Criminal Justice Investment Initiative

Request for Proposals to Evaluate Programs to Increase Access to Services for Survivors of Crime

No. 014
Expires Friday, December 22, 2017
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I. Cover Sheet

A. Goal of the RFP

The goal of this Request for Proposals (RFP) is to solicit proposals from applicants to evaluate five of the programs funded under the Increase Access to Services for Survivors of Crime initiative.

Starting in Fall 2017 and over a period of 3.5 years (consisting of up to six months for planning and three years for implementation), the New York County District Attorney’s Office (DANY) is committing $11.8 million under its Criminal Justice Investment Initiative (CJII) to fund 11 service providers as part of its investment in programs to Increase Access to Services for Survivors of Crime. The programs funded under this investment aim to increase access to services for survivors of crime, particularly those from underserved groups, which may in turn increase crime reporting. The investment is part of DANY’s broader investments in victims of crime, which collectively aim to increase awareness and use of services among victims of crime in order to better meet their needs. Of the 11 programs funded as part of the Increase Access to Services for Survivors of Crime investment, five have been selected for evaluation as part of this solicitation.

This solicitation reflects DANY’s broad commitment to data-driven decision-making and to informing the research and practice field in New York and more widely. Specific evaluation questions and goals vary among the five programs, but include an understanding of how the programs are implemented, whether they are effective in increasing access to and use of services (e.g., rates of reporting victimization, rates of soliciting services following victimization, reduced disparities in reporting/access across demographic groups), and whether they are cost-effective. Thus, evaluation applicants should propose a research design that facilitates the process evaluation, outcome evaluation, and/or return-on-investment (ROI) analysis of one or more of the five programs funded through the Increase Access to Services for Survivors of Crime initiative and selected for evaluation as part of this solicitation. Applicants may, but are not required, to propose to evaluate all five of the eligible programs.

B. Timeline and Submission Instructions

1. **Release Date of RFP:** Wednesday, October 11, 2017

2. **Questions:** Questions about this RFP and/or about individual programs/providers listed in this solicitation may be submitted in writing through the CJII application portal at [http://cuny-islg.fluidreview.com](http://cuny-islg.fluidreview.com). Questions and requests for clarification must be submitted by 11:59Pm EST Friday, October 27, 2017. All questions should be submitted to the link above, and not directly to the programs/providers listed in this solicitation. ISLG will coordinate with programs/providers, as necessary, to provide answers to program-specific questions.

3. Answers to all questions will be available as an addendum to this RFP by 11:59pm EST on Friday, November 17, 2017. It will be the responsibility of the proposers to check the CJII website to remain up-to-date regarding all addenda issued for the
current RFP. Any addenda will be posted alongside the RFP here: https://cji.org/category/opportunities/.

4. **Proposal Due Date:** Proposal submissions are due Friday, December 22, 2017, at 11:59pm EST. Proposals should be submitted via http://cuny-islg.fluidreview.com.

5. Failure to submit a proposal by the due date and time will result in the proposal being considered non-responsive to this RFP and not considered for award. Unless an addendum to this RFP is issued extending the due date and time, all proposals must be submitted prior to the time and date set forth above.

6. **Anticipated Contract Start Date:** Late Spring 2018

**C. Funding and Number of Awards**

DANY anticipates awarding one or more contracts for the evaluation of the five programs eligible for evaluation through this solicitation, with total funding up to $1.7 million over up to 4.5 years. The maximum funding per evaluation/program is $400,000. DANY may fund one applicant to evaluate all five programs; or multiple applicants, each of which would evaluate one or more of the programs. Thus, applicants may request up to $1.7 million total.

**D. Contact Information**

Questions regarding RFP content should be submitted in writing at http://cunyislg.fluidreview.com by the date and time specified above. Questions regarding technical difficulties should be sent to cjii@islg.cuny.edu.
II. Key Terms

**Increase Access to Services for Survivors of Crime Initiative**: An $11.8 million investment funded via the CJII which addresses barriers to service access for survivors of crime, particularly for those from underserved groups, in order to increase service usage and reporting among survivors of crime citywide, and particularly in Manhattan.

**Criminal Justice Investment Initiative (CJII)**: Established by the New York County District Attorney’s Office in 2014 to invest funds in impactful projects that will improve public safety and promote a fair and efficient criminal justice system.

**CUNY Institute for State and Local Governance (ISLG)**: The technical assistance consultant to DANY for CJII. ISLG provides input to DANY, manages and provides guidance to CJII contractors, and conducts oversight and performance measurement throughout the lifetime of the initiative.

**New York County District Attorney’s Office (DANY)**: Manhattan District Attorney’s Office. The Criminal Justice Investment Initiative was established by DANY.

**The Research Foundation of the City University of New York (RFCUNY, or Research Foundation)**: Under CJII, all funds will be administered through the Research Foundation of CUNY. The Research Foundation is a non-profit educational corporation that provides CUNY and non-CUNY clients with the administrative infrastructure that supports sponsored program activities. The Research Foundation acts as DANY’s fiscal agent for CJII.

**Outcomes**: The results and impact of program activities (e.g., recidivism rates, employment/earnings).

**Outputs**: Measurements of program activities (e.g., number of inmates served, types of interventions offered).

**Outcome evaluation**: Assesses whether a program or approach achieves its hypothesized or intended results with the focus population or participants.

**Process evaluation**: Assesses how a program or approach is being implemented, including with respect to program operation, fidelity of implementation, client experience, and factors that facilitate or hinder successful implementation. Process evaluations illuminate challenges and successes in the implementation of a program or approach, and can also shed light on why program activities contribute or do not contribute to outcomes.

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*These are asset forfeiture funds, derived from settlements with international banks that violated U.S. sanctions.*
III. Summary of the Request for Proposals

A. Purpose of the RFP

The Manhattan District Attorney’s Office (DANY) has committed to investing funds through its Criminal Justice Investment Initiative (CJII) to support impactful projects that improve public safety and promote a fair and efficient justice system in New York City. DANY recently committed $11.8 million under CJII to fund the Increase Access to Services for Survivors of Crime initiative, which funds 11 different service providers to expand access to social services for survivors of crime. The investment is part of DANY’s investments in victims of crime, which collectively aim to increase awareness and use of services among victims of crime in order to better meet their needs.

Five of the 11 programs funded under the Increase Access to Services for Survivors of Crime investment will be evaluated as part of this solicitation. These programs have been selected for evaluation because they are new or innovative, because they have not been subject to a rigorous evaluation to date, and/or because they will be implemented in such a way that an evaluation is feasible. Specifically, DANY is interested in understanding how the programs are implemented, whether they are effective in increasing access to and use of services (e.g., rates of reporting victimization, rates of soliciting services following victimization, reduced disparities in reporting/access across demographic groups), and whether they are cost-effective. Specific evaluation questions and goals vary among the five programs, as described in Section VI.B.

The City University of New York Institute for State and Local Governance (ISLG) is the technical assistance consultant to the Manhattan District Attorney’s Office for CJII. ISLG will manage the grantees funded under CJII, and provide oversight and performance measurement throughout the lifetime of the initiative. In accordance with these responsibilities, ISLG will


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b The use of “survivor” vs “victim” terminology is the focus of extensive conversation. For some, “survivor” is used to emphasize and reclaim the personal agency of someone who has experienced victimization. For others, the insistent use of “survivor” rather than “victim” can mask the structural causes of victimization, as well as the fact that reestablishing agency can be a lengthy, lifelong process. “Victim” is also commonly used in the criminal justice field when referring to individuals and service organizations that help individuals who have experienced victimization (e.g., “victim advocate”). In this document, we use “survivor” and “victim” somewhat interchangeably. We defer to “survivor” when that term is in greater use for a particular subset of crime, such as sexual or intimate partner violence; and in general, we use “victim” when referring to other types of crime, such as property crimes or wage theft. Our use of “survivor” vs “victim” in a given instance should not be interpreted as a judgment on the severity of a type of crime or on the proper response of individuals or institutions to different types of crime.

For more information on this topic, see:
RAINN (Rape, Abuse, and Incest National Network). “Key terms and phrases.” Retrieved from https://www.rainn.org/articles/key-terms-and-phrases
oversee the evaluator(s) selected through this RFP. Proposals will be submitted to DANY, which makes all decisions regarding the funding of awardees, and funds will be administered through the Research Foundation of CUNY (Research Foundation).

B. Anticipated Contract Specifications

The Manhattan District Attorney’s Office anticipates awarding one or more contracts for up to 4.5 years, beginning in late Spring 2018. Funding for the full 4.5 years would support an evaluation of programs funded under the Increase Access to Services for Survivors of Crime initiative over the three-year implementation of the investment itself, as well as an additional year for follow-up data collection and six months for preparation of the final evaluation report. As part of this contract, the selected evaluator(s) will be responsible for producing several deliverables (see Appendix 2 for anticipated deliverables). Deliverables will be finalized in the course of contract negotiations.

As provided for in the key contract terms (Appendix 6), the “Final report” and possibly other deliverables (Appendix 2) will be produced for public dissemination. The evaluator(s) will be required to submit all deliverables to ISLG and DANY for review and comment before they are made public.

The Manhattan District Attorney’s Office anticipates that any agreement entered into as a result of this RFP will be with DANY as the contracting party and ISLG as DANY’s agent. Key contract terms are attached as Appendix 6. In the event that a selected applicant(s) is unable to fulfill the requirements of the contract awarded pursuant to this RFP, DANY reserves the right to enter into contract negotiations at a later date with other providers available to conduct the evaluation.

C. Anticipated Available Funding

The Manhattan District Attorney’s Office anticipates total funding for the evaluation to be up to $1.7 million, to be spread across the contract term and one or more evaluators. The maximum funding per evaluation/program is $400,000. DANY may fund one applicant to evaluate all five programs; or multiple applicants, each of which would evaluate one or more of the programs. Thus, applicants may request up to $1.7 million total.

D. Performance Measurement

The Manhattan District Attorney’s Office is committed to measuring outcomes for this initiative and disseminating that information so that others may learn from and build on those outcomes. The funded applicant(s) will be required to provide performance measurement data to ISLG throughout the duration of the contract. These metrics will be finalized during the contracting phase or during the term of any contract awarded from this RFP. (See Section VI.C. Performance Measurement and Appendix 1 for more information about performance measurement.)
IV. Anticipated Scope of Services

A. Background

In total, United States residents age 12 years and older experienced approximately five million violent victimization incidents in 2015.\(^1\) Rates of rape/sexual assault were 1.6 per 1,000 persons in 2015, while robbery was 2.1 per 1,000 persons, and simple and aggravated assault was 14.8 per 1,000 persons. Overall, the rate of violent crime has declined in recent years, albeit with some notable exceptions: rape/sexual assault and victimization committed by an intimate partner increased from 2010 to 2015.\(^2\) Some broad research on the types and consequences of victimization is referenced below in this section. In addition, because the programs to be evaluated as part of this solicitation are quite varied in their program approaches and their focus populations, more specific research relevant to each of the programs is described in Appendix 3. Despite the variation among programs, however, all are envisioned to increase access to and use of services among victims of crime.

Crime victims\(^3\) can experience physical, emotional, social, and economic consequences, potentially diminishing their quality of life, and these consequences can deter reporting and participation in the prosecution of crime.\(^3\) Victims may have money or possessions stolen, and violent victimization may result in unanticipated medical expenses. In addition, participating as a witness may necessitate additional travel expenses, child care accommodations, or time off from work to attend court sessions and other pertinent meetings. Victims’ performance at work may also decline, increasing the risk of demotion or termination.

Physical injuries resulting from personal victimization may involve wounds such as bruises, lacerations, broken bones, and transmitted diseases. Victims may also suffer psychological and cognitive consequences such as depression, anxiety, diminished self-esteem, disrupted sleep,

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For more information on this topic, see:
RAINN (Rape, Abuse, and Incest National Network). “Key terms and phrases.” Retrieved from https://www.rainn.org/articles/key-terms-and-phrases
altered eating habits, and reduced psychosocial functioning and mental acuity. Victims may withdraw from friends and family, avoid locations or situations that remind them of the traumatic event, or may even become unable to leave their homes, disrupting everyday activities and straining social relationships. For example, victims of stalking may change their phone numbers, move to another residence, or carry a weapon in an effort to protect themselves. Collectively, 25% of victims experience Post-Traumatic Stress Disorder (PTSD) at some point in their lives versus 9% of individuals who have not been victimized. Thus, the true cost of victimization is exponentially greater than direct out-of-pocket costs. Including victims’ direct costs (e.g., medical expenses, lost earnings, property theft/damage), intangible costs (e.g., resulting from pain and suffering, diminished quality of life), criminal justice system expenditures (e.g., law enforcement, courts, corrections), and “crime career costs” (i.e., the lost productivity associated with criminal justice involvement rather than legal employment), the societal per-offense costs in 2008 were $8,982,907 for murder, $240,776 for rape/sexual assault, and $42,310 for robbery.

Despite increased focus on victims of crime over the past fifty years and corresponding advances in supportive services, reporting of crime as well as access to and usage of services remain low. For example, a Bureau of Justice Statistics report showed that less than half (47%) of violent victimizations in 2015 were reported to police. Similarly, only 9.1% of violent crime victims in 2015 received assistance from a victim service agency. This lack of reporting among victims of crime highlights and likely contributes to persistent challenges in responding to victimization and providing proper treatment. For example, a 2012 national survey showed that 65 percent of rape crisis centers surveyed had waiting lists for counseling services. Increased reporting and provision of appropriate services could facilitate the prosecution of criminals, improve responses to survivors, improve survivor outcomes, and mitigate the increased risk of criminal offending that is often associated with victimization or circumstances surrounding victimization, ultimately increasing public safety.

Reflective of this wide body of research, investments in access to services for survivors of crime and increased reporting of crime contribute to the CJII goal of improving public safety and are situated within broader investments in victims of crime (see CJII.org for information on other initiatives such as Community Navigators; and additional investments to be released at a later date). For additional background literature on each of the specific programs, see Appendix 3.

B. Evaluation Framework

This request seeks proposals to evaluate up to five of the programs funded under the Increase Access to Services for Victims of Crime initiative. Applicants may propose to evaluate one or more of the five programs. Broadly, DANY is interested in understanding how the programs are implemented, whether they are effective in increasing access to and use of services (e.g., rates of reporting victimization, rates of soliciting services following victimization, reduced disparities in

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Since its inception in the 1960s, the victims’ movement has been instrumental in bringing about major improvements in the way victims of crime are treated. For instance, the first victim compensation program was established in California in 1965, with nearly 30 states following suit over the next 15 years. The Victims of Crime Act (1984) provided funding to states for victim compensation and assistance programs and later, the Crime Victims’ Rights Act (2004) bolstered the rights of victims and authorized funding for victim services.
reporting/access across demographic groups), and whether they are cost-effective. However, applicants should propose a design for a process evaluation, outcome evaluation, and/or ROI, as specified for each of the five programs eligible for evaluation in Sections IV.B.4 and VI.B. Although applicants need not propose to evaluate all five of the eligible programs, for any program they do propose to evaluate, they should propose to include all of the evaluation elements for that program specified in Section VI.B.

The evaluation(s) will focus on participants throughout the three-year implementation in each of the programs listed in Section IV.B. Applicants should propose a design that permits an initial understanding of program implementation and effects within one year of program implementation. These initial results will be especially important for adjusting the implementation of the programs. Ideally, the evaluation design should also allow for an understanding of short- (≤ 1 year following program completion) and medium-term (1-2 years following program completion) outcomes.

1. **Eligibility Criteria**: Applicants should have experience and success partnering with relevant organizations or government agencies to collect and interpret data; and experience conducting process, outcome, and/or ROI evaluations related to survivors of crime, as well as (ideally) other topics related to the criminal justice system.

2. **Collaboration and Partnership**: The funded applicant(s) must work closely with ISLG and the programs funded through the Increase Access to Services for Survivors of Crime initiative throughout all phases of the evaluation.

3. **Possible Evaluation Types/Components**: Each of the five programs eligible for evaluation as part of this solicitation will be subject to one or more of the following evaluation types, as described in further detail in Section VI.B. The possible evaluation types are:
   a. Process evaluation
   b. Outcome evaluation
   c. ROI analysis

Some of the programs will be subject to two of the three aforementioned evaluation types, whereas others will be subject to only one of the evaluation types. Applicants proposing to evaluate a program should address each of the required evaluation types for that program, as described in Section VI.B.

4. **Funded Programs**: Five of the 11 programs funded through the Increase Access to Services for Survivors of Crime initiative are eligible for evaluation through this solicitation. These programs include the following.
   a. **Program 1. Barrier Free Living: Deaf Services Initiative**
      i. **Overview.** Barrier Free Living, Inc. (BFL) plans to implement the Deaf Services Initiative (DSI), which will include building the capacity of its Deaf Services Team (DST); expanding the availability of D/deaf/HOH-focused direct services; and strengthening communication access for D/deaf/HOH survivors. The DSI will take place in two locations. One service location is BFL’s Freedom House shelter, the nation’s first fully accessible emergency domestic violence shelter for survivors with disabilities and their families. The shelter location is confidential and off-site from BFL’s headquarters. The other service location is at the Secret Garden program, which is
located at an off-site location. Secret Garden is the only non-residential domestic violence program designed specifically for New York City residents with disabilities. A Deaf social worker and ASL-fluent case manager currently provide services tailored to the needs of D/deaf/HOH survivors at Secret Garden; however, their capacity is limited and caseloads overburdened. This award provides the opportunity to expand Deaf and ASL-fluent direct service staff capacity at Secret Garden and Freedom House.

First, a D/deaf/HOH social worker and two D/deaf/HOH or ASL-fluent case managers will be added to the DST and split their time between Freedom House and Secret Garden. With these additional staff, the programs will provide expanded individual counseling and case management services that are culturally and linguistically appropriate for D/deaf/HOH survivors. D/deaf/HOH survivors will be paired with staff who are D/deaf/HOH, or with staff who are hearing with the use of an interpreter. BFL will also increase its use of sign language interpreters, as needed, for various engagements at Secret Garden outside of clients’ weekly counseling and case management sessions (e.g., to accompany clients to appointments for housing and other critical resources, occupational therapy sessions, and skill-building workshops). After these initial enhancements, DST will develop and begin implementing trauma-informed support groups specifically for Deaf survivors. To capitalize on the additional staff members focused on D/deaf/HOH survivors, DST will use case conferencing schedules to discuss the status of clients who are engaged in both programs simultaneously, clients who are engaged in one program with a need for the other, and clients who have engaged in one or both programs in the past and are still in contact with BFL.

Next, individual and group support services for survivors will be augmented by D/deaf/HOH or ASL-fluent staff at Freedom House and Secret Garden. The DST will provide guidance to BFL’s current occupational therapists (OT) on D/deaf/HOH communication, culture, and accessibility, and offer guidance on coordinating appropriate interpreters for program activities previously inaccessible to D/deaf/HOH survivors of domestic violence. Hearing staff from Freedom House and Secret Garden will receive bi-weekly, on-site ASL instruction in order to facilitate a more welcoming, D/deaf/HOH-friendly environment. In addition, childcare services will be available on-site during support groups and OT activities.

In addition, BFL will produce informational videos in ASL in order to address the information gaps that result when D/deaf/HOH survivors are provided program guidelines and resources in English. Videos will orient D/deaf/HOH survivors to vital content such as emergency procedures, safety planning, and guidance on maintaining confidentiality. By installing iPads at each program site, survivors will
have unrestricted access to the information videos. Furthermore, when assistance is needed from hearing staff, the iPads will allow for video remote interpreting (VRI): using a high-speed internet connection, hearing staff and D/deaf/HOH survivors will communicate via a video interpreter, who can voice the concerns of D/deaf/HOH survivors and sign the spoken responses by hearing staff.

