on information gathered from D/HH survivors during our needs assessment. According to our needs assessment, their preferences for the agency and type of advocacy provided varied depending on their comfort level, past experiences and current situation. By having training and resources available for advocates at CSD and Cornerstone, we hope to develop an effective approach to working collaboratively to meet the needs of D/HH participants.

Interpreting is a key component of co-advocacy. It is the vital link between service provision and interpretation that connects the bridge to the co-advocacy model outline within these strategic goals. Combining the two fits well with achieving our collaborative vision, as the two focuses are inherently intertwined and run a parallel course during the implementation phase. The needs assessment discovered that having survivor’s preferred interpreters is paramount to their sense of safety, comfort, and confidentiality. Staffers reported feeling ill-equipped in understanding policies that are in place specific to serving Deaf or Hard of Hearing survivors, and interpreters are at the top. There is a lack of training on how to appropriately request interpreters, how to establish the work environment for interpreters, which agency to utilize for the service and who pays for it, and how to verify that the interpreter is a good fit for communication facilitation while service delivery occurs. We believe in order to produce the best co-advocacy model and build trust with the survivor, it is paramount that qualified and competent interpreters are hired. Overall, CSD and Cornerstone will work together through a co-advocacy model that will provide options for survivors, safe, comprehensive and culturally appropriate services.

**Activities**

**1. A. Review existing models and best practice for co-advocacy and interpreting services**

The workgroup will research and review existing co-advocacy materials and webinars including those created by Casa De Esperanza, a Minnesota and national organization working with the Latin@ communities to end domestic violence. This agency has a history of co-advocacy partnerships, formal co-advocacy policies, procedures and trainings in place that may be adapted to help create a co-advocacy model to meet the needs of D/HH community members. In addition to a review of existing materials we intend to interview Casa de Esperanza staff on best practices, challenges and opportunities in providing co-advocacy.

We believe that research, information sharing and idea development by the workgroup will allow us to develop a truly comprehensive and holistic co-advocacy model that will enhance access to services for D/HH survivors at Cornerstone and CSD. We plan to:

* 1. Identify and collect of existing co-advocacy resources
	2. Retrieve and organize relevant concepts (e.g., policies, procedures, philosophies, sample contracts) that can be adapted to create a co-advocacy model for serving D/HH participants
	3. Identify any laws or policies related to privilege, mandatory reporting, information sharing, etc. that may impact co-advocacy procedures

The workgroup will also research models and best practices for selecting, hiring and training of interpreters. One example of this is the “Interpreting Effectively and Safely for Deaf Survivors of Violence” curriculum developed by the VERA Institute of Justice. The research will assist us in enhancing our current practices of selecting and utilizing interpreters. In addition to research, we will ask selected interpreters to advise and consult with us in this phase. They will provide feedback regarding the following:

1. What criteria we should look for when hiring an interpreter
2. What are the best practices a good interpreter engages in
3. Additional trainings interpreters need to provide trauma-informed and survivor-centered practices

**1. B. Develop policies and protocols for co-advocacy and interpreting**

Clear communication and expectations will be essential to providing effective co-advocacy. The collaboration will develop policies and procedures of co-advocacy practices inclusive of structure, agreements, confidentially and record keeping. Although we have had several opportunities outside the scope of our current work to provide co-advocacy, we do not have the policies, procedures or best practices in place at this time to support the work at the level we want. We will seek to formalize this process so that it is:

1. Survivor-centered
2. Maintains the highest standards of confidentiality
3. Outlines clear expectations of CSD and Cornerstone advocates roles based on the survivor's directions
4. Other best practices depending on research findings

We also will create policies regarding interpreting services. Cornerstone and CSD both currently provide interpreters as needed. However, at this time there are no formal written policies, procedures or practices in place to guide staff in this process.

New policies, procedures and guidelines will be inclusive of standards regarding the type of certification and training interpreters have acquired. This will help to ensure sign language interpreters working with participants have the necessary skills to mediate sensitive communications. We want to verify they have the appropriate orientation, vocabulary and experience to provide these services while taking a trauma-informed approach. Additionally, we want to ensure our contracted sign language interpreters take care of themselves and are able to recover from potential vicarious trauma, which is a common occurrence after interpreting for traumatic situations. CSD and Day One want to ensure the safety of interpreters’ physical and mental health while contracting with us. In addition, we will provide each interpreter with a brief orientation to our agencies and the work of the collaboration.