Finally, BFL will conduct 10 to 15 outreach and training activities per quarter (or 40 to 60 per year) to the D/deaf/HOH community as well as to hearing service providers, law enforcement, and criminal justice personnel. Freedom House and Secret Garden programs will collaborate on outreach efforts as a unified DST, building shared relationships with agencies and community partners and cross-promoting each other’s services. Outreach activities will include training for hearing domestic violence service providers on D/deaf/HOH survivors and dynamics of abuse among D/deaf/HOH individuals specifically; workshops for ASL interpreters and D/deaf/HOH service providers on recognizing trauma, screening for domestic violence, and promoting available services at BFL; and meetings with law enforcement and criminal justice stakeholders regarding strategies for engaging with D/deaf/HOH survivors/witnesses. With this increased outreach to the D/deaf/HOH community and organizations, BFL will build its reputation as an accessible resource, ultimately increasing referrals of D/deaf/HOH survivors, and BFL’s responsiveness to them, over time.

ii. *Focus Populations and Number Served.* The focus population for the DSI is individuals with hearing loss who identify as Deaf, deaf, Hard of Hearing, late-deafened, or Deaf-Blind, and who have experienced domestic violence. Individuals are eligible for admission at Freedom House when they have experienced a recent incident of violence and when they are in immediate danger. For families seeking shelter, the head of household must be at least 17-years-old. Eligible clients for the Secret Garden program must have a disability as defined under the Americans with Disabilities Act, identify as a survivor of interpersonal violence, and be over the age of 16. BFL plans to serve an average of 6 D/deaf/HOH survivors (potentially with families) at Freedom House and between 60 to 70 D/deaf/HOH clients per year at Secret Garden.

iii. *Dosage.* The standard length of program involvement for Freedom House residents will be 90 to 180 days, depending upon level of program participation and compliance with shelter regulations. Residents will attend weekly sessions with their assigned social workers and be strongly encouraged to attend support groups and other activities offered at Freedom House. Discharge from the shelter will occur when a resident has reached the maximum number of days in the shelter, locates other housing, violates a program regulation, or chooses to leave.
The length of participation in the Secret Garden program depends on the needs of survivors, who may see their social worker for counseling for as long as they choose. Individuals who primarily seek case management assistance may disengage after meeting specific needs. Program completion will be determined through assessment by social workers and in collaboration with clients.

iv. Recruitment/Outreach. The DST will conduct outreach to D/deaf/HOH educators, D/deaf/HOH service providers, and D/deaf/HOH community members as well as to healthcare, law enforcement, and criminal justice personnel to facilitate workshops on dynamics of abuse in D/deaf/HOH communities and the unique cultural and linguistic needs of D/deaf/HOH survivors. The team will also share information on services at Freedom House and Secret Garden, and coordinate referrals between agencies. In addition, the DST will increase outreach through existing partnerships with city agencies and community-based service providers in order to enhance referral and collaboration, also as described in Section IV.B.3.a.i.

b. Program 2. Center for Court Innovation (CCI): Men’s Empowerment Program (MEP)

   i. Overview. The Harlem Community Justice Center (CJC)—a project of the Center for Court Innovation (CCI)—will implement the Men’s Empowerment Program (MEP) to serve male crime victims of color ages 17 and over. The program will consist of trauma-informed, holistic, and culturally-competent victim services and address community norms surrounding masculinity that dissuade men who have experienced victimization from seeking help. Clients will be connected to therapeutic services and case management. Each participant will meet with a social worker for one-on-one therapy sessions in order to build rapport and assess trauma histories prior to joining a group cohort. MEP will consist of two groups: group therapy will be based on the Make It Happen curriculum, which is a program originally funded by the Office of Victims of Crime and developed to provide young men ages 16 to 24 with tools to overcome traumatic experiences (MEP proposes to provide the adapted curriculum to all participants in the program, not just those age 24 and under). In addition, participants will progress through a S.E.L.F. group, described in Appendix 3. Groups will be divided by age to ensure an appropriate setting for each participant. A case manager will also assist participants in accessing victim services such as restitution, food aid, safety planning, education and employment programs. Finally, MEP will include a public education campaign to challenge social norms around males exposed to violence, with the goal of making it more acceptable for survivors of trauma to seek out and accept help.

   ii. Focus Population and Number Served. MEP will serve men of color ages 17 and older who 1) are victims of crime and/or 2) have had or are at risk of justice system involvement and reside in Central, West,
or East Harlem. Groups will be segregated by age to ensure an appropriate therapeutic setting. CCI plans to serve approximately 75 clients annually through the MEP.

iii. Dosage. Program dosage will be balanced to the individual needs of each client. Individual therapy sessions take place for four to six weeks prior to participating in the group cycle, but additional sessions may be provided dependent upon client needs. The first group focused on masculinity norms and trauma will last approximately ten weeks, and the second group (i.e., S.E.L.F.) will take place over one to two months.

iv. Recruitment/Outreach. Participants can be mandated (e.g., by parole officers) or referred from non-mandated programs at the Harlem CJC (e.g., Justice Corps) or local partners. CCI anticipates that a sizeable number of participants from existing Harlem CJC programs will engage in the MEP. The CJC’s Reentry Coordinator anticipates that a minimum of 50-75 Harlem Reentry Court parolees each year will qualify for MEP. The CJC will also reach out to community partners and city agencies to identify and recruit potential clients, and MEP will hire an outreach worker with considerable ties to the community and access to social networks that include potential participants. The public education campaign will also help recruit new clients by spreading the message that seeking help is acceptable. Nominal program incentives will also be provided to new participants to help keep them engaged.

c. Program 3. Crime Victims Treatment Center (CVTC): Trans Trauma Program (TTP)

i. Overview. The Crime Victims Treatment Center (CVTC), housed within the Institute for Advanced Medicine (IAM) of the Mount Sinai Health System (MSHS), will collaborate with the IAM’s new Center for Transgender Medicine and Surgery (CTMS) to establish the Trans Trauma Program (TTP). It will provide free trauma-focused therapeutic programming to transgender survivors of crime. Specifically, the program will provide transgender individuals with 1) trauma screenings and 2) individualized care plans, trauma-focused therapeutic and advocacy services, and referrals.

All new patients will complete a brief multi-item screening tool, which will be developed as part of this initiative, to identify trauma histories. Those who report childhood and/or adult trauma will be assessed by the social worker and will be provided with individualized care plans. These care plans may include individual trauma-focused therapy or referrals to community-based organizations across New York City to in order to gain needed services such as stable housing, legal advocacy, immigration assistance, and job skills training, among others.

Clients will be enrolled in individual and group-level therapeutic services led by trained social workers. Two TTP groups will be offered: one 16-week closed group focused on addressing specific past
or current trauma and one ongoing drop-in group designed to support those who have experienced trauma due to their gender identity or expression. CVTC therapists draw from modalities including AEDP, DBT, psychoeducation, and other relationally-based models. Complementary, somatically-based therapy will also be offered. In addition, social workers will provide advocacy support, such as assistance with applications to receive compensation from the Office of Victim Services.

ii. Population & Numbers Served. The Trans Trauma Program will serve transgender residents of all five boroughs of New York City, with a focus on persons of color and those engaged in sex work. CVTC services will be provided at Mount Sinai St. Luke’s in Morningside Heights and Mount Sinai West in Columbus Circle; CTMS services are provided on-site in Chelsea. CVTC estimates that they will serve approximately 50 transgender individuals annually.

iii. Dosage. The needs of clients will be assessed individually. Typical treatment will include weekly 45-minute individual therapy sessions focused on processing trauma, for a duration of six months to two years. The structure and duration of group sessions will vary, from three to 16 sessions. Once the client and therapist have determined that the trauma has been processed and healing has begun, the process of termination will begin. This process may include referrals to culturally competent services for continued support.

iv. Recruitment/Outreach. An Outreach Worker (OW) will be hired from the local transgender community. Outreach will be conducted at least three times per week in both traditional (e.g., health fairs, community events) and non-traditional (e.g., sex clubs, sex work strolls) settings. The OW will provide health education on CTMS and CVTC services with an emphasis on trauma-focused offerings as well as free HIV/Hepatitis C/Syphilis point-of-care testing. Furthermore, the OW will provide initial appointments at CTMS and linkages to crisis counseling and legal services.

d. Program 4. New York Committee for Occupational Safety and Health (NYCOSH): Manhattan Justice for Workers Collaborative (MJWJC)

i. Overview. The New York Committee for Occupational Safety and Health (NYCOSH) will establish the Manhattan Justice for Workers Collaborative to increase reporting of health and safety violations and wage theft among Latino/a immigrant workers in Manhattan. NYCOSH will subcontract with five workers’ rights and occupational health and safety organizations (i.e., partner organizations) and focus on low-wage Latino/a immigrant workers in all industries, with a particular focus on the construction industry. Components of the approach include:

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^ NYCOSH’s partner organizations include La Colmena, National Day Laborers Organizing Network (NDLON), New Immigrant Community Empowerment (NICE), The Labor Institute, and Worker Justice Project.
• **Outreach & Training:** Targeted outreach and mini-trainings for day laborers on street corners where they work, and training on reporting for workers already attending mandatory Occupational Safety and Health Administration (OSHA) construction trainings and “English as a second language” (ESL) classes. MJWC’s trainings will cover wage theft prevention, wage and hour rights, the ABCs of reporting on wage theft, common health and safety hazards that result in injury and death, and instructions on how to file health and safety complaints and how to report companies with hazards of imminent death.

• **Case Management:** Case management services will be provided to Latino/a immigrant crime victims working in Manhattan to help individuals recover back wages, and to increase worker involvement in efforts to impose fines on and increase the prosecution of exploitative companies. Case management will include intake services; back wage calculations; communication with exploitative employers; worksite hazard assessments and review of evidence in order to refer workers’ cases to appropriate agencies; and coordination of meetings to assist with external reporting to enforcement agencies with the appropriate jurisdiction.

• **Leadership Training and Peer Education:** Program participants will attend leadership training sessions to equip them with information and skills needed to support the education of other workers in wage theft, health and safety violations, and reporting. Participants will then continue to attend MJWC’s regular committee sessions to: encourage other workers to be proactive in their own cases and cooperate with law enforcement; prepare them to testify, gather evidence, and complete fact finding hearings; and conduct worker outreach on the reporting process, possible employer retaliation, and steps workers can take to protect themselves.

• **Victims’ Advocate and Referral Services:** MJWC will provide participants and their families with referrals to victims’ advocate services (e.g., legal services) at MJWC partner organizations or other community-based or government service groups (e.g., CJII Community Navigators, NYS Occupational Health Clinic Network, Manhattan District Attorney’s Construction Safety Community Project).

ii. **Focus Populations and Number Served.** MJWC will serve low-wage Latino/a immigrant workers of all industries who are employed in Manhattan, with a focus on construction workers, and their families. NYCOSH proposes to conduct targeted outreach and mini-trainings on wage theft and health and safety crime reporting to at least 13,000 Latino/a immigrant workers and their families per year, and will
provide case management services for 600 workers with wage theft and health and safety cases per year. Over the three-year funding period, MJWC proposes to reach approximately 40,800 individuals.

iii. **Dosage.** Participants who receive MJWC’s targeted trainings on wage theft and health/safety violations will be engaged for a one- or two-hour session. Program dosage for case management services will vary per participant based on the nature and complexity of their case. NYCOSH estimates that average case management services will last between three months and one year. MJWC estimates that participants and their families will also be referred to a minimum of 2-3 victims’ advocate services at MJWC partner organizations or other community-based or government service groups. Community leadership training opportunities will vary based on participant interest and engagement. Participation in community leadership development may include attending 3-4 committee sessions and/or trainings.

iv. **Recruitment/Outreach.** MJWC will utilize partner organizations’ existing networks and community outreach efforts to promote the initiative. All mandated OSHA 10-hour construction trainings currently held at partner organizations will be supplemented with MJWC training modules on wage theft and health/safety violations, increasing the likelihood of attendance among the focus population.

e. **Program 5. Sanctuary for Families: Career Readiness Training Program (CRTP)**

i. **Overview.** As part of its Economic Empowerment Program (EEP), Sanctuary for Families (“Sanctuary”) operates a Career Readiness Training Program (CRTP): an intensive, structured job training program for survivors of IPV and sex trafficking. CRTP is a four-month program of career readiness, basic literacy, and hard skills training that leads to nationally-recognized technology certifications and job placements in high-demand fields (this version of CRTP is offered in English only). These include healthcare, office administration, legal administration, construction administration, finance/accounting, and information technology.

Sanctuary currently offers CRTP at its headquarters in downtown Manhattan and serves approximately 120 participants per year: two cohorts of 30 participate in the fall and spring cycles. With CJII funding from DANY, Sanctuary will expand CRTP into a second location, at the Manhattan Family Justice Center (MFJC), and serve an additional cohort in each cycle, for an annual total across sites of 180 participants. Although the program model will be similar across sites (further details below), Sanctuary will stratify the three cohorts in each cycle based on literacy level. The highest-literacy cohort will be

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† Sanctuary will also offer an abbreviated, two-week Spanish-language version of CRTP at MFJC, which will not be evaluated here. Participants in the Spanish-language CRTP are encouraged to apply for the full program once they reach minimum English proficiency.
located at the MFJC, and the intermediate- and lower-literacy cohorts will be located at Sanctuary’s existing site. Although CJII funding is intended to support the expansion of programming to the MFJC, the evaluation design should examine CRTP as a whole, taking into account both service locations.

The CRTP is multi-phase program and will be implemented similarly at both locations. EEP staff members meet with each participant at intake in order to develop a set of realistic career goals. Each client is also administered a standardized Test for Adult Basic Education (TABE) to determine literacy levels and needs. The CRTP program itself is comprised of two core phases. First, the Career Readiness Workshop (CRW) is a two-week, 10-session professional development and job readiness course covering career development and planning; psychology of hiring; resume/cover letters; job search process; and interviewing. It also includes entry level Microsoft Word and Excel training to prepare participants for Microsoft Office Specialist (MOS) certifications. In addition, clients gain professional development and business communications skills through interactive instruction in interpersonal behavior, verbal and written communication, and public speaking. Second, the Office Operations Workshop (OOW) is a 13-week, full-day training that includes 200 hours of advanced technology training and 100 hours of literacy instruction. Clients earn MOS certifications in Word, Excel, Expert Excel, PowerPoint, and Outlook as well as receive intensive literacy training in reading, math, and language arts. Clients with limited or interrupted work history may participate in short-term certification trainings in areas such as electronic health records, pharmacy technician, bookkeeping and accounting, and graphic design; or in internships and other experiential opportunities.

In addition to these core phases, EEP staff offer a range of supportive services to address additional psychosocial, clinical, dispositional, legal, and case management needs. Weekly stipends, MetroCards, childcare, and meals are provided to incentivize program completion and stabilize family income.

ii. Focus Population and Number Served. The CRTP will serve female IPV and trafficking victims ages 18 and up with an emphasis on those residing in East Harlem, Central and West Harlem, Washington Heights, and the Lower East Side. Based on EEP’s current client demographics, over 50% of participants are anticipated to be immigrants and over 90% to be people of color. The majority of participants will have a high school diploma/GED, speak English at an intermediate level or higher, and will have work authorization (e.g., VAWA petition, U or T visa) or expect to have it within three months of completion. Because stability is key to engaging in such an intensive program, Sanctuary prefers that clients also be in good health, have daytime childcare in place, have stable housing, have a
safety plan in place, and be motivated to complete the 4-month training program. However, the CRTP will engage some participants who do not meet all of these latter criteria, and will work with them to address stability needs throughout the program.

Sanctuary anticipates that it will enroll approximately 180 participants annually across the two program sites, with 90 in the spring and 90 in the fall cycle. Each cycle, Sanctuary will serve two cohorts of 30 participants (i.e., a total of 60 participants) at its existing CRTP site and one cohort of 30 participants at the MFJC. As noted, Sanctuary will stratify participants into these cohorts based on literacy level. The two lower-literacy cohorts will attend CRTP at Sanctuary’s existing location, whereas the highest-literacy group will attend at the MFJC.

iii. Dosage. The CRTP encompasses 15 total weeks: 10 daily sessions of the CRW over two weeks, and 60 daily sessions of the OOW over 13 weeks (accommodating an estimated 5 holidays during the program). Program dosage is the same at both locations. Sanctuary will offer the program twice per year (in the fall and spring).

iv. Recruitment/Outreach. Potential participants will be recruited from other Sanctuary programs and services (e.g., legal, clinical, housing). EEP staff will also invite staff from community-based organizations, and shelters to presentations conducted at the New York City Human Resources Administration. EEP will conduct additional outreach at regularly scheduled MFJC partner trainings to ensure that all onsite nonprofit and governmental partners are aware of the CRTP. In addition, Sanctuary will collaborate with partners and hospitals in Upper Manhattan and the Lower East Side for presentations in English, Spanish, and potentially East Asian languages in order to promote the CRTP. Regardless of how or where one is referred into or joins the program, they will be assigned to a cohort at either the MFJC or existing program site, based on their literacy level.

4. Evaluation Proposal: Applicant should propose an evaluation design for one or more of the eligible programs. For each program for which the applicant proposes to conduct an evaluation, the applicant propose a design for each of the required evaluation types for that program, as indicated in Section VI.B.

V. Deliverables

Funded applicants will be required to submit regular deliverables throughout the duration of the term of any contract awarded via this RFP. Please note that deliverables, frequency, and dates are subject to negotiation. See Appendix 2 for a list of anticipated deliverables.
VI. Proposal Content and Format

Applicants are asked to structure their submission in multiple parts, listed below. Each lettered item (except item I. Proposal Formatting and Length Requirements) should be included as a separate document, which applicants will upload to the CJII Application Portal. Some of these lettered items request information about the applicant as a whole, whereas others (VI.B and VI.C) request information that should be tailored specifically for each program the applicant is proposing to evaluate.

A. Cover Letter

The cover letter should indicate that the applicant is applying for funding through this RFP; identify the number of programs the applicant is proposing to evaluate; identify the specific program(s) the applicant is proposing to evaluate; propose an overall cost for the evaluation(s); and provide basic information about the applicant (e.g., location, contact information). The cover letter should be signed and dated by an authorized representative of the applicant. The applicant should upload a single cover letter file in the CJII Application Portal.

B. Evaluation Proposal (35 page maximum if applicant is proposing to evaluate all five eligible programs; Maximum for each program to be evaluated is 7 pages)

Applicants may apply to evaluate one or more of the five programs to be evaluated as a part of this initiative. Applicants should include up to seven pages for each of the programs they are applying to evaluate, for a maximum of 35 pages for applicants proposing to evaluate all five of the eligible programs. The applicant should upload a separate Evaluation Proposal file in the CJII Application Portal for each of the five programs they are proposing to evaluate.

The required components for each evaluation are indicated below. Not all programs will be subject to a process evaluation, outcome evaluation, and/or ROI analysis. Some may receive a process evaluation but not an outcome evaluation or ROI analysis, for instance. Others may receive a process and outcome evaluation, but not a ROI analysis. Although applicants can apply to evaluate one or more of the five eligible programs, they must include all of the evaluation components relevant to the programs they propose to evaluate. For example, an applicant proposing to evaluate Sanctuary for Family’s Career Readiness Training Program would need to describe their plans for a process evaluation and outcome evaluation, but not a ROI analysis.

Additional background and relevant research on each of the programs is provided in Section IV.B.4 and Appendix 3.

1. Program 1. Barrier Free Living: Deaf Services Initiative
   a. Process evaluation
      i. Design. Applicants should propose a process evaluation of the initiative and outline the approach and specific research questions. The process evaluation should aid understanding of program implementation and factors key to program success. Although an outcome evaluation is not expected for this program, the evaluation
applicant should nonetheless be attentive to how trauma-specific
treatments, including those described in the Evidence Base section in
*Appendix 3*, factor into program implementation and client
experiences.

ii. *Sources of Data.* Applicants should anticipate that they will have
access to program-related data (e.g., enrollment, attendance, services
received) from the provider while clients are enrolled in and
participating in the program. In addition, applicants should identify
additional sources of data (e.g., survey, interviews, administrative
data) they propose to collect as part of the evaluation. For each of
these sources, applicants should describe the specific sources (e.g.,
agencies, people) from whom the data will be collected; sampling
information, as relevant; and how each of the sources is relevant to the
research questions. Applicants should also include a research timeline
with specific activities (e.g., survey of clients) for each quarter.
Applicants should anticipate challenges associated with data collection
and reporting (e.g., lack of expertise or software) and how they plan to
address them. One unique challenge a hearing evaluator might
anticipate is difficulty ensuring effective communication with
D/deaf/HOH survivors who wish to participate in interviews, and
whose language levels and communication preferences vary.
Additionally, hearing evaluators might anticipate reluctance among
D/deaf/HOH clients to provide feedback about their experiences in the
presence of interpreters. Thus, if possible, a Deaf or ASL-fluent
evaluator should be considered, along with any other necessary
methodological innovations. The cost of data collection and analysis
should be incorporated into the budget and explained in the project
narrative.

iii. *Measures.* Applicants should propose questions and measures as part
of their proposals. These preliminary measures will be finalized with
feedback from the program, ISLG, and other relevant stakeholders.
Sample measures are included below:

- Clients served
- Attendance rates
- Client satisfaction
- Client demographics
- Program responsiveness
- Dosage
- Barriers to access

iv. *Publication and dissemination strategy.* Applicants should propose a
plan for reporting on the findings of the process evaluation.
Anticipated deliverables, including publications, are listed in *Appendix
2*. Deliverables will be finalized in the course of contract negotiations.

2. **Program 2. Center for Court Innovation (CCI): Men’s Empowerment Program (MEP)**
   a. Process Evaluation
i. **Design.** Applicants should propose a process evaluation of the MEP and outline the approach and specific research questions. The process evaluation should aid understanding of program implementation and factors key to program success.

ii. **Sources of Data.** Applicants should anticipate that they will have access to program-related data (e.g., enrollment, attendance, services received) from the provider while clients are enrolled in and participating in the program. In addition, applicants should identify additional sources of data (e.g., survey, interviews, administrative data) they propose to collect as part of the evaluation. For each of these sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should also include a research timeline with specific activities (e.g., survey of clients) for each quarter. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should be incorporated into the budget and explained in the project narrative.

iii. **Measures.** Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized with feedback from the program, ISLG, and other relevant stakeholders. Sample measures are included below:

- Attendance rates
- Client satisfaction
- Client demographics
- Program responsiveness
- Dosage
- Barriers to access

iv. **Publication and dissemination strategy.** Applicants should propose a plan for reporting on the findings of the process evaluation, which may or may not be part of the dissemination plan for the outcome evaluation (listed below). Anticipated deliverables, including publications, are listed in Appendix 2. Deliverables will be finalized in the course of contract negotiations.

b. **Outcome Evaluation**

i. **Design.** Applicants may, but are not required to, propose an outcome evaluation of the MEP. In such instance, applicants should outline the strongest design feasible with the anticipated program model and overall budget. Applicants should also outline their specific research questions, approach/design, and anticipated analytical techniques for the outcome evaluation. If an outcome evaluation is proposed, the evaluation should include an appropriate comparison group(s) for participants, as well as consider program effects among program completers and those who do not complete the program.
ii. *Power analysis.* If the applicant proposes an outcome evaluation, the applicant should conduct a power analysis for the outcome evaluation as a whole, as well as for any specific program components or subpopulations for which outcomes would be evaluated. The power analysis should include a description of the minimum sample sizes and estimated power assuming small, medium, and large program effects.

iii. *Sources of Data.* Again, applicants should anticipate that they will have access to program-related data (e.g., enrollment, attendance, services received, total dosage, program completion) from the provider while clients are enrolled in and participating in the program. In addition, applicants should identify additional sources of data (e.g., baseline survey, follow-up survey, interviews, administrative data) they propose to collect as part of the evaluation. For each of these sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should also include a research timeline with specific activities (e.g., survey of clients) for each quarter. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should be incorporated into the budget and explained in the project narrative.

iv. *Measures.* Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized with feedback from the program, ISLG, and other relevant stakeholders. The evaluation should examine outcomes related to mental health, masculinity, help-seeking behavior, and any other relevant domains. Sample outcome measures are included below:

- Mental health
  - Levels of trauma symptoms and PTSD
  - Emotional well-being
- Masculinity
  - Perceptions of masculine norms, ideals, and expectations
- Help-seeking behavior
  - Service utilization
  - Perceptions of mental health treatment
- Service engagement
  - Service use rate
  - Trust in service providers among various groups
- Justice system engagement
  - Percentage of various population groups reporting crime
  - Trust in police among various groups

v. *Publication and dissemination strategy.* Applicants should propose a plan for reporting on the findings of the outcome evaluation, which may or may not be part of the dissemination plan for the process.
evaluation (listed above). Anticipated deliverables, including publications, are listed in Appendix 2. Deliverables will be finalized in the course of contract negotiations.

3. **Program 3. Crime Victims Treatment Center (CVTC): Trans Trauma Program (TTP)**
   a. **Process Evaluation**
      i. *Design.* Applicants should propose a process evaluation of the CVTC’s TTP and outline the approach and specific research questions. The process evaluation should aid understanding of program implementation and factors key to program success.
      ii. *Sources of Data.* Applicants should anticipate that they will have access to program-related data (e.g., enrollment, attendance, services received) from the provider while clients are enrolled in and participating in the program. In addition, applicants should identify additional sources of data (e.g., survey, interviews, administrative data) they propose to collect as part of the evaluation. For each of these sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should also include a research timeline with specific activities (e.g., survey of clients) for each quarter. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should be incorporated into the budget and explained in the project narrative.
      iii. *Measures.* Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized with feedback from the program, ISLG, and other relevant stakeholders. Sample measures are included below:
         - Attendance rates
         - Client satisfaction
         - Program responsiveness
         - Dosage
         - Barriers to access
      iv. *Publication and dissemination strategy.* Applicants should propose a plan for reporting on the findings of the process evaluation, which may or may not be part of the dissemination plan for the outcome evaluation (listed below). Anticipated deliverables, including publications, are listed in Appendix 2. Deliverables will be finalized in the course of contract negotiations.
   b. **Outcome Evaluation**
      i. *Design.* Applicant should propose an outcome evaluation addressing either one or two primary objectives:
         1. Applicants must propose to demonstrate the reliability and validity of the trauma assessment tool among the transgender population, as described in Section VI.B.4.d.i.
2. Applicants **may**, but are not required to, propose an outcome evaluation of the TTP. In such instance, applicants should outline the strongest design feasible with the anticipated program model and overall budget. The evaluation should examine program effects among both program completers and those who do not complete the program. Applicants should outline their specific research questions, approach/design for the outcome evaluation component(s), and anticipated analytical techniques.

   **ii. Power analysis.** The applicant should conduct a power analysis for the outcome evaluation as a whole, as well as for any specific program components or subpopulations for which outcomes would be evaluated. The power analysis should include a description of the minimum sample sizes and estimated power assuming small, medium, and large program effects.

   **iii. Sources of Data.** Again, applicants should anticipate that they will have access to program-related data (e.g., enrollment, attendance, services received, total dosage, program completion) from the provider while clients are enrolled in and participating in the program. In addition, applicants should identify additional sources of data (e.g., baseline survey, follow-up survey, interviews, administrative data) they propose to collect as part of the evaluation. For each of these sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should also include a research timeline with specific activities (e.g., survey of clients) for each quarter. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should be incorporated into the budget and explained in the project narrative.

   **iv. Measures.** Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized with feedback from the program, ISLG, and other relevant stakeholders. The evaluation should attempt to assess outcomes related to mental health, service utilization, and any other relevant domains. Sample outcome measures are included below:

   - Multiple measures of trauma (e.g., to demonstrate convergent validity with the assessment tool)
   - Mental health
     - PTSD symptoms
     - Trauma-related symptoms
   - Service utilization
     - Job skills/training
     - Legal assistance
   - Stable housing
v. *Publication and dissemination strategy.* Applicants should propose a plan for reporting on the findings of the outcome evaluation, which may or may not be part of the dissemination plan for the process evaluation (listed above). Anticipated deliverables, including publications, are listed in *Appendix 2.* Deliverables will be finalized in the course of contract negotiations.

   a. Process evaluation
      i. *Design.* Applicants should propose a process evaluation of the MJWC and outline the approach and specific research questions. The process evaluation should aid understanding of program implementation and factors key to program success.
      ii. *Sources of Data.* Applicants should anticipate that they will have access to program-related data (e.g., enrollment, attendance, services received) from the provider while clients are enrolled in and participating in the program. In addition, applicants should identify additional sources of data (e.g., survey, interviews, administrative data) they propose to collect as part of the evaluation. For each of these sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should also include a research timeline with specific activities (e.g., survey of clients) for each quarter. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should be incorporated into the budget and explained in the project narrative.
      iii. *Measures.* Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized with feedback from the program, ISLG, and other relevant stakeholders. Sample measures are included below:
         - Clients served
         - Client satisfaction
         - Client demographics
         - Program responsiveness
         - Dosage
         - Barriers to access
      iv. *Publication and dissemination strategy.* Applicants should propose a plan for reporting on the findings of the process evaluation, which may or may not be part of the dissemination plan for the return-on-investment analysis (listed below). Anticipated deliverables, including publications, are listed in *Appendix 2.* Deliverables will be finalized in the course of contract negotiations.
   b. Return-on-investment analysis
i. **Design.** Applicants should outline their specific research questions and approach for the ROI analysis. Applicants should propose a ROI analysis that calculates the cost of the program and weighs that against the financial value of services clients receive as a result of the case management/legal advocacy (e.g., as a result of recovered back wages) as well as any other benefits arising from the program.

ii. **Sources of Data.** Again, applicants should anticipate that they will have access to program-related data (e.g., services received, types of education services to which participants are connected) from the provider while clients are enrolled in and participating in the program. In addition, applicants should identify additional sources of data (e.g., original survey, interviews, administrative data) and include a research timeline with specific activities (e.g., acquisition of program budgets) for each quarter. For each of the data sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should also be incorporated into the budget and explained in the project narrative.

iii. **Measures.** Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized with feedback from the program, ISLG, and other relevant stakeholders. Sample measures are included below:

- Tangible and intangible costs and benefits, including the financial value of programming clients receive through MJWC.

iv. **Publication and dissemination strategy.** Applicants should propose a plan for reporting on the findings of the return-on-investment analysis, which may or may not be part of the dissemination plan for the process evaluation (listed above). Anticipated deliverables, including publications, are listed in Appendix 2. Deliverables will be finalized in the course of contract negotiations.

5. **Program 5. Sanctuary for Families: Career Readiness Training Program (CRTP)**
   a. **Process Evaluation**
      i. **Design.** Applicants should propose a process evaluation of Sanctuary’s full CRTP (i.e., at both program sites) and outline the approach and specific research questions. The process evaluation should aid understanding of program implementation and factors key to program success. Sanctuary has published a description of the first five years of the program, and this information may be useful to inform the process evaluation.¹⁰
      ii. **Sources of Data.** Applicants should anticipate that they will have access to program-related data (e.g., enrollment, attendance, services received) from the provider while clients are enrolled in and
participating in the program. In addition, applicants should identify additional sources of data (e.g., survey, interviews, administrative data) they propose to collect as part of the evaluation. For each of these sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should also include a research timeline with specific activities (e.g., survey of clients) for each quarter. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should be incorporated into the budget and explained in the project narrative.

iii. Measures. Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized with feedback from ISLG, Sanctuary’s program staff and Program Evaluation unit, and other relevant stakeholders. Sample measures are included below:

- Clients served
- Attendance rates
- Client satisfaction
- Client demographics
- Program responsiveness
- Dosage
- Barriers to access

iv. Publication and dissemination strategy. Applicants should propose a plan for reporting on the findings of the process evaluation, which may or may not be part of the dissemination plan for the outcome evaluation (listed below). Anticipated deliverables, including publications, are listed in Appendix 2. Deliverables will be finalized in the course of contract negotiations.

b. Outcome Evaluation

i. Design. Applicants should outline their specific research questions, approach/design, and anticipated analytical techniques for the outcome evaluation of Sanctuary’s full CRTP (i.e., at both program sites). The evaluation should include an appropriate comparison group(s) for participants and a means of addressing selection bias, in the case that randomization is not possible; and should consider program effects among program completers versus those who do not complete the program. Sanctuary has published a description of the first five years of the program, and this information may be useful to inform the outcome evaluation.11

ii. Power analysis. Applicants should conduct a power analysis for the outcome evaluation as a whole, as well as for any specific program components or subpopulations for which outcomes would be evaluated. The power analysis should include a description of the
minimum sample sizes and estimated power assuming small, medium, and large program effects.

iii. Sources of Data. Again, applicants should anticipate that they will have access to program-related data (e.g., enrollment, attendance, services received, total dosage, program completion) from the provider while clients are enrolled in and participating in the program. In addition, applicants should identify additional sources of data (e.g., baseline survey, follow-up survey, interviews, administrative data) they propose to collect as part of the evaluation. For each of these sources, applicants should describe the specific sources (e.g., agencies, people) from whom the data will be collected; sampling information, as relevant; and how each of the sources is relevant to the research questions. Applicants should also include a research timeline with specific activities (e.g., survey of clients) for each quarter. Applicants should anticipate challenges associated with data collection and reporting (e.g., lack of expertise or software) and how they plan to address them. The cost of data collection and analysis should be incorporated into the budget and explained in the project narrative.

iv. Measures. Applicants should propose questions and measures as part of their proposals. These preliminary measures will be finalized feedback from ISLG, Sanctuary’s program staff and Program Evaluation unit, and other relevant stakeholders. The evaluation should attempt to examine outcomes related to employment; financial independence; health of survivors and their families; perceptions of self; motivation; and any other relevant domains. Sample outcome measures are included below:

- Employment
  - Job placement and retention
  - Promotions
  - Certifications earned
  - Skill mastery

- Financial independence
  - Average income
  - Stable housing

- Health
  - Emotional well-being
  - Physical well-being

- Perceptions of self
  - Self-esteem
  - Self-efficacy

- Motivation
- Sense of community
  - Belonging
  - Civic engagement

v. Publication and dissemination strategy. Applicants should propose a plan for reporting on the findings of the outcome evaluation, which
may or may not be part of the dissemination plan for the process evaluation (listed above). Anticipated deliverables, including publications, are listed in Appendix 2. Deliverables will be finalized in the course of contract negotiations.

C. Performance Measurement (15 page maximum if applicant is proposing to evaluate all five eligible programs; Maximum for each program to be evaluated is three pages)

Applicants should describe their current capacity and proposed methods for collecting performance data (see Appendix 1 for more information on performance measurement) on their evaluation activities and progress. All selected applicants will be required to provide performance data to ISLG. Initial metrics will be finalized during the contracting phase and may be subject to change during the grant term, after discussion among all parties, based on evaluation implementation concerns, availability of data, and/or research needs.

The applicant should upload a separate Performance Measurement file in the CJII Application Portal for each of the five programs they are proposing to evaluate. As part of the application, applicants should provide the following information:

1. Activities for each of the relevant evaluation components (i.e., process, outcome, and/or ROI) (see Exhibit 1 in Appendix 1);
2. Anticipated process and output measures for each activity for each quarter for the first year (sample information is included in Exhibit 1 in Appendix 1 only as an example);
3. Methods of data collection for performance measurement (any costs related to data collection/analysis should be incorporated in the budget and explained in the budget narrative); and
4. Challenges associated with data collection and reporting (e.g., lack of expertise or software) and the way the applicant plans to address them.

D. Organizational and Staff Capacity (8 page maximum)

Applicants should describe their organizational (i.e., technical, managerial, and financial) capacity to perform the work set forth in Section IV for the program(s) they are proposing to evaluate. The applicant should upload a single Organizational and Staff Capacity file for items 1 and 2 below in the CJII Application Portal. Nonetheless, applicants should address the following items, in a way that provides evidence of organizational and staff capacity for the program(s) the applicant is proposing to evaluate:

1. Resources that the applicant would use to conduct the evaluation(s), including partnerships (if applicable), the number of staff members, the proportion of each staff member’s time that would be dedicated to the proposed evaluation(s), and technology (if applicable). If the applicant is proposing to evaluate the Program 1, Barrier Free Living’s Deaf Services Initiative, they should consider use of a Deaf or ASL-fluent evaluator.
2. Description of the applicant’s ability to collect and analyze data for all applicable evaluation components, including with regard to the:
   a. Process evaluation, such as interviews, surveys, observations/site visits, and other methods.
b. Outcome evaluation (if applicable, as described in Section VI.B), such as interviews, surveys, administrative data analysis, and other methods.

c. ROI analysis (if applicable, as described in Section VI.B), such as program expenditures, opportunity costs, and expected benefits of victims’ service programs based on a set of assumptions about programs’ goals, population flows, and outcomes.

3. Letters of support/commitment from city agencies, consultants, subcontractors, and/or other funders, as appropriate. Letters should be addressed to DANY and uploaded as a single file in the CJII Application Portal.

4. A copy of the applicant’s latest audit report or certified financial statement, or a statement as to why no report or statement is available. The audit report or financial statement should be uploaded as a single file in the CJII Application Portal.

E. Experience (8 page maximum)

Describe the successful relevant experience of the applicant, each proposed subcontractor or consultant (if any), and the proposed key staff in providing the work described in Section VI.B. The applicant should upload a single Experience file for items 1 through 6 in the CJII Application Portal. Applicants should specifically address or include the items listed below in a way that provides evidence of relevant experience for the program(s) the applicant is proposing to evaluate:

1. Explain how the applicant’s current and/or previous work is relevant, and how its knowledge and experience will be leveraged in conducting the evaluation. How does the proposed evaluation relate to the applicant’s overall mission and services?

2. Describe the applicant’s experience working with the focus population(s) for the program(s) to be evaluated, such as victims of color, Deaf victims, victims of labor violations, and/or other special populations relevant to the proposed evaluation(s).

3. Describe the applicant’s experience conducting evaluations related to the program approaches/models of the program(s) to be evaluated, such as therapy and/or other treatment/program models relevant to the proposed evaluation(s).

4. Describe the applicant’s experience partnering with relevant community-based organizations and government agencies to collect and interpret data.

5. Describe the applicant’s experience collecting and analyzing data for all applicable evaluation components, including with regard to:
   a. Process evaluations
   b. Outcome evaluations (if applicable, as described in Section VI.B), including experience with instrument validation (if applicable, as described in Section VI.B)
   c. Cost-benefit (CBA)/ROI analyses (if applicable, as described in Section VI.B), including with regard to collecting and analyzing data on program expenditures, opportunity costs, and expected benefits of survivor-focused programming based on a set of assumptions about the programs’ goals, population flows, and outcomes.

6. List the key program staff and the role(s) each will fill. What are the qualifications for staff in each role? Do staff have experience related to the populations and/or type(s) of program(s) to be included in this evaluation?
7. Attach resumes of key staff who will be involved in the evaluation. If the applicant is proposing to evaluate the Program 1, Barrier Free Living’s Deaf Services Initiative, they should consider use of a Deaf or ASL-fluent evaluator. Resumes should be uploaded as a single file in the CJII Application Portal.

The Experience section should not exceed eight pages (double-spaced) total, excluding resumes of key staff.

**F. Evaluation Budget**

Applicants should provide a budget outlining their proposed use of funding. The applicant should upload a single Evaluation Budget file in the CJII Application Portal. The budget should include a proposed breakdown of funds for process evaluation(s), outcome evaluation(s), and/or ROI analyses, for each of the programs the applicant proposes to evaluate, broken down by year. The cost of data collection and analysis should be incorporated into the budget and explained in the Evaluation Budget Narrative.

This solicitation does not specify a maximum allowable rate or maximum amount for administrative or indirect expenses, but the preferred rate is 17% or below. The applicant should provide justification for the budget and any rate(s) requested, and consider that contract awards will be made to the applicants whose proposals are determined to be the most advantageous by the proposal evaluation team, taking into consideration the price and such other factors and criteria as are set forth in the RFP (see Sections VII.B and VII.C).

**G. Evaluation Budget Narrative (10 page maximum if applicant is proposing to evaluate all five eligible program; maximum for each program to be evaluated is 2 pages)**

Applicants should provide a budget narrative that corresponds to the budget. The applicant should upload a single Evaluation Budget Narrative file in the CJII Application Portal. Applicants should describe funding needs on an annual basis over the length of the funding period (funding may vary by year). The Evaluation Budget Narrative should link the proposed costs to the proposed evaluation components and activities and outline any assumptions on which the budget is based.

The Evaluation Budget Narrative should not exceed two pages (double-spaced) for any single program, including any tables and/or charts.

**H. Fiscal Sponsorship Documentation (if applicable)**

As noted, for-profits, non-profits, and government agencies are eligible to apply. Non-profits without 501(c)(3) status are required to have a fiscal sponsor in place upon proposal submission. In such instances, applicants should state the name of the fiscal sponsor; outline the responsibilities of the fiscal sponsor; and outline their obligations to the fiscal sponsor. Applicants should also submit any fiscal sponsorship agreement. If the applicant has a fiscal sponsor, any fees charged by the sponsor should be included and clearly labeled in the budget.
I. Proposal Formatting and Length Requirements

Applicants should adhere to the following formatting requirements:

- All submissions should be double-spaced, using standard 12-point font (Times New Roman is preferred) with 1-inch margins. Applications submitted with single spacing will be converted to double spacing, and the length restrictions specified below will be applied to the documents reformatted for double spacing.
- Charts, figures, tables, footnotes, endnotes, and references do not need to be double-spaced, but are included in any restrictions on length described below, unless otherwise noted.
- Pages should be paginated.
- Length restrictions:
  - The Cover Letter (Section VI.A) is not restricted by length.
  - The Evaluation Proposal (Section VI.B) should not exceed 35 pages (double-spaced), including any tables and charts. Applicants should include up to seven pages for each of the programs they are proposing to evaluate, for a maximum of 35 pages for applicants proposing to evaluate all five of the eligible programs. Only the first 35 pages of the Evaluation Proposal will be read and scored by the proposal evaluation team.
  - The Performance Measurement Section (VI.C) should not exceed 15 pages (double-spaced), including any tables. Only the first three pages for each program will be read and scored by the proposal evaluation team.
  - Sections 1 and 2 of the Organizational and Staff Capacity Section (VI.D) should not exceed eight pages (double-spaced). Only the first eight pages will be read and scored by the proposal evaluation team. The letters of support/commitment and the applicant’s latest audit report or certified financial statement are not restricted by length.
  - Sections 1 through 6 of the Experience Section (VI.E) should not exceed eight pages (double-spaced). Only the first eight pages will be read and scored by the proposal evaluation team. Resumes of key staff are not restricted by length.
  - The Evaluation Budget Narrative Section (VI.G) should not exceed 10 pages (double-spaced). Only the first two pages for each program will be read and scored by the proposal evaluation team.
  - The Fiscal Sponsorship documentation (Section VI.G), if applicable, is not restricted by length.