To formalize the process, we will write policies, practices and guidelines that cover the following:

1. Criteria, qualifications of interpreters we hire
2. How, when and from whom to hire interpreters
3. How many and what type of interpreters (ASL or CDI and/or both) are needed in various situations
4. Who pays for interpreters in co-advocacy situations

Other policies and procedures depending on research findings

**1. C. Develop training, resources and material for co-advocacy and interpreting services**

After policies, procedures and practices are written, we will move onto delivering training. We will create training and resources that will enable CSD and Cornerstone advocates to respond effectively to D/HH survivors’ individual needs and removing barriers to accessibility during their time of service. These trainings will equip advocates with the skills to provide a safe and welcoming environment for D/HH participants and establish a stronger relationship among CSD, Cornerstone/Day One and the Deaf and hard of hearing community. All direct services staff (advocates) from both agencies will participate together in one training session. This will help the advocates begin to develop relationships and an understanding of each other’s roles across organizations.

Depending upon quality of existing content, training materials may be modified, adapted or created.

Training and skill development will focus on:

1. Cultural norms and rates of abuse within the Deaf and Hard of Hearing community
2. Assessment of individual communication needs and preference
3. Communication access and accessibility rights
4. Addressing institutional barriers

Trainings will also explore the co-advocacy model including:

1. Structure and expectations inclusive of survivor-centered and trauma-informed practices
2. How to appropriately and respectfully assess individual participant’s communication needs and preference
3. Understanding the role of interpreters and how to request and work with them
4. Appropriate usage of a range of tools for communication and access text to talk applications, emergency alert systems, etc.)
5. Issues surrounding confidentiality and privilege
6. Safety issues for D/HH survivors
7. Self-care

**1. D.** **Pilot co-advocacy and interpreting services**

The final step after policy, procedure and practices development and training is to pilot the co-advocacy and interpreting services. During this phase whenever a D/HH survivor contacts CSD or Cornerstone for services they will be offered the co-advocacy option. If the survivor choses this option, the confidential statement and form will be explained completely to the survivor before signing.

Considerations for this piloting phase will include:

1. Confidentiality
2. Survivor’s choice in type of advocacy and services to be received
3. Survivor’s option to end co-advocacy structure and to proceed only with a Deaf advocate or hearing advocate
4. Clear communication between agencies on roles and responsibilities as determined by the survivor’s needs and requests
5. Adherence to policies, procedures, practices and guidelines

Either at the end of services or at the survivor's request, an evaluation will be completed. The survivors may complete the evaluation on their own or with an advocate, depending on their comfort level. Co-advocates will also meet together and discuss how the process went for each other, what was successful, what were the challenges and overall experiences. Co-advocates will then provide feedback and recommendations to the collaboration's core group for review.

During the period of co-advocacy, interpreters will be obtained through the project budget. Interpreters selected will be from our pool of independent interpreters or an agency. We will hire the interpreters based on the criteria we have set and according to our established policies. Whenever possible, with the exception of some emergency situations, the survivor's preference for which interpreter is hired will be the first consideration. If at any time, the survivor indicates that they are uncomfortable with the interpreter, the interpreter will be dismissed and a new one will be hired. Based on our needs assessment, survivors also told us that they would prefer the same interpreter throughout the engagement of services. Whenever possible, we will honor these requests.

At the end of the piloting period, the collaboration will develop a final document that summarizes the outcomes of the project.

**Initiative 1: Timeline, Activities, Whose Responsible and Action Steps:**

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| --- |
| **Project Coordinator**: TJay (Day One) **CSD**: Stephanie & Aaron **Day One**: Colleen- Core Group/Full Collaboration |
| **1. A. Review existing models and best practice for co-advocacy and interpreting services** |
| Who is Responsible | Timeline |
| Activities/ActionSteps | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Review existing models & best practices for co-advocacy and interpreting | CAS/Day One | CAS/Day One & CSD | X | X |  |  |  |  |
| Interview key stakeholders about best practices (Casa de Esperanza and interpreters) | CAS/Day One | CAS/Day One & CSD |  | X |  |  |  |  |
| **1. B. Develop Policies and protocols for co-advocacy and interpreting** |
| Who is Responsible | Timeline |
| Activities/ActionSteps | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Develop policies and protocols for co-advocacy and interpreting |  CAS | CAS/Day One & CSD | X | X | X |  |  |  |
| Send policies and procedures to CAS Quality Improvement Committee for review | CAS/Day One | CAS/Day One |  |  | X |  |  |  |
| Send policies and procedures to CSD management for review | CSD | CSD |  |  | X |  |  |  |
| Send policies and procedures to VERA review | CAS/Day One |  |  |  |  | X |  |  |
| Send policies and procedures to OVW for approval | CAS/Day One |  |  |  |  | X |  |  |
| **1. C. Develop training, resources and material for co-advocacy and interpreting services** |
| Who is Responsible | Timeline |
| Activities/ActionSteps | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Develop training, resources, and materials for co-advocacy | CAS/Day One & CSD | CAS/Day One & CSD | X | X |  |  |  |  |
| Send developed training, resources, and materials for co-advocacy to VERA for review | CAS/Day One |  |  |  | X |  |  |  |
| Send developed training, resources, and materials for co-advocacy to OVW for approval | CAS/Day One  |  |  |  | X |  |  |  |
| Deliver training for CAS/CSD Employees | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  | X |  |  |
| Develop criteria for selecting independent interpreters and agencies | CAS/Day One | CAS/Day One & CSD |  | X |  |  |  |  |
| Send criteria to VERA for review | CAS/Day One |  |  |  | X |  |  |  |
| Send criteria to OVW for review | CAS/Day One |  |  |  | X |  |  |  |
| Share criteria with CAS/CSD management team | CAS/Day One/CSD |  |  |  | X |  |  |  |
| **1. D. Pilot co-advocacy and interpreting services** |
| Who is Responsible | Timeline |
| Activities/ActionSteps | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Pilot co-advocacy and interpreting services | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  | X | X | X |
| Evaluate co-advocacy and interpreting practices for any changes | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  | X | X | X |
| Write a summary report on co-advocacy and interpreting | CAS/Day One  | CAS/Day One & CSD |  |  |  |  |  | X |
| Submit summary report to VERA for review | CAS/Day One |  |  |  |  |  |  | X |
| Submit summary report to OVW for approval | CAS/Day One |  |  |  |  |  |  | X |