- Proposals should not contain hyperlinks. All relevant information should be included in the body of the proposal. Reviewers will not visit external websites when evaluating proposals.

II. Proposal Evaluation and Contract Award

A. Evaluation Procedures

All proposals will be reviewed to determine whether they are responsive to the requisites of this RFP. Proposals that are determined by DANY to be non-responsive will be rejected. A proposal
evaluation team will evaluate and rate proposals based on the evaluation criteria prescribed below. The evaluation team may conduct interviews and/or request that applicants make presentations and/or demonstrations, as they deem applicable and appropriate. Although the evaluation team may conduct discussions with applicants submitting acceptable proposals, DANY reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the applicant’s initial proposal should contain its best technical and price terms. A formal background check to assess the technical capacity, financial capacity, and operational integrity will be performed on applicants and subcontractors selected to receive funding through this RFP.

DANY reserves the right not to fund applicants based on the proposals received in response to this RFP.

B. Evaluation Criteria

The following criteria will be used to identify the winning proposal(s), alongside other goals/priorities of CJII and this initiative:

- Evaluation Design and Plan – 55%
- Level of organizational capacity – 20%
- Relevant experience – 20%
- Budget summary and narrative – 5%

C. Basis for Contract Award

The contract award will be made to the applicant(s) whose proposal are determined to be the most advantageous, taking into consideration the factors and criteria set forth in the RFP (see Section VII.B. Evaluation Criteria) and outlined above. The contract awards shall be subject to the timely completion of contract negotiations between the Research Foundation and the selected applicant(s).
VIII. Appendices

Appendix 1: Performance Measurement

The funded applicant will be required to provide performance data to ISLG on a quarterly basis regarding their evaluation activities and progress. Initial metrics will be finalized during the contracting process and may be subject to change during the grant term, after discussion among all parties, based on programmatic implementation concerns, availability of data, or research needs.

As part of the application, applicants should provide the following information as part of Section VI.C. Performance Measurement:

1. Activities for each of the relevant components of the evaluation(s) (i.e., process, outcome, and/or ROI);
2. Anticipated process and output measures for each activity for each quarter for the first year;
3. Methods of data collection for performance measurement (any costs related to data collection/analysis should be incorporated in the budget and explained in the budget narrative); and
4. Challenges associated with data collection and reporting (e.g., lack of expertise or software) and the way the applicant plans to address them.

Applicants should use the format in Exhibit 1 to specify their plans for performance measurement, including how their project goals relate to outcomes. Sample information is included in Exhibit 1 only as an example.
### Exhibit 1. Performance Measurement Plan

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Activity</th>
<th>Process Measure &amp; Target</th>
<th>Output Measure &amp; Target</th>
<th>Data Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Evaluation</strong></td>
<td>1a) Collect baseline survey with sample size of sufficient power</td>
<td>1a) Q1: Percentage of participants for whom baseline survey data are collected regarding post-program mental health: 85%</td>
<td>1a) Q1: Number of program participants for whom survey data are collected prior to program enrollment: 200</td>
<td>Surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b) Q1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b) Q2:</td>
<td></td>
<td>Program records; surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b) Q3:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b) Q4:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Process Evaluation</strong></td>
<td>2a) Conduct interviews with representative sample</td>
<td>2a) Q1: Percentage of interview sample who are immigrants: 45%</td>
<td>2a) Q1: Number of interview sample members who are immigrants: 113</td>
<td>Administrative Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b) Q2:</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td>2b) Q3:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2b) Q4:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Return-on-Investment Analysis</strong></td>
<td>3a) Collect program expenditure data with sample size of sufficient power</td>
<td>3a) Q1: Percentage of participants for whom data on tangible and intangible expenses per participant are collected: 80%</td>
<td>3a) Q1: Number of participants for whom data on tangible and intangible expenses per participant are collected: 120</td>
<td>Administrative Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3a) Q2:</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td>3a) Q3:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3a) Q4:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2. Anticipated Deliverables

The contractor will be required to submit regular deliverables to ISLG throughout the term (see Exhibit 2). Please note that deliverables, frequency, and dates are subject to negotiation.

Exhibit 2. Anticipated Deliverables for Applicants

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Description</th>
<th>Frequency/Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Evaluation Plan</td>
<td>Detailed plan for evaluation design(s)</td>
<td>Once</td>
</tr>
<tr>
<td>2</td>
<td>Status Report</td>
<td>• Evaluation updates</td>
<td>Twice per year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Process</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ E.g., Changes to approach, progress in data collection and analysis at variable level</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Outcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ E.g., Changes to approach, progress in data collection and analysis at variable level</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Return-on-Investment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ E.g., Changes to approach, progress in obtaining cost data</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Successes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Setbacks and challenges (e.g., instructor turnover)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Corrective action plans (as needed) to address specific challenges, ensure short-term goals and full implementation are achieved</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Goals for next quarter</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Operational costs</td>
<td>Financial reports</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>status report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mid-evaluation report</td>
<td>• Synthesis of status reports from first two years of the evaluation, including summary of status reports at variable level</td>
<td>End of 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Initial and ongoing findings of process, outcome, and/or return-on-investment evaluations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Outstanding challenges and plans to address them</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Final report</td>
<td>• Full findings from process, outcome, and/or return-on-investment evaluations</td>
<td>End of 4.5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recommendations for survivor policy and practice, as informed by the evaluations</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Additional Information on Programs to be Evaluated

Program 1. Barrier Free Living: Deaf Services Initiative

Background

In the United States, nearly 11 million people are Deaf/deaf/hard of hearing (D/deaf/HOH).\(^8\),\(^12\) In part because many D/deaf/ HOH individuals rely on American Sign Language (ASL) or other forms of manual/non-vocal communication, and as such are viewed as easier “targets” less likely to report their victimization, this population is especially vulnerable to abuse and domestic violence.\(^13\) Moreover, perpetrators may take advantage of a D/deaf/ HOH individual’s social isolation, financial dependence, or lack of family support, and view the prospective abuse as less risky than with a non-D/deaf/ HOH victim.\(^14\) In one of the most prominent studies of victimization including the D/deaf/ HOH population, half (50%) of D/deaf/ HOH girls and 54% of D/deaf/ HOH boys had been sexually abused, compared to 25% of hearing girls and 10% of hearing boys.\(^15\) Another study including D/deaf/ HOH female undergraduates found that they were twice as likely to experience physical assault, psychological aggression, and sexual coercion by an intimate partner compared to their hearing peers.\(^16\) And in another, more recent study, D/deaf/ HOH college students reported a significantly higher incidence of childhood maltreatment and trauma exposure, as well as greater symptoms of PTSD, compared to their hearing peers.\(^17\) Empirical research has consistently shown that victimization is related to a variety of psychological complications, including suicidal ideation, substance abuse, depression and anxiety.\(^18\) These effects may be even more pronounced among the D/deaf/ HOH population, who consistently report higher levels of emotional distress and poorer physical and psychological health than the general population.\(^19\)

The lack of accessible resources and services creates a barrier to reporting crimes against D/deaf/ HOH individuals and their use of support services.\(^20\) According to the Bureau of Justice Statistics, only half (51.1%) of D/deaf/ HOH individuals who experienced violent victimization between 2011 and 2015 reported it to police.\(^21\) By one estimate, only 2% of the D/deaf/ HOH population receives mental health services.\(^22\) Reasons for the lack of reporting and service utilization include communication and language barriers, a lack of appropriate accommodations, and limited culturally and linguistically competent health providers.\(^23\)

Unfortunately, there is a dearth of Deaf and ASL-fluent mental health/trauma-informed professionals, and reliance on interpreters to fill the void can be inappropriate and ineffective.\(^24\) Loss of hearing before the age of three is associated with low English literacy levels, and as a result, the average deaf high school graduate reads at the fourth grade level. Relatedly, common English idioms and metaphors that are often used in verbal therapies are unfamiliar to the D/deaf/ HOH population. Interpretations between English and manual languages are also imprecise, and thus, an interpreter’s interpretation of what the client signed may not accurately capture their experience or other pertinent information necessary for the therapist to understand.

\[^8\] The focus population for this initiative consists of Deaf, deaf, and hard of hearing individuals, which are referred to as “D/deaf/ HOH” henceforth unless otherwise specified. In some cases, we refer to “Deaf” (individuals who identify as belonging to a unique cultural and linguistic community) or “deaf” (individuals with an audiological condition of not hearing) populations to reflect the narrower focus of a particular study or program.
Moreover, D/deaf/HOH survivors are often paired with an inappropriate, unqualified or ineffective interpreter, but may be reluctant to share this feedback out of fear that they will be alienated in other settings where they rely on interpreters. In addition, group dynamics with hearing individuals can be particularly difficult for D/deaf/HOH persons, as the time required for the interpreter to process information in English and relay an interpretation in ASL prevents the D/deaf/HOH individual from actively participating. Disclosure in a therapeutic group setting may also be stifled when a third party is present, especially if the D/deaf/HOH client knows the interpreter from other social or professional encounters. Conversely, in some cases a D/deaf/HOH survivor may feel a stronger bond with an interpreter than with the therapist.

Evidence Base

Exacerbating the pervasive barriers to accessing culturally competent and linguistically appropriate mental health care reported by D/deaf/HOH persons, few specialized treatment models have been developed for this group. Cognitive behavioral therapy (CBT) has been shown to successfully treat anxiety disorders, mood disorders, psychosis, and substance abuse, but literature regarding its efficacy in treating D/deaf/HOH persons is scarce. CBT is a behavioral intervention that seeks to improve maladaptive behaviors by changing negative thought patterns. One meta-analysis compared treatment outcomes resulting from CBT plus medication versus “standard care” (e.g., treatment as usual) in patients with bipolar disorder (BD). The meta-analysis included 19 randomized controlled trials (RCTs) comprising a total of 1,384 BD patients. Results demonstrated that CBT was associated with improved depressive symptoms and psychosocial functioning as well as decreased mania severity. Certain limitations of the meta-analysis, however, should be noted. The RCTs included in the analysis had small sample sizes comprised only of BD patients, and did not discuss whether the study participants were D/deaf/HOH survivors of domestic violence. In addition, moderate variation in effects was observed, suggesting that factors such as age or gender may have affected the results. And because the CBT in the meta-analysis was coupled with medication, the extent to which CBT alone produced the improved mental health outcomes is uncertain.

Although CBT is verbally-based, there are several potential ways therapists can adapt cognitive behavioral techniques for the D/deaf/HOH population. Clinical professionals should first assess the individual’s general vocabulary, noting that a patient may not be familiar with the written English word or finger-spelled word for a particular concept, but may nonetheless know the ASL sign. Clinicians should be aware of their own facial expressions and body language and those of their patient. Such movements are a part of sign language, just as intonation is used in spoken languages to express emotions. Regardless of age, D/deaf/HOH patients may also benefit from visual techniques such as role-play, pictures, and drawings in order to communicate about situations, thoughts, and emotions. Similarly, props can be used to explain physical sensations, such as using cooked and uncooked spaghetti to represent relaxation and tension in the body, respectively.

Dialectical Behavioral Therapy (DBT) is another common intervention that was originally developed to treat chronically suicidal persons with borderline personality disorder (BPD). DBT aims to decrease life-threatening and suicidal acts; decrease behaviors that interfere with one’s quality of life (i.e., that contribute to depression, anxiety, or substance abuse); and increase
behavioral skills, such as emotional regulation and self-management. One meta-analysis involved five RCTs that examined whether DBT was effective in reducing suicide attempts, parasuicidal behavior, and symptoms of depression in a total of 247 adults (ages 18 to 70) with BPD. The results revealed that DBT was successful in significantly reducing suicidal and self-harming acts among adult patients. DBT was also associated with reduced symptoms of depression, though the effect did not reach statistical significance in the meta-analysis. Although these results demonstrate that DBT may be a useful intervention for trauma survivors, this meta-analysis included only a small number of studies, and additional RCTs examining DBT with D/deaf/HH survivors specifically would be valuable.

Although DBT has been modified for different settings, clients, and languages, none of these has addressed the barriers faced by D/deaf/HH individuals. Moreover, no RCTs have examined DBT as an intervention among this population. Nonetheless, several accommodations could be employed for D/deaf/HH clients wishing to participate in DBT. First and foremost, groups should spend 10 to 12 weeks learning each DBT module as opposed to the traditional eight weeks, in order to ensure that each client is able to understand the skills training necessary to successful emotional and behavioral outcomes. Instructions on active, external mindfulness exercises are also beneficial. For example, a group may choose to focus on certain physical sensations (i.e., sight, touch, or smell) experienced in the room as opposed to quiet internal reflection. Asking one to quietly observe their thoughts may be difficult for D/deaf/HH persons because the activity may be associated with the isolation often experienced by the community. Moreover, it is imperative that D/deaf/HH clients are able to contact their therapists for urgent matters or for skills coaching. Depending upon the resources and abilities of the client and therapist, they could opt to use e-mail or texting, sign language communication using high-bandwidth Internet connections and computers with camera features, or telephonic communication using a teletypewriter (TTY) or telecommunications device for the deaf (TDD).

One pilot study examined DBT-informed (the intervention was neither manualized nor endorsed by the creator of DBT) individual and group therapy sessions for three Deaf adults in Australia who had suffered from depression, with or without borderline personality traits, and panic disorder. Before beginning treatment, modified informational materials of DBT were presented to Deaf clients, including DVDs in ASL, visual resources such as diagrams and pictures, and medium-level English literacy resources. The treatment consisted of 23 weekly group sessions in conjunction with weekly individual sessions and any necessary support via email over a nine-month period. Feedback from the clients showed that the program was well-received, and clients perceived that their symptoms improved as a result of the program. Seven weeks after treatment, participants were able to describe how they had incorporated DBT skills into everyday life, such as calming oneself by taking a walk. Nonetheless, the study is limited by its small sample, and it is unknown if any of the participants had experienced domestic violence. In addition, although specific measures were used to track outcomes, these measures were not addressed in the client consent process, and thus could not be published as results of the pilot study.

Another intervention, eye movement desensitization and reprocessing (EMDR), is a complex mental health treatment modality. Adaptive Information Processing (AIP), the theoretical model upon which EMDR is based, holds that the majority of psychological issues originate in past traumatic experiences that have not been fully processed. Unprocessed memories, then, can lead
to psychological distress and dysfunction.\textsuperscript{37} EMDR utilizes bilateral stimulation (i.e., eye movements or other tactile or kinesthetic stimuli), which is believed to stimulate both hemispheres of the brain, allowing it to re-process information.\textsuperscript{38} One meta-analysis of 26 RCTs of EMDR for the treatment of PTSD-related symptoms (including depression, anxiety, and subjective distress) confirmed that EMDR significantly reduced all of these PTSD symptoms, and that therapy sessions lasting longer than one hour were a primary factor in the improvement of anxiety and depression.\textsuperscript{39} One limitation of this meta-analysis, however, is that the included studies varied greatly in their design, sample sizes, and outcome measurement. More importantly, none of the studies specified whether the samples included D/deaf/HOH individuals.

To date, no standardized, manualized adaptations of EMDR are available specifically for D/deaf/HOH clients, but there are some reasons why EMDR may be better suited for this population compared to verbal, language-based interventions. EMDR largely consists of physical stimulation in conjunction with the discussion of memories. Eye movements specifically may not be the best form of stimulation for D/deaf/HOH clients whose language is visual, but a variety of bilateral stimulation techniques can be used in its place (e.g., tapping, hand buzzers). Moreover, adapted versions of EMDR for traumatized children have successfully used pictures and other visual formats, suggesting that these EMDR variations may also be applied to D/deaf/HOH of various ages, developmental levels, and language levels.\textsuperscript{40}

Finally, solution-focused brief therapy (SFBT) is an intervention that emphasizes solutions as opposed to problems, highlighting patients’ past successes as worthwhile learning experiences.\textsuperscript{41} It holds that individuals are capable of change, and that shifting “from being a victim to taking a stand” fosters optimism, self-belief, and self-efficacy.\textsuperscript{42} One systematic qualitative review of 43 studies assessed the mental health outcomes of patients participating in SFBT compared with those who did not. In 32 studies, participants experienced significant benefits from SFBT, particularly adults being treated for depression.\textsuperscript{43} Unfortunately, although the study included a range of populations and mental disorders, none of the samples included known survivors of domestic violence or D/deaf/HOH patients.

One multiple case design study, however, has observed the use of SFBT among three D/deaf adults with depression.\textsuperscript{44} Aided by sign language interpreters, sessions concentrated on devising solutions to individual problems and future goals. The three adults participated in SFBT for various lengths of time: four sessions over 2.5 months, eight sessions over 3.5 months, and seven sessions over 4.5 months. At the conclusion of therapy, all three cases demonstrated significant improvements in depressive symptoms. Future research should employ stronger designs with larger samples of D/deaf/HOH individuals. In addition, the authors questioned whether the presence of interpreters during therapy sessions may have influenced the results apart from the core SFBT components.

\textbf{Program 2. Center for Court Innovation (CCI): Men’s Empowerment Program (MEP)}

\textbf{Background}
Men of color routinely experience higher rates of victimization compared to females and to males of European descent. In New York City, for instance, approximately 96% of fatal and nonfatal shooting victims in 2016 were Black/African American or Hispanic/Latino.\textsuperscript{45} Nationally, Black/African American males were the victims of homicide at a rate of 32.78 per 100,000 citizens nationwide in 2012, compared to 3.86 for White males, 4.51 for Black/African American females, and 1.45 for White females.\textsuperscript{46} Of robberies nationwide among African Americans between 2001 and 2005, two thirds of victims were male.\textsuperscript{47} And although Asian Americans were the least likely to experience serious violence across all racial or ethnic groups in 2009, Asian young males were more vulnerable to violent victimization than other Asian American groups.\textsuperscript{48}

Because men of color (MOC) are also disproportionally likely to live in poverty and in economically disadvantaged neighborhoods, they are at further risk of violence within their community. In fact, lower income Black/African American males in particular often report that they have lost friends and acquaintances to violence, and that they have directly witnessed assaults and murders.\textsuperscript{49} Understandably, victims of violence exhibit high rates of post-traumatic stress disorder (PTSD) and other trauma-related symptoms. For example, a survey of clients in a trauma-informed intervention program for victims of violence in Philadelphia found that 75% of clients had diagnosable PTSD, and 50% reported more than four adverse childhood experiences before the age of 18.\textsuperscript{50} Nearly all (91.4%) of the participants were Black/African American or Hispanic/Latino males.

Unfortunately, societal norms may prevent MOC from accessing services that could address their trauma. Perhaps fundamental to understanding male help-seeking behavior are entrenched gender norms operating across cultural lines. Males who adhere more to masculine norms such as emotional control (or avoidance) hold more negative attitudes towards mental health services.\textsuperscript{51} This may be especially true for Black/African American males; one study found that the negative relationship between masculine norms and help seeking attitudes was stronger for Black/African American males than for European American, Asian American, and Latino American males.\textsuperscript{52} Similarly, traditional expectations for Hispanic/Latino men emphasize self-sufficiency, which could enhance feelings of shame associated with asking for help.\textsuperscript{53} Despite the fact that Hispanic/Latino men are often socialized to be emotionally responsive (e.g., \textit{caballerismo}), research demonstrates that they underutilize mental health treatment for reasons similar to other men of color, such as viewing mental health treatment as reserved for those with severe psychopathology; a preference to talk with a friend rather than a professional; and reticence to be vulnerable and transgress their gender role socialization.\textsuperscript{54} Additionally, some Asian cultures emphasize family hierarchy, emotional restraint, and avoidance of shame. Accordingly, seeking professional help may be considered detrimental to the collective hierarchy if it is perceived to reflect inadequacy of the family to help their loved one.\textsuperscript{55}

MOC can also encounter institutional biases as a result of experiencing victimization, from communicating with first responders to receiving treatment from emergency health care personnel. Such instances are often grounded in the idea that MOC incite their own injuries via criminal activities, provocation, or simply being in the wrong place at the wrong time. These biases in turn result in disparate treatment of male victims of color. For example, MOC seeking victim services may instead have law enforcement called on them by staff members assuming
they are present to harm an intimate partner. Because of these systematic barriers, it is essential that appropriate screening tools and trauma intervention models be developed to address the specific needs of this population.

Evidence Base

One of the most empirically supported trauma interventions is trauma-focused cognitive behavioral therapy (TF-CBT). It addresses the multiple spheres of trauma, including PTSD, depression, anxiety, and other behavioral or emotional issues. Specifically, TF-CBT incorporates skill-building activities for processing trauma and for regulating emotions, behaviors, and thought patterns. One meta-analysis evaluated five randomized control trials comparing the efficacy of TF-CBT and supportive counseling (SC) delivered within three months of trauma. Each of the five studies included adult samples (mean age varied from 29 to 37) with symptoms of acute stress disorder (ASD) or PTSD, such as depression and anxiety. Although inconclusive, results showed that TF-CBT was generally more effective than SC in preventing PTSD and easing related depression and anxiety symptoms. TF-CBT was only partially successful in preventing chronic PTSD across the diverse types of trauma included in the analysis, though those with ASD experienced a more meaningful decrease in their symptomatology. However, the meta-analysis only included studies from Australia, and may not be generalizable to the American context, particularly to people of color. In addition, the study did not differentiate effectiveness with regard to gender.

The Sanctuary Model is a trauma-informed, evidence-supported framework to effect systematic organizational change, with an emphasis on the creation of a nonviolent, democratic, productive community to help individuals heal from traumatic events. In one evaluation study, four residential treatment units serving youth ages 12 to 20 years were randomly assigned to implement the Sanctuary Model; eight other “standard” residential treatment units served as the control group. The baseline sample of 165 youth was predominantly Black/African American and Hispanic/Latino and male. Results indicated that clients in the Sanctuary units scored significantly higher than youths in the control group on the Community Oriented Program Environment Scale (COPES-S), a tool used to assess the extent to which communities act as therapeutic entities. Six months after implementation, those in the Sanctuary Model units demonstrated improved coping and social problem-solving skills compared to youth in the control treatment units. This study was not without limitations, however. First, because the sample consisted of clients under the age of 18, it is difficult to generalize the results to an adult population. Moreover, possible differences among racial/ethnic groups and gender were not addressed, leaving open the possibility that the Sanctuary Model is more effective with some populations than others.

One study evaluated a 6-week voluntary inpatient treatment program with a sample of 132 adults (mean age of 40 years) with PTSD resulting from childhood trauma. The intervention merged concepts of the Sanctuary Model with that of the therapeutic community, which emphasizes open communication and the belief that all community members, staff, and patients

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b Evidence-supported treatments (ESTs) are psychological treatments that have demonstrated to be effective in controlled clinical trials, whereas evidence-based psychological practices (EBPPs) have repeatedly shown to be effective in multiple randomized control trials, typically across different populations.
are active agents in healing. Participants attended daily psycho-educational groups as well as daily process groups where they were asked to discuss a topic of choice relating to their past trauma or current challenges. Patients were also provided the opportunity to take part in other supportive groups, such as those teaching coping skills or art therapy, depending on their needs. Participants demonstrated significantly lower mean PTSD symptoms at 3-month and 1-year follow-up. Nonetheless, the study did not include a control group, and it is difficult to ascertain the source of potential program effects, whether from maturation or specific program components (i.e., from the Sanctuary component vs. therapeutic community). The study also suffered from a high level of attrition during follow-up. Lastly, the sample was largely female (86%), and the study did not consider racial or ethnic differences.

Another study followed the use of the S.E.L.F. (Safety, Emotion management, Loss, and Future) curriculum, a component of the Sanctuary Model, with six adults (ages 28 to 66) in the treatment of a variety of psychological challenges that resulted from, or were enhanced by, traumatic experiences (e.g., bipolar disorder, obsessive-compulsive disorder, depression, anxiety, substance abuse, PTSD). S.E.L.F. (previously known as SAGE, or Safety, Affect management, Grieving, and Emancipation) serves as one component of the Sanctuary Model and signifies the four interrelated domains that are interrupted when a traumatic event occurs. The model holds that increasing awareness, emphasizing safety, and learning skills to regulate emotions are vital to developing an appropriate environment for processing feelings surrounding trauma, grief, and loss. The clinician working with the clients in the study reported that they experienced some relief from their symptoms and demonstrated improved everyday functioning after engaging the S.E.L.F. curriculum. Unfortunately, the generalizability of these results is limited by the case study design, which did not employ pre- or post-treatment measures of trauma symptoms. The study also included only two males. In addition, each adult received different treatments accompanying the S.E.L.F. model, such as psychotropic medication or substance abuse counseling.

Finally, another evidence-supported trauma intervention model is Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS). SPARCS is a 16-session manually-guided group intervention designed to address the needs of adolescents who have witnessed or directly experienced repeated or multiple forms of violence. In particular, it targets emotional, social, and behavioral symptoms resulting from multiple exposures to violence. One evaluation examined the implementation of the SPARCS model in residential settings. Twenty-four adolescents (ages 14-21), including primarily White and Black/African American participants as well as some who were Hispanic/Latino, participated in SPARCS treatment groups at one of three residential treatment facilities. Youth’s scores on the Youth Outcome Questionnaire-Self-Report (YOQ-SR) and the UCLA PTSD Reaction Index—which measure trauma symptoms and domains of functioning affected by trauma among adolescents—significantly improved following completion of the program, including with regard to anxiety and depressive symptoms, physical complaints, social relationships, attention and impulsivity, and high risk behaviors. Nonetheless, several methodological shortcomings should be acknowledged. The evaluation was based on an initial pilot of the intervention; the sample size was particularly small and mostly female; and it did not include a comparison group. Moreover, as SPARCS was designed specifically for adolescents, its utility in treating adults is not understood. In addition, as
differences between racial groups were not examined, it is unclear whether SPARCS is an appropriate treatment model for persons of color specifically.

Program 3. Crime Victims Treatment Center (CVTC): Trans Trauma Program

Background

Approximately 1.4 million adults, or 0.6% of the United States adult population, identify as transgender.66 Overall, transgender persons are at elevated risk of victimization and trauma, reflecting widespread negative attitudes towards them.67 In a national survey of 27,715 transgender adults, 46% indicated that they had been victims of verbal harassment in the past year, and 47% reported that they had been sexually assaulted at some point in their lifetime.

When a transgender person is the victim of a crime, accessing supportive services can be challenging, in part due to fear of reporting, biased responses from law enforcement, a lack of specialized treatment models, and difficulty in identifying culturally competent care providers.70 In recent years, policymakers and practitioners have become more aware of the prevalence and consequences of trauma across the U.S. population. Experiencing crime can serve as a long-term source of trauma, and if left unaddressed, trauma may interrupt normal physiological processes and increase the risk of maladaptive coping behaviors, such as substance use, self-harm, suicidal ideation, and dissociation.71 Despite recent advances in the screening and identification of trauma, there remains no unique screening and assessment tool for trauma experienced by transgender individuals.72 Such a tool could be especially important for the transgender population, for whom access to healthcare is often elusive. Whereas more than 80% of all U.S. adults report having contact with a physician within the past year,73 one study of transgender females found that only 30% to 40% regularly accessed any medical care.74 Moreover, even when transgender people do access care, the experience may be re-traumatizing: transgender individuals report dehumanizing treatment, refusal of treatment, and offensive statements from healthcare providers.75 Thus, additional resources are greatly needed to identify transgender persons’ health needs—including related trauma and mental health—and effectively connect them to care.

Evidence Base

Screening and Assessment. Several tools and assessments are used in clinical settings to identify trauma and other mental health issues. However, their use with transgender clients has not yet been validated. For instance, the Trauma Symptom Checklist-40 (TSC-40) assesses symptoms associated with the long-term effects of sexual abuse. In one evaluation of 130 women admitted to a psychiatric inpatient treatment unit, 73% reported a history of childhood sexual abuse; clients with sexual abuse experiences scored significantly higher on the TSC-40 than those without sexual abuse histories.77 However, the sample included only women, and it is not clear if any identified as transgender. The tool also relies on self-reports, and the validation study did not include independent evidence to corroborate the abuse histories of the patients.

Another clinical assessment tool, the PTSD Checklist-Civilian Version (PCL-C), uses self-reports to assess symptoms of Post-Traumatic Stress Disorder (PTSD) in nonmilitary individuals.
Specifically, respondents indicate the extent to which they have been bothered in the past month by PTSD symptoms in response to a primary traumatic event. One validation study of the PCL-C included 405 individuals who identified as bisexual in Ontario, Canada. Participants were asked to indicate how often they had been negatively affected by stressful life experiences in the last month. Confirmatory factor analysis revealed that subscales of the tool demonstrated poor internal consistency, and therefore, that the PCL-C was not an appropriate assessment tool for the bisexual population. One hypothesis for the lack of fit for this population is that the PCL-C assesses symptoms related to a primary traumatic event, such as those faced by police officers and first responders. In contrast, bisexuals and other members of the LGBTQ community, including transgender individuals, often experience multiple instances of trauma. These repeated traumatic events result from discrimination, harassment, and victimization throughout one’s lifetime, and may cumulatively contribute to PTSD symptoms. Thus, the tool may need to be revised for the transgender population, perhaps by assessing the frequency of traumatic experiences. In fact, one study did use the tool to examine exposure to potentially traumatic events (PTEs) and associated symptoms in a sample of 97 transgender individuals. Alarmingly, 91% of the sample had experienced multiple lifetime traumatic events, and 17.8% exhibited clinically elevated symptoms of PTSD. One limitation, however, is that self-report measures like the PCL-C may induce respondents to overstate their symptoms. Moreover, although the tool was used with transgender individuals, it was not validated separately for them.

Finally, the Behavioral and Symptom Identification Scale (BASIS-32), which was originally designed for assessment of client functioning in inpatient settings, has been found to be a reliable and valid tool in outpatient settings as well. It is composed of five subscales measuring relation to self/others; depression/anxiety; daily living skills; impulsive/addictive behavior; and psychosis. A separate validation study assessed the tool’s application across racial and ethnic groups. A confirmatory factor analysis indicated that the original five-factor model of BASIS-32 fit adequately well to the sample as a whole. However, the fit was noticeably lower among Asian Americans than among other racial/ethnic groups. In addition, clients’ gender identities were not documented or reported in the study, and thus, it remains unknown the degree to which the tool is useful for transgender clients with regard to the assessment of trauma-related depression/anxiety symptoms.

Interventions. Several evidence-based trauma interventions have been developed for children and adults, but no therapeutic treatment framework exists specifically for the transgender population. The transgender community has distinct needs that require professionals and interventions with trans-affirming knowledge and competency. “Trans-affirming practice” refers to a non-pathologizing approach to mental health treatment that acknowledges and validates all understandings of gender. It recognizes the cultural, social, interpersonal, and various other barriers to safety experienced by individuals whose expressions of gender lie outside of the gender binary and actively works to disrupt these barriers.

A modified version of cognitive behavioral therapy (CBT), an evidence-based psychological modality, has been proposed for the transgender population to treat symptoms of trauma, such as depression, anxiety, and/or suicidality: trans-affirmative cognitive behavioral therapy (TA-CBT). General CBT assumes that emotions and behaviors are affected by individuals’ perceptions of events. It focuses on identifying or changing maladaptive thoughts and behaviors...
by formulating alternative ways of thinking about specific situations. In TA-CBT, a psychoeducational component is first introduced to help clients recognize and understand the relationship between transphobic experiences and feelings of stress, anxiety, depression or suicidality. Other psychoeducational elements of TA-CBT include understanding how thoughts affect feelings, using thoughts to change feelings, and challenging negative or transphobic self-beliefs. In addition, practitioners are encouraged to use the minority stress model as a lens in the therapeutic setting.86 The minority stress model holds that members of marginalized groups, such LGBTQ individuals, experience chronic stress and other negative health outcomes resulting from discrimination and victimization, which may subsequently result in a higher prevalence of mental health issues and trauma symptoms. Unfortunately, TA-CBT is in the early stages of development and has not yet been evaluated.87

Other forms of CBT may be also be instructive in addressing the needs of the transgender victim population. Trauma-focused cognitive behavioral therapy (TF-CBT) is a trauma treatment model with perhaps the strongest research evidence across multiple populations.88 It addresses the multiple spheres of trauma including, but not limited to, PTSD, depression, anxiety, and other behavioral or emotional issues. Although originally developed for children and adolescents, there is evidence to suggest that TF-CBT is an effective trauma intervention for adults as well. One meta-analysis of 22 randomized control trials in adult samples found that trauma-focused modalities, including TF-CBT, were superior to non-trauma-focused interventions in the reduction of PTSD-related symptoms.89 Unfortunately, the meta-analysis did not disaggregate effectiveness by different subpopulations.

Several healthcare-focused programs and centers provide services specifically for the transgender population, using approaches with an existing evidence base for other populations. For instance, the Triangle Program of the Arbour-HRI Hospital in Massachusetts provides mental health treatment to LGBTQ individuals experiencing emotional functioning and life stressors, including trauma, depression, and anxiety. The program includes comprehensive psychiatric and substance use evaluation, intensive individual and group counseling, trauma-informed treatment, and family counseling/intervention, among other services. The Triangle Program utilizes CBT as well as Dialectical Behavioral Therapy (DBT) as part of the services offered in group interventions.90 In addition, the Center on Halsted in Chicago provides comprehensive health and well-being services to LGBTQ individuals, including psychotherapy and group therapy for LGBTQ survivors of violence and trauma. Similar to the Triangle Program in Massachusetts, the Center on Halsted offers DBT for trauma along with several other models of treatment for the LGTBQ population.91

DBT is a psychological intervention specifically designed as an outpatient program for chronically suicidal persons.92 One meta-analysis93 examined the effectiveness of DBT compared to treatment as usual (TAU) in reducing depression as well as life-threatening suicidal and parasuicidal acts among adult patients with Borderline Personality Disorder (BPD). Five RCTs with a combined sample of 247 adults (ages 18 to 70) with BPD were included in the analysis. The results revealed that DBT is successful in significantly reducing suicidal and self-harming acts among adult patients. DBT was also associated with reduced symptoms of depression, though the effect did not reach statistical significance in the meta-analysis. Although these results demonstrate that DBT may be a useful intervention for trauma survivors, this meta-
analysis included only a small number of studies, and additional RCTs with larger patient samples would be valuable.

Another meta-analysis of twelve studies involving DBT-based interventions with adolescents (ages 12-18) found that DBT contributed to fewer symptoms of depression and an even greater impact in reducing nonsuicidal self-injury (NSSI).\textsuperscript{94} Methodological limitations, however, may limit the generalizability of these findings to the transgender population. Aside from the small sample sizes of each study, the meta-analysis utilized only pre- and post-treatment comparisons, and few of the studies included control groups. In addition, the follow-up periods varied considerably across studies; the post-treatment follow-up ranged from two weeks to roughly one year after completion.

Although few, if any, non-clinical trauma interventions are specifically designed for transgender individuals, extant evidence could provide insight into trauma treatment among this vulnerable population. Some recent treatments are somatically-based, or body-focused. These modalities involve building individuals’ capacity to self-regulate emotions by shifting physiological arousal. For example, trauma-sensitive yoga (TSY) or trauma-informed yoga (TIY) aims to aid participants in developing awareness of the physical sensations associated with their negative feelings, allowing them to reorient themselves and tolerate distress through meditation and other exercises.\textsuperscript{95} One study randomly assigned 64 women with chronic PTSD to either TSY or supportive women’s health education for 10 weekly, one-hour sessions.\textsuperscript{96} The yoga classes incorporated the central elements of hatha yoga (i.e., breathing, postures, and meditation) and emphasized awareness of body sensations and control. At the end of the study, 16 of 31 participants (52%) in the yoga group no longer met criteria for PTSD compared to 6 of 29 (21%) in the control group. Although these results are promising, it is worth noting that the intervention was only 10 weeks long and the evaluation lacked an additional follow-up period. Moreover, the evaluation did not specify whether any of the women were transgender.

Another evaluation\textsuperscript{97} of a somatic-based approach assessed Ogden’s sensorimotor psychotherapy (SP)\textsuperscript{98}, an attachment-informed and sensory-focused therapy that teaches trauma survivors techniques to regulate arousal responses. A sample of 10 women who demonstrated psychological and somatic symptoms of childhood and adult-based interpersonal trauma participated in 20 weekly sessions of SP. These sessions consisted of mindfulness exercises, brief stretches, and lessons of somatic awareness followed by experiential exercises. At the completion of treatment, participants demonstrated significant improvement in body awareness, dissociation, and soothing receptivity, but no significant changes in interpersonal problems. Although promising, the study was limited by its very small sample with no control group. It is also unknown whether any participants identified as transgender. Regardless, these two studies on somatic-based approaches highlight the potential for non-language based interventions to effectively reduce trauma symptoms.

Accelerated experiential dynamic psychotherapy (AEDP) is another model that researchers have only recently begun to investigate empirically. AEDP is an integrative treatment with roots in short-term psychodynamic psychotherapies (STPPs), but also incorporates process-experiential therapies (PETs). Like STPPs and PETs, AEDP views a client’s secure attachment relationship with their therapist as a means by which they can achieve rapid improvement in emotional...
stressors. In essence, AEDP is an emotion and attachment-centered model that incorporates experiential as well as dynamic techniques. One case study focused on the experiences of “Grace,” a 24-year-old woman who had demonstrated PTSD symptoms resulting from single index trauma. Over 40 sessions, Grace participated in AEDP in conjunction with writing exercises, two approaches often utilized for trauma survivors independently. Grace demonstrated a meaningful decrease in her PTSD-related symptoms as measured by the Trauma Symptom Inventory (TSI) and the Outcome Questionnaire-45 (OQ-45). Another case study followed a 35-year-old woman with extended periods of severe anxiety and panic resulting from geographical separations from loved ones, personal losses, and conflicts in her career. After 20 hours of AEDP sessions over the course of two months, the patient’s depressive symptoms dissipated and her professional functioning improved. However, both sets of findings are limited by the case study design. In addition, it must be assumed that both subjects were cisgender female. Finally, Grace’s pre-treatment questionnaire was completed retroactively; and the latter subject’s results were based on interpretations of the patient’s therapist, and not on diagnostic tools.

Program 4. New York Committee for Occupational Safety and Health (NYCOSH): Manhattan Justice for Workers Collaborative (MJWC)

Background

Every year, workers in the U.S. are deprived of an estimated $50 billion through employer wage theft. In addition, over three million workers suffer fatal or nonfatal workplace injuries and illnesses, some of which result from employer negligence or other violations of law. Immigrant workers face a heightened risk of workplace crimes as employers exploit their lack of legal status to avoid complying with federal and state labor laws mandating fair pay, safe working conditions, and protection of workers’ rights. Latino/a workers—whether U.S. born or foreign-born—are particularly vulnerable to workplace crimes compared to other ethnic groups. Latinos are commonly overrepresented in low-wage industries that are most prone to wage theft or safety/health violations, such as farming, fishing, and forestry; building and grounds cleaning and maintenance; construction and extraction; food preparation and serving-related jobs; production; and transportation and material moving. A comprehensive survey of 4,387 workers in New York, Los Angeles, and Chicago in 2008 revealed that 32.8% of Latino/a workers experienced minimum wage violations compared to 7.8% of their White counterparts. More recently, the Bureau of Labor Statistics reported that Hispanic or Latino/a workers incurred 903 fatal injuries in 2015, for a rate of 4.0 fatalities per 100,000 full-time equivalent workers—the highest rate among the racial/ethnic groups for which rates were calculated.

Various laws, policies, and law enforcement strategies at the federal and state level work to combat workplace crime such as wage theft and safety/health violations. In addition, worker centers—which are community-based and community-led organizations that combine service, advocacy, and organizational resources to support low-wage workers—play a vital role in providing resources for workplace crime victims. For example, worker centers can assist workplace crime victims through outreach, education, detection and reporting of violations, filing complaints, referrals, and advocacy work.
The establishment of coalitions or partnerships across individual worker centers are part of a growing national trend to pool resources and ideas within communities to more efficiently and effectively address the needs of workplace crime victims. Examples of collaborative efforts nationwide include the Coalition of Low-Wage & Immigrant Worker Advocates in California, the Los Angeles Coalition Against Wage Theft, and the Fair Work Collaborative in Seattle, Washington. New York City is home to many worker centers and community-based organizations supporting workplace crime victims, particularly among the Latino/a immigrant community. Although many worker centers and other community-based organizations have close working relationships, there remains no citywide network or partnership that coordinates programming among these organizations.

Evidence Base

Worker Centers & Worker Center Partnerships. There is limited research on the effects of worker centers on workers, employers, communities, or other entities. In perhaps one of the most comprehensive studies of worker centers across the U.S., Janice Fine conducted in-depth interviews and case studies with 40 immigrant worker centers nationwide to examine different worker center models and evaluate their strengths, weaknesses, challenges, and overall potential. This study concluded that the strengths of worker centers included their: commitment to leadership development in the communities; ability to help workers file claims and recover back wages; role as a vehicle for a collective voice for low-wage immigrant workers; ability to pioneer campaigns for improving work conditions in low-wage industries; and willingness to experiment in program design. Fine’s study also highlighted several weaknesses of worker centers, including their: relatively low participation rates; reliance on foundation funding; lack of understanding of the industries, employers, and jobs in which their members work; and, perhaps most significantly, the lack of strategic alliance building among centers. Research on worker center networks or partnerships is also very limited. However, their potential to facilitate the sharing and learning among individual worker centers, increase capacity, attract more stable funding streams, increase organizational efficiency, and champion more coordinated campaigns on public policy is promising.