**Initiative 2: Safety, Access and Outreach**

**Enhance the ability of the collaboration to work effectively with Deaf and Hard of Hearing survivors by strengthening safety, access and outreach practices.**

**Introduction**

The vision of the collaboration is that all D/HH persons experiencing domestic violence will have access to services that are safe, just and sustainable. Survivors, when seeking services at either mainstream or D/HH agencies, will experience environments that are welcoming, accessible and culturally competent. To reach this vision, it is important that we consider 3 key elements- safety, access and outreach. These following activities are designed to do this as we strengthen our collaboration and co-advocacy services.

**Activities**

**2. A. Conduct a safety and access review of all Cornerstone and CSD locations**

We will first research existing tools that are based on trauma-informed services and Universal design. We will then modify the selected tools to encompass our agencies and services. Two-person teams- one person from CSD and one from Cornerstone/Day One will conduct the review. The following service locations will be assessed:

* Cornerstone, Bloomington
* Cornerstone, Minneapolis
* Cornerstone, Brooklyn Center
* CSD, Little Canada/New Location
* CSD, Faribault

The review will include but is not limited to:

1. Overall ADA compliance
2. Available options for communication access (videophones, Wi-Fi/internet access, signage, communication boards) that may meet a range of additional communication needs including low-vision, limited English proficiency and physical abilities
3. Accessibility via public transportation
4. Placement/visibility of entrances and emergency exits
5. Common areas (such as reception areas) are welcoming and easy to access and safe
6. Space is provided for private, secure, confidential and trauma-informed services
7. Materials, forms and handbooks that accommodate a wide range of literacy and language skills and define participants’ rights

**2. B.** **Create a barrier removal plan for each location**

The barrier removal plans will reflect what is learned from the assessments conducted in all Cornerstone and CSD locations. Creating these plans will document what is needed to ensure that CAS and CSD are safe, accessible locations for D/HH participants. The assessments and plans will serve as models for other agencies. The plans will document access and safety recommendations and include a proposed budget for requisite modifications. Creating a budget plan prepares CAS and CSD for future expenditures associated with creating a fully accessible agency. Identified accessibility and safety modifications might include the need for specific adaptive equipment and technology. The collaboration would research the most cost-effective equipment and technology available, and work with the Office on Violence Against Women regarding the possible purchase of these safety and accessibility resources with Disability Grant Program funds

**2. C. Develop outreach materials highlighting services offered by the collaboration**

During our needs assessment, we found that many survivors and community members were unaware that services existed through our agencies. Often times when survivors do reach out they learn about services from family and friends.

To address this and enhance our visibility in the community we want to create outreach materials. The outreach materials to be developed in our current time frame includes a one page 5x7 laminated card that explains the services offered through the collaboration and provides general information about domestic violence. We will work with CAS’s marketing and communication staff to create the card. We will ask D/HH community members for feedback on the design and where we should distribute the cards once completed. If times allows, additional handouts on domestic violence will be created and/or a poster.