Trainings in Wage Theft & Safety/Health Violations. Training has been demonstrated to be an effective intervention across diverse fields and target populations. The effectiveness of various training models depends, among many other factors, on the particular training content. Several studies have examined the impact of safety/health violation trainings on low-wage immigrant workers’ attitudes and practices, finding that trainings improve knowledge and awareness of hazards; improve hazard identification; increase safe work practices; and decrease self-reported injury rates. In contrast, there is a dearth of evidence regarding wage theft trainings, which may reflect the greater focus on wage theft prevention and enforcement legislation, as opposed to training for workers in wage theft.

Case Management for Victims of Wage Theft. In 2014, the New York State Department of Labor recovered over $30.2 million to be disbursed to 27,000 workers who had experienced wage theft. However, the amount of recovered wages is a very small percentage of the $1 billion estimated to be lost annually by low-wage workers in New York due to wage theft, as wage
theft cases are often underreported and/or fair labor laws are often under-enforced.\textsuperscript{121} Moreover, even after settlements such as this, many eligible workers fail to claim their duly earned portion of the settlement.\textsuperscript{122} Comprehensive legal services or case management for workers, often provided by worker centers, attempt to help workers recover lost wages by advocating on behalf of workers in communication with employers, referring workers to appropriate state or federal agencies, and assisting workers in filing lawsuits when necessary.\textsuperscript{123} Although there is anecdotal evidence that these organizations have helped workers recoup money owed to them, rigorous evaluations of their impact are unavailable.

\textbf{Leadership Training and Peer Education among Low-Wage Immigrant Workers.} Worker centers and community organizations working with low-wage and/or immigrant workers often invest in developing leaders, with a central aim of galvanizing hard-to-reach populations (e.g., undocumented workers, day laborers) around labor-related and other social justice issues. There are several examples of this type of model in practice (e.g., New York Workers Center Federation’s Delfino Leadership Institute, ARISE Chicago’s Leadership Institute, and leadership development sessions hosted by the National Day Laborer Organizing Network), yet there is limited research on their effectiveness.\textsuperscript{124} Nonetheless, there is robust research on one such approach, known in general as the “train-the-trainer” (TTT) program model (also known as primal training, triadic training, or helper model training), in which one participant or a group of participants is trained, who in turn disseminate the information and/or train additional people in their community.\textsuperscript{125} Evaluations across a variety of fields have found that the model increases knowledge among trainers and their trainees, and is a cost-effective strategy for disseminating knowledge within communities.\textsuperscript{126} Some TTT approaches have also been used in “know your rights” campaigns among immigrant communities, but there is limited research on the effectiveness of this type of approach on wage theft and safety/health violations among low-wage/immigrant workers specifically.\textsuperscript{127}

\textbf{Victims’ Advocate and Referral Services.} Referring victims of crime to community-based services based on their needs is regarded as a best practice in victim services.\textsuperscript{128} Victims of crime can experience a range of consequences resulting from their victimization (e.g., mental health, substance abuse, and health-related issues), but there is evidence that their life outcomes improve if they are connected to needed, victim-oriented services (e.g., counseling, medical care, legal services).\textsuperscript{129} However, robust research on the effectiveness of services targeting the needs of crime victims is mostly limited to domestic violence or sexual assault victims, with little known about their effectiveness with workplace crimes.\textsuperscript{130} In addition, immigrant crime victims are often reluctant to seek victims’ services in the first place. In a national study of Latino/a and non-Latino/a adults, Latino/a immigrant victims of intimate partner violence accessed formal victim services at a lower rate than Latino/a non-immigrants (6.9% vs. 14.7%).\textsuperscript{131} Other research has also found undocumented Latina immigrants to be less likely than immigrants with temporary or permanent status to access formal victim services (e.g., contacting police, the courts, victim services, and health/medical care).\textsuperscript{132}

\textbf{Program 5. Sanctuary for Families: Career Readiness Training Program (CRTP)}

\textbf{Background}
Women face significant risk of experiencing intimate partner violence and human trafficking during their lifetimes. According to the National Coalition Against Domestic Violence, one in three women have been physically abused by an intimate partner in the United States. Moreover, an estimated 2.45 million people are in forced labor globally as a result of human trafficking, with women and girls comprising an estimated 98% of all commercial sexual exploitation victims. Though survivors of intimate partner abuse and sex trafficking endure distinct victimization experiences, both are characterized by a loss of power and control. As such, proposed solutions for one population may also be instructive for the other.

Four intersectional pillars explain the dynamics of power and control experienced by survivors of both intimate partner violence and human trafficking. First, survivors often perceive their abusers as intimate partners. Many young girls are compelled into thinking of their traffickers as boyfriends, and traffickers may even promise marriage in order to gain trust, which then serves as a foundation for coercive control. This dynamic of leveraging bonds mirrors that of abusive partners and explains how survivors can view their abusers as individuals with whom they have legitimate relationships rather than the source of their abuse. Second, survivors frequently do not identify as “victims” or “survivors” because they are led to believe they are willing participants, or blame themselves for their own victimization. Third, service providers often judge survivors as “choosing” their victimization. Survivors of intimate partner abuse are often blamed because they chose to remain with their abuser; similarly, sex trafficking survivors may be perceived as having chosen to engage in sex work, and consequently be denied services and protection. Finally, intimate partner abusers and sex traffickers both use coercion as a tactic, including but not limited to physical violence, economic exploitation, social isolation, threats, intimidation, sexual assault, and captivity. Economic dependence specifically is one of the most challenging barriers to escaping abuse due to such factors as being prohibited from pursuing higher education or maintaining steady employment; lacking independent checking or savings accounts; and suffering from poor credit as a result of abusive behavior. Similarly, traffickers typically control access to money, effectively forcing victims to earn money via prostitution.

Evidence Base

Although assisting intimate partner violence (IPV) survivors with establishing economic independence is considered key to the therapeutic process, empirical research on workforce and employment interventions is lacking. Some organizations, however, have taken steps to support the economic independence of victims of IPV or human trafficking. For example, Restore NYC is a nonprofit organization that provides services to immigrant survivors of sex trafficking with a holistic, trauma-informed, and culturally sensitive approach. One of their provided services is the Economic Empowerment program designed to equip women with skills and employment opportunities to achieve financial independence. Clients are connected with job opportunities while participating in supportive services, which include weekly training, coaching, financial literacy, interviewing and resume preparation, and trauma-specific interventions. In a pilot of this program in 2016 with 11 women, nine of the women had become employed six months after completing the program, resulting in a 115% increase in

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1 Trauma-specific interventions are those that directly treat trauma-related symptoms, including co-occurring conditions (i.e., mental disorders and/or substance abuse) that arise during or after trauma.
income. Eight of the nine exhibited improved mental health, and none had re-entered trafficking. These findings are limited by the lack of a control group and small sample size.

Savings initiatives and asset-building programs have also become vital tools to help low-income individuals achieve long-term economic stability. For instance, individual development accounts (IDAs) provide institutional structure and financial incentives to promote saving. When combined with matched savings from other public or private sources, the finances accrued can be used to attain home ownership, or postsecondary or career-enhancing education. Such programs may be instrumental to the recovery of survivors of IPV in particular, who often have been denied access to banks or saving money by their abusers for many years. One study evaluated the Redevelopment Opportunities for Women’s Economic Action Program (REAP), which includes a 12-hour economic education curriculum, among a sample of 125 female survivors of IPV. On average, IDA participants took part in the program for 27 months, and saved an average of $1,310. Approximately two thirds of participants reached their savings goal, which was set in conjunction with a REAP advocate, and did so after an average of 19 months. Participants also made a total of 189 matched withdrawal asset purchases (e.g., for purchase of automobiles, home, or career-enhancing education). The study provided support that low-income survivors of IPV are capable of saving and purchasing assets. Future research should employ larger sample sizes, and examine the long-term effects of economic empowerment programs and how they may contribute to long-term economic stability.

Another study examined the effectiveness of the Advancing Career Counseling and Employment Support for Survivors (ACCESS) curriculum. ACCESS is comprised of two-hour weekly sessions over five weeks. The sessions aim to enhance participants’ identification and exploration of career interests; increase recognition, development, and utilization of career-related skills; raise awareness of career opportunities; support the development of career goals; and provide connections to community-based supportive resources. In the study of 73 female survivors (ages 22 to 62) who had been in a violent intimate relationship within the last five years, participants improved their career search self-efficacy (i.e., one’s ability to utilize career search strategies) and decreased their perceptions of current and future career barriers at post-intervention and eight-week follow-up. Participants also demonstrated decreased depression and anxiety, suggesting that ACCESS’ career-related benefits may also relate to improved mental health. Noteworthy limitations of this study, however, include a lack of control group design and a small sample size.
Appendix 4. References


4 Hanson et al. (2010).


7 Truman & Morgan, 2016.


Glickman (2009) describes one known case study involving CBT with a D/deaf/HOH client, named “Bill”. However, the client also had substantial language and developmental challenges and thus, does not serve as a suitable basis for program adaptations that may be appropriate for the broader D/deaf/HOH population.

33 Panos et al. (2014).
40 Central England Deaf Child and Adolescent Mental Health Services. (n.d.).
42 Kvarme, Aabo, & Søteren, 2013, p.418.
51 Vogel et al. (2011).


101 Harmon et al. (2012).


106 Ibid.


111 Ibid.


113 Ibid.

114 Ibid.

115 Ibid.


Restore NYC. (2017).


Davidson et al. (2012).
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

Criminal Justice Investment Initiative

Request for Proposals to
Increase Access to Services
for Survivors of Crime
No. 004
Expires 10/14/2016
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Cover Sheet for Access to Services

Goal of the RFP
The goal of this Request for Proposals (RFP) is to solicit proposals that increase access to services for survivors of crime, particularly those from underserved groups, which may in turn increase crime reporting. Programs that address barriers to service access have the potential to increase service usage and increase reporting, both of which may improve survivor outcomes. Increased use of services and reporting may also facilitate the prosecution of criminals and mitigate the increased risk of criminal offending that is often associated with victimization or circumstances surrounding victimization, ultimately increasing public safety.

Applicants may propose to a) expand/enhance their existing capacity to deliver services or b) develop and pilot new approaches to accomplish the aforementioned goals. Proposed programs should focus on one or more of the following groups that face significant barriers to access: immigrants; lesbian, gay, bisexual, transgender, or queer (LGBTQ) individuals; individuals who are D/deaf or hard of hearing; individuals with disabilities; people of color; and/or individuals who belong to other underserved groups. Proposed programs should also reflect best practices for working with survivors of trauma and include a new/enhanced outreach strategy tailored to the group(s) served. Programs should be administered in Manhattan and/or serve residents of Manhattan, with preference given to applicants that have close community ties to and serve residents of one or more of the following four focus neighborhoods: East Harlem, Central and West Harlem, Washington Heights, and the Lower East Side. DANY and ISLG encourage organizations with varied levels of capacity, and organizations with singular and multiple areas of expertise, to submit proposals in response to this RFP.

Such programming is critical given that victimization can increase the likelihood of mental health issues, adversely affect occupational functioning and social relationships, and contribute to other harmful and lasting effects. Although supportive services have the potential to decrease the risk of negative outcomes, survivors frequently fail to report victimization or utilize services, highlighting but also contributing to persistent challenges in responding to victimization.

A. Timeline and Submission Instructions
Release Date of RFP: June 23, 2016

Questions: Questions about this RFP may be submitted in writing at http://cuny-islg.fluidreview.com. Questions and requests for clarification must be submitted by August 19, 2016, at 11:59pm EST.

Answers to all questions will be available as an addendum to this RFP by 11:59pm on September 16, 2016. It will be the responsibility of applicants to check the CJII website to

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[a] Throughout this RFP, “survivor” and “victim” are used interchangeably. When possible, this RFP uses “survivor” to emphasize individuals’ resilience and the possibility of improving the life outcomes of those who have experienced victimization. “Victim,” however, is more commonly used in the criminal justice field and when referring to others who help survivors of crime (e.g., “victim advocate”). When citing specific research and policy sources, this RFP adopts the terminology used in the publication of note.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

remain up-to-date regarding all addenda issued for the current RFP. Any addenda will be posted here: http://cji.org/category/opportunities/

   Proposal Due Date: Proposal submissions are due on October 14, 2016, at 11:59pm EST. Proposals should be submitted via http://cuny-islg.fluidreview.com.

   Failure to submit a proposal by the due date and time will result in the proposal being considered non-responsive to this RFP and not considered for award. Unless an addendum to this RFP is issued extending the due date and time, all proposals must be submitted prior to the time and date set forth above.

   Anticipated Contract Start Date: Winter 2016

C. Amount and Number of Awards

DANY anticipates total funding to be up to $11.4 million (to be spread across up to ten awards).

Applicants may request funds for planning and implementation, or solely for implementation, depending on the nature of proposed programming. (For example, increasing the number of service slots to expand the capacity of an established program would not warrant a planning grant, whereas developing and piloting a new approach to provide services might require funding for both planning and implementation.) In instances where a planning grant is awarded, subsequent implementation funding will be contingent upon approval of the program plan developed during the planning phase.

Funding will be for up to three years for program implementation. Projects that include a planning phase will receive additional funding for up to six months, prior to the start of implementation funding.

D. Contact Information

Questions regarding RFP content should be submitted in writing at http://cuny-islg.fluidreview.com. Questions regarding technical difficulties should be sent to cji@islg.cuny.edu.
II. Key Terms

**Criminal Justice Investment Initiative (CJII):** CJII was established by the New York County District Attorney’s Office (DANY) in 2014 to invest funds in impactful projects that will improve public safety and promote a fair and efficient justice system.\(^b\)

**CUNY Institute for State and Local Governance (ISLG):** ISLG oversees CJII on behalf of DANY, manages and provides guidance to CJII contractors, and conducts oversight and performance measurement throughout the lifetime of the initiative.

**New York County District Attorney’s Office (DANY):** Manhattan District Attorney’s Office. The Criminal Justice Investment Initiative was established by DANY.

**Research Foundation:** Under CJII, all funds will be awarded through the Research Foundation of CUNY. The Research Foundation is a not-for-profit educational corporation that provides CUNY and non-CUNY clients with the administrative infrastructure that supports sponsored program activities. The Research Foundation acts as CUNY’s fiscal agent and administers funds and signs certain contracts on behalf of ISLG, including those related to CJII.

**Trauma:** Trauma results from an event, series of events, or set of circumstances experienced by an individual or group as physically or emotionally harmful or life threatening, and has lasting adverse effects on functioning and mental, physical, social, emotional, or spiritual well-being.\(^8\)

**Trauma-Informed:** Organizations and practices that incorporate an understanding of the pervasiveness and impact of trauma and are designed to reduce re-traumatization, support healing and resiliency, and address the root causes of abuse and violence.\(^9\)

\(^b\) These are asset forfeiture funds, derived from settlements with international banks that violated U.S. sanctions.
III. Summary of the Request for Proposals

A. Purpose of the RFP

The New York County District Attorney’s Office (DANY) has committed to investing funds through its Criminal Justice Investment Initiative (CJII) to support impactful projects that improve public safety and promote a fair and efficient justice system in New York City. Up to $11.4 million will be available to fund proposals to Increase Access to Services for Survivors of Crime across Manhattan, as described in this RFP.

The City University of New York Institute for State and Local Governance (ISLG) is the technical assistance consultant to DANY for CJII. ISLG oversees CJII on behalf of DANY, including managing the solicitation and contracting process, managing and providing guidance to award recipients, and conducting oversight and performance measurement throughout the lifetime of the initiative. Proposals will be submitted and funds awarded through the CUNY Research Foundation.

ISLG is seeking proposals that aim to increase access to services for survivors of crime, with a particular focus on survivors from underserved groups. Increased access and service usage may in turn lead to increased crime reporting and improved survivor outcomes. Proposed programs should reflect best practices for working with survivors of trauma. Applicants may propose to a) expand/enhance their existing capacity to deliver services or b) develop and pilot new approaches to accomplish the aforementioned goals. Proposals should address one (or more) of the following needs:

- **Sign language interpretation and translation services** to ensure communication and service access for survivors who are D/deaf or hard of hearing\(^c\) and/or non-English speaking
- **Education and training for service providers** on culturally-competent programming tailored to particular groups of survivors
- **Culturally-specific/competent programming** tailored to a specific group of survivors, taking into account members’ unique identities and needs
- **Public awareness and outreach programs** that aim to raise awareness about and connect survivors to available services, increase crime reporting, and educate about victimization, particularly with respect to underserved groups and those who may experience higher rates of victimization
- **Other approaches** to increase use of supportive services (by increasing access) for survivors, which may, in turn, increase crime reporting

Proposals should focus on one (or more) of the following groups that currently face significant barriers to service access: immigrants; lesbian, gay, bisexual, transgender, or queer (LGBTQ)

\(^c\) “Deaf” refers to individuals who identify as belonging to a unique cultural and linguistic community, whereas “deaf” refers to an audiological condition of not hearing. In this RFP, one focus population consists of Deaf, deaf, and hard of hearing individuals, which will be referred to as “D/deaf and hard of hearing” from here forward.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

individuals; individuals who are D/deaf or hard of hearing; individuals with disabilities; people of color; and/or individuals who belong to other underserved groups (see Appendix 3 for additional detail). Proposals should also include a robust outreach strategy (either new or an enhancement of an existing strategy) to increase service usage among the group(s) the program is designed to serve.

Increasing access to an array of survivor services is critical, given that crime victimization can have an adverse effect on survivors’ lives, including on interpersonal relationships, occupational functioning, and mental health. Although existing supportive services have the potential to mitigate the negative effects of victimization, service use among survivors remains low. This gap is particularly true of immigrants; LGBTQ individuals; individuals who are D/deaf or hard of hearing; individuals with disabilities; and people of color. Members of these groups may be less likely to report crime and/or seek services following victimization for a number of reasons, such as stigma around seeking help; lack of awareness of available services; lack of access to and/or availability of culturally-competent services; lack of awareness regarding what constitutes victimization; perception that existing services will not meet one’s needs; or fear of retaliation, harassment, or deportation.

Proposed programs and approaches should also be trauma-informed, where appropriate. Trauma-informed approaches incorporate an understanding of the pervasiveness and impact of trauma and are designed to reduce re-traumatization and support healing and resiliency. Such approaches are particularly important for survivors of crime given the association between victimization and subsequent mental health issues. (Programs that are not currently trauma-informed but wish to incorporate a trauma-informed approach may be provided technical assistance.)

Survivor services that address barriers to access can contribute to the goals of increased service usage and reporting among populations who are currently less likely to engage with survivor services or report crime. For instance, proposed programs may adopt strategies to improve cultural accessibility (e.g., sign language interpreters, staff with in-depth knowledge of a particular cultural group, translators or staff that speak languages other than English, staff composition reflective of the community), address a lack of awareness (e.g., marketing campaign, website), and/or enhance education and outreach tailored to a specific underserved population (e.g., D/deaf survivors of domestic violence or sexual assault). Furthermore, these strategies may improve outcomes among survivors, such as improved feelings of safety, health and well-being. Increased survivor service usage and reporting could also facilitate the prosecution of criminals and mitigate the increased risk of criminal offending that is often associated with victimization or circumstances surrounding victimization, ultimately increasing public safety.

As such, investments in approaches to improve access to survivor services contribute to the CJII goal of increasing fairness in the justice system. These investments are situated within a broader approach of increasing access to services (see announcements on Youth Opportunity Hubs and Community Navigators) and align with DANY’s commitment to aiding victims of crime (see Section III.A. Background). These investments seek to expand capacity among existing providers, as well as to develop new approaches to engage populations that are underserved.
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B. Anticipated Contract Specifications

ISLG anticipates awarding up to ten contracts for either a) the expansion/enhancement of existing programs or b) the development and piloting of new approaches to increase access to services for survivors of crime. All proposals should also include a robust outreach strategy to improve access to services among the program’s focus population(s). The length of funding for program implementation will not exceed 3.5 years, beginning in Winter 2016, including up to six months for program planning and three years for program implementation. The anticipated contract term will not exceed 4.5 years, and will include up to one additional year beyond the conclusion of funding for purposes of data sharing and evaluation. Funded applicants will be required to provide ongoing performance data (see “Performance Measurement” below) to ISLG and, if applicable, to a third-party evaluator. Funded applicants may also be required to continue providing performance data for up to one additional year beyond the period of the program funding.

DANY and ISLG anticipate that any agreement entered into as a result of this RFP will be with the Research Foundation as the contracting party on behalf of ISLG. The contract template is attached as Appendix 5. In the event that the selected applicant is unable to fulfill the requirements of the contract awarded pursuant to this RFP, ISLG reserves the right to have the Research Foundation enter into contract negotiations at a later date with other providers available to implement the program.

Projects and other organizations that do not yet have 501(c)(3) status may apply but are required to have a fiscal sponsor in place upon proposal submission. In such instances, see Section VI.G for instructions on how to address this in the proposal submission.

Programs that receive funding through this RFP must be open to accepting referrals from NYC government agencies, for survivors of crime who belong to the focus population(s) the applicant proposes to serve.

Programs that receive funding through this RFP must be willing to work with Community Navigators, which are part of a broader CJII strategy to increase access to services and coordination among service providers. Community Navigators are supervised by a Community Navigator managing entity. Funded applicants may be asked to share client information with the Community Navigator managing entity and the Community Navigator. They may also be asked to provide programmatic information to the Community Navigator managing entity on a regular basis.

C. Anticipated Available Funding

DANY anticipates total funding for the program(s) to be up to $11.4 million (to be spread across up to ten awards). The length of funding for program implementation will not exceed three years, and, if applicable, the length of funding for program planning will not exceed six months. CJII funds will be spread across multiple recipients, supporting programs that address a variety of survivor needs and are tailored to different underserved populations, across the funding term.
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For applicants proposing an expansion/enhancement of an existing program, implementation will last up to three years.

For applicants proposing new programs, funding will be divided into planning and implementation periods. The planning period (Phase I) will last up to six months, and the implementation period (Phase II) will last up to three years. Phase II (implementation) funding will be contingent upon approval of the program plan developed during Phase I (planning).

Applicants may propose up to three programs in response to this RFP. Applicants proposing multiple programs should submit one application but should speak to the different programs (see VI. Proposal Content and Format for further instructions).

D. Performance Measurement

DANY and ISLG are committed to measuring outcomes for all CJIII-funded programs and disseminating that information so that others may learn from and build on those outcomes. Data gathered by funded applicants throughout the term will be used to adjust implementation of services. Process measures will be particularly important for helping funded applicants monitor ongoing performance.

The effectiveness of programs funded under the Increase Access to Services for Survivors of Crime initiative may be subject to an independent evaluation, particularly for funded applicants implementing new programs. All funded applicants will be required to provide performance measurement data to ISLG and, when applicable, the third-party evaluator throughout the duration of the contract. Performance measurement data will include both process/implementation data and outcome/impact measures and may be subject to change during the term of the contract. Applicants will work with ISLG and the third-party evaluator during the contracting process and throughout the term of the contract to determine appropriate metrics. (See Appendix 1 for more information about performance measurement.)

IV. Anticipated Scope of Services

A. Background

Despite increased focus on survivors of crime over the past fifty years and corresponding advances in supportive services,\(^d\) reporting of crime as well as access to and usage of services remain low. For example, a Bureau of Justice Statistics report showed that 42 percent of victims did not report serious violent crime to law enforcement between 2006 and 2010.\(^1\) This lack of reporting among survivors of crime highlights and likely contributes to persistent challenges in

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\(^d\) Since its inception in the 1960s, the victims’ movement has been instrumental in bringing about major improvements in the way victims of crime are treated. For instance, the first victim compensation program was established in California in 1965, with nearly 30 states following suit over the next 15 years. The Victims of Crime Act (1984) provided funding to states for victim compensation and assistance programs and later, the Crime Victims’ Rights Act (2004) bolstered the rights of victims and authorized funding for victim services.
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responding to victimization and providing proper treatment. For example, a 2012 national survey showed that 65 percent of rape crisis centers surveyed had waiting lists for counseling services. Increased reporting and provision of appropriate services could facilitate the prosecution of criminals, improve responses to survivors, improve survivor outcomes, and mitigate the increased risk of criminal offending that is often associated with victimization or circumstances surrounding victimization, ultimately increasing public safety.

Survivors of crime who belong to particular underserved groups (e.g., immigrants, LGBTQ individuals, people with disabilities, D/deaf and hard of hearing individuals, and people of color) are disproportionately affected by these dynamics because of their elevated risk of victimization as well as the distinct obstacles they face in accessing services and/or interacting with the justice system.

Investments in programs aimed at increasing access to services for survivors of crime contribute to the CJII goals of improving public safety and enhancing fairness and efficiency in New York City’s justice system. These investments also align closely with DANY’s commitment to helping victims of crime attain justice and connect to services that can help in the healing process. Several DANY units and initiatives are particularly integral to these efforts and demonstrate the Office’s commitment to serving victims. These include but are not limited to:

- **Witness Aid Services Unit** provides a variety of court-related services, social services, and counseling services designed to meet the needs of crime victims, witnesses, and their families. The unit also provides information related to the prosecution of the case, assists victims in understanding the criminal justice system, and provides information regarding crime victims’ rights.

- **Immigrant Affairs Unit** addresses the victimization of immigrants. Immigrants seeking residency or citizenship are often preyed upon by criminals who steal from them by employing a variety of schemes. The program is meant to aid and encourage both documented and undocumented immigrant victims and witnesses who may fear cooperating with law enforcement because of their immigration status.

- **The Manhattan Family Justice Center** provides victims of domestic violence with a variety of resources that aid in the healing process, such as safety planning, support groups, counseling, and access to emergency shelter and housing. The Manhattan DA’s Office piloted the first Center of this kind in New York City.

Applicants will be asked to speak to potential collaboration with entities such as these and other New York City government agencies, as appropriate and with respect to implementation of their proposed program(s).

**B. Program Description**

This request seeks proposals to increase access to services for survivors of crime. Applicants

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\(^{20}\) For more detailed information on these focus populations with respect to victimization, the barriers they face (Ciarlante & Fountain, 2010; Grant et al., 2011; Tyiska, n.d.), and their unique needs (Balderian, Coleman, & Stream, 2013; Obinna, Kreuger, Osterbaan, Sadusky, & DeVore, 2006; Rich & Grey, 2005; Smith & Hope, 2015), see Appendix 3.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

may propose to a) expand/enhance their existing capacity to deliver services or b) develop and pilot new approaches to increase access to services for, and potentially increase crime reporting among, underserved groups. Proposed programs should reflect best practices for working with survivors of trauma. Programs should be administered in Manhattan and/or serve residents of Manhattan, with preference given to applicants with close community ties in and serving residents of four focus neighborhoods: East Harlem, Central and West Harlem, Washington Heights, and the Lower East Side. DANY and ISLG encourage organizations with varied levels of capacity, and organizations with singular and multiple areas of expertise, to submit proposals in response to this RFP.

Applicants may propose up to three programs in response to this RFP. Applicants proposing multiple programs should submit one proposal but should speak to each program when appropriate (see VI. Proposal Content and Format for further instructions). A single program may be designed to serve one or more of the aforementioned focus populations.

0. Eligible Programs: Applicants may propose to a) expand/enhance an existing program, or b) develop and pilot a new program approach to increase access to services among survivors of crime, and possibly also increase crime reporting. Eligible programs include those that foster engagement with specific groups (e.g., targeted outreach and education, interpretation) as well as those that improve the relevancy of services to specific groups (e.g., education and training for service providers, culturally-specific programming).

Listed below are some examples of eligible programs. This list is not intended to be exhaustive. Applicants who have expertise in the needs of specific survivor groups are encouraged to propose efforts that will help address survivors’ needs and accomplish the goals of this initiative, whether or not they fall within the list of areas below.

a. Interpretation, e.g.:
   i. Interpreters for speakers of languages other than English, with particular training on trauma and/or victimization, to ensure all survivors have access to the best provider(s) that can meet their particular needs
   ii. American Sign Language interpreters for victims of domestic violence/sexual assault, with particular training on domestic violence/sexual assault and trauma

b. Education and training for providers, to ensure services are culturally-competent, e.g.:
   i. Engaging survivors of color, particularly Black and Latino males who are survivors or witnesses of violent crime
   ii. Serving survivors with disabilities (e.g., streamlining interviewing/intake processes to minimize demand on survivors; maintaining confidentiality and privacy, etc.)
   iii. Working with LGBTQ survivors, especially those of domestic violence and sexual assault
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iv. Training for service providers on identifying and hiring qualified sign language interpreters to serve D/deaf and hard of hearing survivors of domestic violence and sexual assault

c. Culturally-specific programming, e.g.:
   i. Legal assistance and pathway to citizenship support for immigrant survivors (undocumented and documented)
   ii. Counseling for survivors of domestic violence who have a physical or mental disability
   iii. Legal support for LGBTQ individuals who have suffered harassment and discrimination (on the job; in matters related to housing, healthcare, etc.)
   iv. Therapy for individuals of color who have witnessed and/or are survivors of violent crime

d. Public awareness and targeted outreach, e.g.:
   i. Targeted educational campaigns to help identify abuse or victimization and encourage reporting
      • Basic education regarding definitions of abuse for survivors, witnesses, and/or perpetrators belonging to a particular immigrant community
      • Information for family members on how to identify victimization among people living with disabilities
   ii. Targeted campaigns to increase awareness about the availability of culturally-specific services
      • Education/information on reporting, rights, protection, and access to free services for survivors of color, particularly men of color who have experienced or witnessed violent crime
      • Information on services that ensure communication access for D/deaf or hard of hearing survivors and non-English speakers who are survivors of domestic violence and sexual assault

e. Other approaches that improve access for (and potentially increase reporting among) survivors of crime, e.g.:
   i. Providing transportation or escorting survivors to supportive services

2. Eligible expenses: A total of $11.4 million dollars are available for up to ten programs. Funding will be for up to three years for program implementation. Projects that include a planning phase will receive additional funding for up to six months, prior to the start of implementation funding. Funding may be used for the costs of operating and/or implementing programs to improve access to survivor services and may include staff, materials, operations, and other program expenses necessary to meet survivors’ needs and accomplish the goals of CJII. Funds should not be used to supplant existing funding.
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C. Focus Populations

Programs that are specific to the groups listed below are of particular interest to DANY. As mentioned, survivors from these groups are often less likely to report victimization and to utilize supportive services, which contribute to poorer outcomes. Applicants should submit proposals specific to one or more of the following focus populations:

- Immigrants
- LGBTQ individuals
- Individuals who are D/deaf or hard of hearing
- Individuals living with disabilities or who are differently-abled
- People of color
- Individuals who belong to other underserved groups

Other CJII investments are intended to complement this approach to improve access to services and reporting of crime (see announcements about Youth Opportunity Hubs and Community Navigators).

D. Goals and Objectives

The goals and objectives of the work solicited in this RFP will help achieve CJII’s goals of improving public safety and promoting a fair and efficient justice system. Specifically, the programs should seek to increase access to services for survivors of crime, particularly those belonging to underserved groups, which may in turn increase crime reporting. Applicants may propose to a) expand/enhance their existing capacity to deliver services or b) develop and pilot new approaches to accomplish the aforementioned goals. Programs should be or aim to be trauma-informed (programs that are not currently trauma-informed may be provided technical assistance) when appropriate for the proposed focus population. Proposals should also include a robust outreach strategy to increase service usage among the relevant groups.

Program outcomes may include but are not limited to:

- Higher rates of service use among survivors of crime
- Greater satisfaction with services among survivors of crime
- More supportive and responsive social service contexts for focus populations
- Better individual and family functioning among survivors of crime:
  - Improved social and emotional well-being
  - Reduced incidents of child abuse and neglect
  - Improved participation in the workforce
  - Improved financial independence
  - Improved interpersonal relationships
  - Improved occupational functioning (e.g., job attendance, productivity, tardiness)
- Higher rates of reporting to law enforcement among survivors of crime
- Greater participation in the prosecution of crime among survivors

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[“Deaf” refers to individuals who identify as belonging to a unique cultural and linguistic community, whereas “deaf” refers to an audiological condition of not hearing. In this RFP, one focus population consists of Deaf, deaf, and hard of hearing individuals, which will be referred to as “D/deaf and hard of hearing” from here forward.]
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Applicants should highlight how their proposed program(s) will achieve these and/or other goals and objectives (see Appendix I).

V. Deliverables

The funded applicant will be required to submit regular deliverables throughout the duration of the term of any contract awarded from this RFP. Please note that deliverables, frequency, and dates are subject to negotiation. See Appendix 2 for examples of possible deliverables.

VI. Proposal Content and Format

Applicants are required to structure their submission in multiple parts, listed below. Each lettered item should be a separate document, which applicants will upload to the CJII Application Portal as part of the application process.

As noted, applicants may propose up to three programs in response to this RFP. Applicants proposing multiple programs should submit one proposal but should speak to the different programs when appropriate. Further instructions are included below for parts of the submission that should be modified if the applicant proposes multiple programs.

**Cover Letter**

For each proposed program, the cover letter should include: activities of the proposed program to increase access to services; the focus population(s) to be served; whether the proposed program is a new program or an expansion of an existing program; and the requested amount and proposed duration of funding. The letter should include basic information (e.g., location, contact information) about the applicant. If the applicant does not have its own 501(c)(3) status but has a fiscal sponsor, this should also be stated. The cover letter should be signed and dated by an authorized representative of the applicant.

**Program Narrative**

Describe in detail how the proposed program(s) will provide the services set forth below. For proposals that include multiple programs, the Program Narrative should include a subsection for each program that specifically addresses the following:

1. **Program Design:** All applicants should discuss the elements below as they relate to the program for which they are seeking funding:
   - Program activities and goals: What activities does the program entail (e.g., legal services for immigrants or LGBTQ survivors of crime; sign language interpreters for D/deaf and hard of hearing victims of domestic violence)? Which barrier(s) is the program designed to address? What are the program objectives and goals? How will the program activities contribute to improved outcomes? How do these activities expand beyond the provider’s
existing services and which gaps do they address? Which gaps will remain unaddressed even if CJII funding is awarded?

a. **Program model, best practices, and evidence base:** Has the program approach been evaluated and demonstrated to be effective? If not, describe the literature, theories, and/or evidence that suggest the program would be effective. Further, applicants should speak to the extent to which their proposed services are culturally and linguistically appropriate for the focus populations; this could include identifying elements of program design that allow for flexibility and tailoring of program approach based on clients’ backgrounds, and key staff members who have specific expertise to serve those individuals.

b. **Approach to addressing trauma:** Does the program employ trauma-informed approaches, if appropriate for the focus population? If so, describe how these are integrated into the program model.

c. **Focus population(s):** What is the program-specific focus population(s) and the inclusion and exclusion criteria? Are there specific groups for which the program is designed (e.g., immigrants from a specific region or country)? DANY is open to funding programs that are tailored to specific subgroups, particularly those who are underserved and for whom there may not be adequate service access or availability in NYC. In addition, in what neighborhood(s) will these services be provided?

d. **Outreach:** How will the applicant conduct outreach to the focus population(s)? Do applicants have existing partnerships with city agencies and providers, including for referral purposes? How will the applicant collaborate with city agencies (e.g., DANY’s Immigrant Affairs and Witness Aid Services Units) to identify and engage potential clients who may benefit from their services? The applicant may propose to enhance their existing outreach strategy and/or implement a new approach to effectively engage individuals belonging to the group(s) of interest.

e. **Numbers served:** If this is a new program, how many clients does the program plan to serve in each year of funding, using the CJII funds? If this is an expansion of an existing program, how many clients does the program currently serve? Does the demand for services outweigh the number of clients currently served? If yes, please speak to the extent of the demand beyond the current numbers served. If no, what is the maximum number of clients the program can currently serve? If the program receives funds to expand, how many additional clients would be funded through CJII? How many clients in total would be served through the expanded program?

f. **Program dosage:** What is the proposed length of program involvement (e.g., number of sessions and over what length of time)? What is the duration and intensity of each session/visit (if applicable)? What constitutes program completion/exit (if applicable)?

g. **Collaboration with Navigators:** Funded applicants will be required to work with Community Navigators (see the CJII Plan at www.cjii.org). Navigators will help connect survivors of crime to the funded applicants.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

and, when appropriate, connect clients who are survivors of crime with other service providers to help meet additional needs. Community Navigators are trained peers and social workers who will work with individuals to locate, connect, engage, and stay involved with the services they need. Navigators meet people where they are and serve as the bridge to connect individuals to services and resources across organizations, city agencies, and systems. The Navigators will be mobile and will accompany individuals across different systems and organizations to ensure they are connected with the services and resources they need (e.g., connecting a survivor of domestic violence living with disabilities who visited DANY’s Family Justice Center to a funded applicant delivering mental and behavioral health services tailored to meet the survivor’s needs). Community Navigators will enhance the work of applicants funded through this RFP by identifying clients, connecting clients to services, and working with clients for a short time to ensure they stay engaged with those services.

h. **Timeline:** Provide a timeline that outlines the major milestones of the program and how they align with program goals. The timeline should also indicate key staff responsible for each milestone and denote milestone completion by month or quarter.

2. **Program Monitoring:** Applicants should describe their current ability to collect and manage data (see Appendix 1 for more information). The effectiveness of programs funded under the *Increase Access to Services for Survivors of Crime* initiative may be subject to an independent evaluation, particularly for funded applicants implementing new programs. All funded applicants will be required to provide performance measurement data to ISLG and, when applicable, the third-party evaluator throughout the duration of the contract and possibly for an additional year after funding ends.

3. **Sustainability:** Applicants should consider sustainability in the design and implementation of the project and address steps they will take to increase the likelihood of sustainability following the end of grant funding. For instance, applicants may propose to partner or collaborate with other organizations or agencies they believe might wish to fund the program in the future. Applicants should also discuss the government agencies and other funding sources that they believe might fund the program(s) in the future to extend their overall impact, with as much specificity as possible.

The Program Narrative should be double-spaced, using standard 12-point font (Times New Roman is preferred) with 1-inch margins. Pages should be paginated. **Applicants may submit up to 15 pages of program narrative** (addressing all of the items above) for each proposed program. (For example, if a submission includes proposals for two programs, each program-specific subsection of the Program Narrative can be 15 pages.)

**Organizational and Staff Capacity**

CJII is committed to funding neighborhood-based programs and helping CBOs to develop capacity where needed. DANY and ISLG encourage organizations with varied levels of capacity,
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

and organizations with singular and multiple areas of expertise, to submit proposals in response to this RFP. Applicants should identify any area (e.g., technical, managerial, financial; connecting with referral sources, developing partnerships) where capacity building assistance from ISLG or another entity could be helpful (e.g., developing operational plans; performance monitoring and/or evaluation design). Applicants are encouraged to request this assistance so as to improve the implementation of CJII; CJII funds may be made available to provide training and technical assistance if necessary.

Applicants should describe their organizational (i.e., technical, managerial, and financial) capacity to perform the work set forth in Section IV.B above. Applicants should specifically address or include the items listed below. Applicants proposing multiple programs should specify, as appropriate, when certain information presented is specific to a particular proposed program.

1. Number of clients the applicant has served for similar services in the previous calendar year.
2. Resources that the applicant would use to provide the services, including number of all permanent full-time staff members, facilities, and technology (if applicable).
3. Description of any resource or referral directory (if applicable, e.g., of other providers in the neighborhood or city and to which clients are referred) maintained by the applicant and/or partner providers, current use, and staff resources needed to maintain the directory.
4. Description and evidence of community/neighborhood ties. Identify any partnerships with other service providers (e.g., community-based organizations, churches, schools) and describe the nature of the partnerships.
5. Whether or not the applicant proposes to use volunteers as part of program delivery and, if so, the anticipated number of volunteers per month and their purpose. Also, indicate the applicant’s number of current volunteers per month.
6. An explanation of how the supports/opportunities proposed will fit into the applicant’s current or future organization, if the approach funded here represents only a portion of the applicant’s overall mission and services (e.g., a primarily immigrant-serving organization which also houses programs for survivors).
7. Attach letters of support from partner service providers, city agencies, consultants, and other funders.
8. Attach a copy of the applicant’s latest audit report or certified financial statement, or a statement as to why no report or statement is available.
9. Areas in which training and technical assistance (TTA) may be needed (e.g., connecting with referral sources, record-keeping/data collection, trauma-informed approaches). Applicants are encouraged to request this assistance so as to improve the implementation of CJII. CJII funds may be made available to provide training and technical assistance if necessary.
10. Basic information about any subcontractors.

D. Experience
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

Describe the successful relevant experience of the applicant, each proposed subcontractor or consultant (if any), and the proposed key staff in providing the work described in Section IV.B above. Applicants should specifically address or include the items listed below. Applicants proposing multiple programs should specify, as appropriate, when certain information presented is specific to a particular proposed program.

Explain how the applicant’s current and/or previous work is relevant, and how this knowledge and experience will be leveraged in the planning (if applicable) and implementation/expansion of the proposed project. Applicants should describe staff’s training and experience as it relates to doing the work specific to the focus population(s) and proposed approach to increase access to survivor services, and possibly increase reporting.

1. List the key program staff and the role(s) each will fill. What are the qualifications for staff in each role? How are key staff supported? To what extent do staff have training and experience in working with individuals from the focus population(s)? What additional training will key staff need to deliver the proposed program? Do staff have experience recognizing and responding to individuals with past traumatic experiences?
2. Indicate the length of time the applicant has a) been in operation and b) provided services relevant to this RFP.
3. Attach resumes of the key staff who will be providing the work.
4. Attach a list of potential subcontractors (if applicable) and how they would contribute to the work outlined in the proposal.