**2. D. Create a “Welcome to Our Service” ASL DVD for Cornerstone and CSD explaining who we are, services offered and how advocates can assist.**

Many survivors leave shelters within 48 hours and return to dangerous environments due to isolation and communication barriers. When a D/HH participant arrives at the shelter or for other emergency services, sign language interpreters may not always be immediately available. Creating a brief but welcoming video in ASL to show to the participant while they are waiting will help to alleviate feelings of isolation and concerns the agency will not be able to meet their needs. The video will explain each agency's services- including shelter, community-based and co-advocacy options. Cornerstone and CSD's staff from all departments and D/HH consultants from the community will play a vital role in creating this DVD. The D/HH consultants that provide feedback on the "Welcome to Our Services" DVD will receive “Thank You” gift cards as compensation.

**Initiative 2: Timeline, Activities, Whose Responsible and Action Steps:**

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| **Project Coordinator**: TJay (Day One) **CSD**: Stephanie & Aaron **Day One**: Colleen- Core Group/Full Collaboration |
| **2. A. Conduct a safety and access review of all Cornerstone and CSD locations** |
| Who is responsible | Timeline |
| Initiative/Activities | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Research existing safety & access tools for modifications | CAS/Day One  | CAS/Day One & CSD | X |  |  |  |  |  |
| Select teams for conducting safety reviews | CAS/Day One  | CAS/Day One & CSD | X |  |  |  |  |  |
| Send tool to VERA for Review | CAS/Day One |  |  | X |  |  |  |  |
| Send tool to OVW for Approval | CAS/Day One |  |  | X |  |  |  |  |
| Conduct safety & access review | CAS/Day One & CSD | CAS/Day One & CSD |  |  | X | X |  |  |
| **2. B.** **Create a barrier removal plan for each location** |
| Who is responsible | Timeline |
| Initiative/Activities | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Create barrier removal plan inclusive of budget | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  | X |  |  |
| Submit plan to VERA for approval | CAS/Day One  |  |  |  |  |  | X |  |
| Submit plan to OVW for approval | CAS/Day One |  |  |  |  |  | X |  |
| Present plan to CAS management/CSD management | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  |  | X |  |
| Purchase assistive equipment/technology as budget allows | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  |  |  | X |
| **2. C. Develop outreach materials highlighting services offered by the collaboration** |
| Who is responsible | Timeline |
| Initiative/Activities | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Develop one page card with CAS marketing and communication staff  | CAS/Day One & CSD | CAS/Day One & CSD |  | X |  |  |  |  |
| Ask for feedback from community consultants and make adjustments to the card | CAS/Day One & CSD | CAS/Day One & CSD |  | X |  |  |  |  |
| Develop a list of where and when to distribute cards | CAS/Day One | CAS/Day One & CSD |  | X |  |  |  |  |
| Send card to VERA for review | CAS/Day One |  |  |  | X |  |  |  |
| Send card to OVW for approval | CAS/Day One |  |  |  | X |  |  |  |
| Distribute card to the D/HH community and other agencies | CAS/Day One | CAS/Day One |  |  |  | X | X | X |
| **2. D. Create a “Welcome to Our Service” ASL DVD for Cornerstone and CSD explaining who we are, services offered and how advocates can assist.**  |
| Who is responsible | Timeline |
| Initiative/Activities | Lead Agency | Participating Agencies | Apr | May | June | July | Aug | Sept |
| Develop script of ASL DVD for both CAS/CSD | CAS/Day One & CSD | CAS/Day One & CSD | X | X |  |  |  |  |
| Ask for feedback from community consultants and make adjustments to the script | CAS/Day One & CSD | CAS/Day One & CSD |  | X |  |  |  |  |
| Send script to VERA for review | CAS/Day One | CAS/Day One & CSD |  |  | X |  |  |  |
| Send script to OVW for approval | CAS/Day One | CAS/Day One & CSD |  |  | X |  |  |  |
| Create the “Welcome to Our Services” ASL DVD | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  | X | X |  |
| Send final DVD to OVW for approval | CAS/Day One |  |  |  |  |  |  | X |
| Distribute finished DVD to each program within CAS/CSD | CAS/Day One & CSD | CAS/Day One & CSD |  |  |  |  |  | X |

**Long Term Goals**

* Provide comprehensive training for interpreters utilized by domestic violence, sexual assault and anti-trafficking agencies which includes information about interpersonal violence, regional nuances and signs, effects of trauma and self-care.
* Produce sustainable change by creating a network of service providers that are prepared and accessible to communities that are Deaf and hard of hearing using tools, models, co-advocacy options and best practices developed in first grant cycle.
* Develop additional outreach materials and enhancements to websites and social media which may include V-Logs, Apps, ASL videos, etc. to raise awareness about domestic violence and services available in the D/HH communities.
* Develop additional materials for D/HH survivors which may include a guide for safe use of technology and social media, a handout on rights and expectations of interpreter services and a brochure for safety planning.
* Develop joint presentations to be delivered at agencies, medical facilities, law enforcement agencies, social services, etc. to expand outreach efforts and referrals.