Program Budget

Applicants should submit a budget for each proposed program included in their submission. For each budget, applicants should outline their proposed use of funding to achieve the goals of the proposed program and overarching goals of the Increase Access to Services for Survivors of Crime initiative. The budget should include a proposed breakdown of funds for planning (if applicable) and implementation/expansion by year. If the applicant has a fiscal sponsor, any fees charged by the sponsor should be included and clearly labeled in the budget.

For applicants proposing multiple programs, the program-specific budgets should be combined into one document, with each budget on a separate page or tab, for upload into the CJII Application Portal.

Program Budget Narrative

Applicants should submit a budget narrative for each proposed program included in their submission. In each narrative, applicants should describe funding needs on an annual basis over the length of the funding period (funding may vary by year). The narrative should link the proposed costs to the proposed program components and activities and outline any assumptions on which the corresponding budget is based.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

For applicants proposing multiple programs, the program-specific budget narratives should be combined into one document, with subsections for each program, for upload into the CJII Application Portal.

**Fiscal Sponsorship Documentation (if applicable)**

As noted, projects and organizations that do not have their own 501(c)(3) status may apply but are required to have a fiscal sponsor in place upon proposal submission. In such instances, applicants should state the name of the fiscal sponsor; outline the responsibilities of the fiscal sponsor; and outline their obligations to the fiscal sponsor. Applicants should also submit any fiscal sponsorship agreement.

**Proposal Formatting and Length Requirements**

Applicants should adhere to the following formatting requirements:

- All submissions should be double-spaced, using standard 12-point font (Times New Roman is preferred) with 1-inch margins.
- Pages should be paginated.
- Length: For applicants proposing one program, the Program Narrative should not exceed 15 pages (double-spaced). For applicants proposing multiple programs, the Program Narrative should be divided into subsections for each proposed program; each of those subsections should be no more than 15 pages. There are no length restrictions on other sections of the submission.
- Proposals should not contain hyperlinks. All relevant information should be included in the body of the proposal. Reviewers will not visit external websites when evaluating submitted proposals.

**VII. Proposal Evaluation and Contract Award**

**Evaluation Procedures**

All proposals accepted by ISLG will be reviewed to determine whether they are responsive to the requisites of this RFP. Proposals that are determined by ISLG to be non-responsive will be rejected. An evaluation team will evaluate and rate proposals based on the evaluation criteria prescribed below. ISLG reserves the right to conduct site visits and/or interviews and/or to request that applicants provide additional information or make presentations and/or demonstrations, as they deem applicable and appropriate. Although discussions may be conducted with applicants that have submitted acceptable proposals, the Research Foundation reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the applicant’s initial proposal should contain its best technical and price terms. DANY will be responsible for making all final funding decisions. A formal background check to assess the technical capacity, financial capacity, and operational integrity will be performed on applicants and subcontractors selected to receive funding through this RFP. DANY will be responsible for making all final funding decisions.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

DANY reserves the right to fund none, one, or multiple programs, based on the proposals received in response to this RFP.

**Evaluation Criteria**

The following evaluation criteria will be used to identify the winning proposal(s):

- Quality of program description – 55%
- Level of organizational capacity – 20%
- Prior relevant experience – 20%
- Budget narrative – 5%

**Basis for Contract Award**

Contract award(s) will be made to the applicant(s) whose proposal(s) are determined to be the most advantageous, taking into consideration the price and such other factors and criteria as are set forth in the RFP (see “Evaluation Criteria”) and outlined above. Contract awards shall be subject to the timely completion of contract negotiations between the Research Foundation and the selected applicants. Applicants will not be awarded the Phase II portion of the funding until their Phase I plans (for new programs only, see *Section III.C*) have been completed and approved.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

VIII. Appendices

Appendix 1: Performance Measurement

DANY and ISLG are committed to measuring outcomes for all CJII-funded programs and disseminating that information so that others can learn from and build on those outcomes.

All funded applicants will be required to provide data on performance measurement to ISLG and/or the program’s third-party evaluator. Initial metrics will be finalized during the contracting process and may be subject to change during the grant term, after discussion among all parties, based on programmatic implementation concerns, availability of data, or research needs.

As part of the application, applicants should provide the following information for each proposed program included in the proposal:

1. Clearly articulated goal(s) that are broken down into objective(s) (see Exhibit 1 below);
2. Anticipated process, output, and outcome measures for each objective for each quarter, with a particular focus here on process outcomes; in addition, applicants should specify potential output and outcome measures, which may be refined via conversations with the program;
3. Methods of data collection (any costs related to data collection / analysis should be incorporated in the budget and explained in the project narrative); and
4. Challenges associated with data collection and reporting (e.g., lack of expertise or software) and the way the applicant plans to address them.

Applicants should use the format in Exhibit 1 to specify their plans for performance measurement, including how their project goals relate to outcomes. Sample information is included in Exhibit 1 only as an example.
### Exhibit 1. Performance Measurement Plan

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Process Measure &amp; Target</th>
<th>Output Measure &amp; Target</th>
<th>Outcome Measure &amp; Target</th>
<th>Data Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal #1: Improve reporting of crime among survivors belonging to special populations(s)</td>
<td>1a) To improve rates of crime reporting among LGBTQ individuals</td>
<td>1a) Q1: Percent of LGBTQ clients who believe law enforcement is “committed to their safety”: 55%</td>
<td>1a) Q1: Number of LGBTQ survivors seeking services who indicated they reported crime to law enforcement: 25</td>
<td>1a) Q1: Percent of LGBTQ survivors seeking services who indicate they reported crime to law enforcement: 45%</td>
<td>NYPD, DANY records; client surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1a) Q2: Percent of LGBTQ clients who believe law enforcement is “committed to their safety”: 65%</td>
<td>1a) Q2: Number of LGBTQ survivors seeking services who indicated they reported crime to law enforcement: 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1a) Q3: Etc.</td>
<td>1a) Q3: Etc.</td>
<td>1a) Q3: Etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1a) Q4: Etc.</td>
<td>1a) Q4: Etc.</td>
<td>1a) Q4: Etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1b) To improve identification of LGBTQ victims among law enforcement</td>
<td>1b) Q1: Percent of police officers completing training on LGBTQ survivors: 75%</td>
<td>1b) Q1: Number of survivors queried about LGBTQ identity in responses to DV calls: 15</td>
<td>1b) Q1: Percent of police officers asking about LGBTQ identity in responses to calls about DV: 60%</td>
<td>Program records; surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b) Q2: Percent of police officers completing training on LGBTQ survivors: 80%</td>
<td>1b) Q2: Number of survivors queried about LGBTQ identity in responses to DV calls: 22</td>
<td>1b) Q2: Percent of police officers asking about LGBTQ identity in responses to calls about DV: 65%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b) Q3: Etc.</td>
<td>1b) Q3: Etc.</td>
<td>1b) Q3: Etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b) Q4: Etc.</td>
<td>1b) Q4: Etc.</td>
<td>1b) Q4: Etc.</td>
<td></td>
</tr>
<tr>
<td>List goal #2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Etc.</td>
<td></td>
<td></td>
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</tbody>
</table>

*Note that applicants who lack capacity for performance monitoring and data collection may be offered assistance by CUNY ISLG to comply with this funding requirement.*
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

Appendix 2: Deliverables

The funded applicant would be required to submit regular deliverables throughout the term (see table below for examples). Please note that deliverables, frequency, and dates are subject to negotiation.

Exhibit 2. Deliverables for Funded Applicants

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Description</th>
<th>Frequency/Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Program Plan</td>
<td>Detailed plan for program roll-out based on research and planning.</td>
<td>Once</td>
</tr>
<tr>
<td>2</td>
<td>Client-level data</td>
<td>Client information such as:</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Date enrolled in program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Client demographics, such as race, gender, and age</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Risk assessment outcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Services provided</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Length of participation in program</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Operational costs status report</td>
<td>Financial reports</td>
<td>Twice per year</td>
</tr>
<tr>
<td>4</td>
<td>Implementation report</td>
<td>Report on challenges to implementing and growing the program; status of solutions; outputs</td>
<td>Quarterly</td>
</tr>
<tr>
<td>5</td>
<td>Outcome data</td>
<td>Data on various outcomes as requested by ISLG and/or external evaluator</td>
<td>Quarterly or twice per year</td>
</tr>
</tbody>
</table>
Appendix 3: Focus Populations

Despite significant advances in supports for survivors of crime over the past fifty years,\(^8\) the need for increased reporting and improvement in services for survivors of crime remains. Survivors of crime\(^h\) who belong to particular underserved groups (e.g., immigrants, LGBTQ individuals, people with disabilities, D/deaf and hard of hearing individuals, and people of color) are disproportionately affected by these dynamics because of their elevated risk of victimization. This appendix presents information on the focus populations of this initiative and the unique obstacles they face in accessing services and/or interacting with the justice system.

**Immigrants**

Many immigrant groups are vulnerable to victimization because of their language, skin color, and/or immigration status, which further complicates their access to recourse. One Houston-area study found that nearly 60 percent of the 907 immigrant respondents reported being victimized in the past three years. More than 55 percent of every ethnic group in the sample, including Latino, Vietnamese, Korean, and Chinese respondents, reported being victimized (e.g., coerced into sexual acts, robbed, physically attacked) during this time frame.\(^21\)

Large-scale national data are limited regarding immigrant survivors’ reporting and service use, but several individual studies suggest that immigrant victims are less involved in the justice process than non-immigrants. In a national study of Latino/a and non-Latino/a adults, Latino/a immigrant victims of intimate partner violence were found to access formal victim services less than Latino/a non-immigrants (6.9% vs. 14.7%).\(^22\) Other research has also found undocumented Latina immigrants to be less likely than immigrants with temporary or permanent status to access formal victim services (e.g., contacting police, the courts, survivor services, and health/medical care).\(^23\) And in a survey of Latina immigrant domestic violence victims in Washington, D.C., resource use was generally higher among women who had lived in the United States for longer or who had permanent or temporary residence, as opposed to undocumented status.\(^24\) Similarly, another study found that residents who lived in the United States for more than 10 years were more likely to report a crime than those who did not.\(^25\)

**LGBTQ Individuals**

Information on LGBTQ survivors is sparse, likely due in part to underreporting by both survivors and agencies. The limited data that are available show that in 2012 sexual orientation was the second most commonly identified type of bias motivation in hate crimes (behind religion) in NYC.\(^26\) One national study concluded that 20 percent of a sample of 662 gay, lesbian, and bisexual adults reported being victimized because of their sexual orientation.\(^27\)

\(^8\) Since its inception in the 1960s, the victims’ movement has been instrumental in bringing about major improvements in the way victims of crime are treated. For instance, the first victim compensation program was established in California in 1965, with nearly 30 states following suit over the next 15 years. The Victims of Crime Act (1984) provided funding to states for victim compensation and assistance programs and later, the Crime Victims’ Rights Act (2004) bolstered the rights of victims and authorized funding for victim services.

\(^h\) Throughout this RFP, “survivor” and “victim” are used interchangeably. When possible, this RFP uses “survivor” to emphasize individuals’ resilience and the possibility of improving the life outcomes of those who have experienced victimization. “Victim,” however, is more commonly used in the criminal justice field and when referring to others who help survivors of crime (e.g., “victim advocate”). When citing specific research and policy sources, this RFP adopts the terminology used in the publication of note.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

Additionally, The New York City Anti-Violence Project reported that they served 361 new survivors of hate violence in 2014.28

LGBTQ people not only face high rates of victimization but also have difficulty accessing services for survivors. In one national survey of service providers, the majority of those surveyed agreed that there was a lack of training in LGBTQ victim-specific issues, a lack of funding and staffing for LGBTQ-specific services, and little capacity to collect data on LGBTQ victims’ service usage. The study also indicated that gay and transgender people experience particular trouble in accessing general victim services, compared to lesbians.29 Survivors as well as service providers reported barriers to service access. A survey of transgender individuals found that one in five reported being refused medical care and almost one in three reported experiencing harassment in medical settings.30 Nearly half of transgender respondents in a New York State survey indicated they were “uncomfortable seeking police assistance,” and one in ten were “denied equal treatment or harassed by judges or court officials.”31 These findings are supported by research from other Western contexts, which find that LGB people feel unprotected by laws and discriminated against by the police.32

Several additional barriers may prevent LGBTQ people from accessing services for survivors. Shelter services, which are typically restricted to women and children, may be unavailable for gay men. Lesbian women may fail to find them useful if abusive partners are also able to gain entry, and LGBTQ residents face possible abuse from shelter residents about their sexual orientation or gender identity as well. Additionally, disclosure about victimization among LGBTQ individuals also raises the issue of disclosure about LGBTQ identity. For some victims, reporting reasons for victimization, or being open about their sexuality in the context of service provision, also risks being outed to family, friends, or colleagues.33

Individuals Living with Disabilities

People with disabilities or different abilities face alarming rates of victimization. According to the Bureau of Justice Statistics, individuals with disabilities had a violent victimization rate in 2012 almost three times higher than those without disabilities. The victimization rate was even higher for those with multiple disabilities.34

In addition to an elevated risk of victimization, people with disabilities face distinct obstacles in accessing services, such as physical and social isolation, provider accessibility—both emotional and physical—and mobility and communication challenges.35 Furthermore, people with disabilities may be reluctant to access victim services because for some people with disabilities, service providers are a source of abuse.36 People with disabilities may also fear that current services could be curtailed or discontinued if they report abuse or victimization.37

As a result of the many barriers to accessing services, rates of reporting and access to survivor services are lower among individuals with disabilities than those without. More than one third of victims with disabilities in a national survey indicated they had been afraid to report their abuse (e.g., for fear of retaliation).38 A needs assessment of Denver crime victims found that women with disabilities were less likely than other survivors to report their victimization to law enforcement.39

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1 This study focused on lesbian, gay, and bisexual populations. It did not speak to transgender individuals nor explicitly identify individuals as “queer.”
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

enforcement. In addition, in a 2012 national survey of 1,249 people with disabilities, two thirds of victims said they did not receive counseling or therapy; however, when counseling/therapy was provided, more than four fifths said it was helpful.

Overall, victims of abuse with disabilities in the aforementioned survey were unlikely to have reported abuse to relevant authorities, though a slight majority of victims were found to have reported abuse when their family members were also included in the analysis. Thus, in certain circumstances involving family members may serve as an important factor in increasing reporting and, in turn, the extent to which victims with disabilities access services.

*Deaf and Hard of Hearing Individuals*

Information on victimization of individuals who are D/deaf and hard of hearing is also limited, with minimal data collected at the national, state, or local level. Existing data suggest that D/deaf and hard of hearing individuals are likely at a higher risk of being victimized than hearing individuals. Further, domestic and sexual violence against D/deaf and hard of hearing individuals is of particular concern: recent studies indicate that Deaf individuals may experience this type of victimization at rates up to twice as high as those of hearing individuals.

D/deaf and hard of hearing survivors, and those at risk of domestic and sexual violence in particular, face unique barriers to service access. Victim service providers are generally not equipped to communicate with D/deaf and hard of hearing survivors. One major barrier to access is a lack of knowledge regarding deafness and Deaf culture among mainstream victim service organizations and staff. Hearing individuals often view deafness from a medical perspective (i.e., as a type of disability), whereas many deaf individuals consider themselves “Deaf,” that is, part of a unique community with a shared culture and language that is simply different than the hearing majorities. Not only is knowledge of Deaf culture often lacking, there is limited awareness of how the community views and responds to domestic and sexual violence. Training for providers on how to serve these survivors is critical. Conversely, some Deaf-specific providers lack the capacity to serve survivors of domestic and sexual violence, also a critical piece to service provision.

Another major barrier that D/deaf and hard of hearing survivors face is a lack of language access. American Sign Language interpreters are not typically used to facilitate communication between D/deaf victims and medical staff, victim advocates, and law enforcement. However, the Americans with Disabilities Act requires agencies to provide auxiliary aids—which may include interpreters—to ensure communication. Identifying interpreters with the appropriate qualifications to serve victims of crime—particularly victims of domestic and sexual violence—is critical. In addition, interpreters should be trained in trauma-informed interpretation (to minimize the likelihood of re-traumatization and maximize the effectiveness of support services). The absence of an oversight body, lack of standards, and no required certification for sign language interpreters further complicates this space. Without qualified interpreters, D/deaf and hard of hearing victims often rely on family or friends to facilitate communication with authorities and/or providers regarding their victimization, which may inhibit their honest reporting of incidents (since they are reporting sensitive information to individuals with whom they have close relationships).
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

Other barriers abound for D/deaf and hard of hearing survivors as well. Services are often available only in auditory form. For example, hotlines for reporting incidents and service referral are typically available only as phone-based resources. However, victims cannot rely on providers having access to a teletypewriter (TTY) or on staff knowing how to use this tool, nor is this approach ideal for a victim in crisis seeking immediate help. Experts and community leaders highlight the need for tailored outreach from victim service providers to the Deaf community, targeting Deaf-specific places (e.g., schools, cultural events) and including information on access to services.

People of Color
People of color experience disproportionately high rates of victimization. Ongoing historical disadvantages, such as limited residential mobility, racial profiling, mass incarceration, and racial segregation, contribute to disproportionate numbers of Black and Latino males living in poor urban neighborhoods, putting them at higher risk for violent victimization, compared with White males. For example, in 2014, violent victimization was 30 percent more prevalent for Blacks than Whites, and the rates for nonfatal injuries from assaults were about 225 percent higher for Black males compared to White males. From 2007 to 2010, Hispanics experienced higher rates of violent victimization in newly emerging Hispanic metropolitan areas (26 per 1,000) than in other areas (i.e., in established or small Hispanic areas; 16 to 20 per 1,000).

Evidence suggests that Black and Latino male victims lack appropriate victim services, despite the potential of supportive services to reduce the likelihood of recurrent injury and re-victimization and to help reduce engagement in future violence. Young men of color often do not perceive themselves as having been victimized. For example, a group of 16- to-18-year-olds recently released from NYC’s Rikers Island jail did not consider themselves “victims of crime,” even though most had been robbed, burglarized, and/or physically assaulted. Those who do not view their experiences as victimization are unlikely to seek out services; consequently, providers rarely serve victims who are young men of color and therefore are not equipped to address this group’s particular needs. This lack of adequate services, coupled with a deficit of trust in the justice system, discourages crime reporting and witness participation among victims of color. This reality deprives many male victims of color of adequate services. Furthermore, it has a negative effect on the prosecution of violent offenses: prosecutors lose or drop cases due to lack of reporting or witness testimony, which in turn elevates threats to public safety.

Race and ethnicity also factor into crime reporting and service access and use, regardless of gender. For instance, data from the National Crime Victimization Survey on violent crimes—simple assault, aggravated assault, sexual assault, robbery—between 2006 and 2010 found that Asian/Native Hawaiian/Other Pacific Islander and multiracial victims were least likely to report violent crimes to the police, whereas Black and American Indian/Alaskan Native victims were most likely to report. However, in a similar analysis of service use from 1993 to 2009, the percentage of victims of serious violent crimes—aggravated assault, sexual assault, robbery—receiving services was higher among multiracial and White victims than Black and Hispanic victims. Thus, although Black victims may most frequently report violent crimes among minority racial/ethnic groups overall, they appear to use services least frequently. Hispanics reported crimes at rates in between White and Black victims, but were also among the least likely to use services, suggesting barriers to service use for this group as well.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

Examining the justice experiences of Black and Latino male victims of violence and providing culturally competent services to address the needs of this harmed population is critical to prevent and interrupt cycles of violence. Many victim services are created to serve a majority population and, consequently, are not fully relevant to some victims’ cultures or experiences. Language and cultural barriers often isolate victims, leaving them unable to contact or engage in victim services to address their experiences. Research shows that victim services are more successful at helping victims of color when an individual’s culture is taken into account during programming.
Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

Appendix 4. References


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Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

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Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP

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Appendix 5. Increase Access to Services for Survivors of Crime Initiative RFP


59 Sered, 2014

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61 Langton, Berzofsky, Krebs, & Smiley-McDonald, 2012


63 Langton, 2011

64 Hammond & Yung, 1991

Rich & Grey, 2005


Appendix 6. Key Contract Terms

Publicity
Contractor shall submit to ISLG and DANY for review and comment any statements to the press, reports, publications or research papers based on the work performed pursuant to this Contract prior to publication by Contractor or any of its employees, servants, agents or independent contractors, either during or after expiration or termination of this Contract.

ISLG and DANY shall have thirty (30) days from receipt to (1) identify any factual errors or inaccuracies and provide information or corrections regarding them, and (2) suggest any additional contextual information that might aid in interpretation of the findings. Contractor may amend such statements, reports, publications, or research papers based on ISLG’s and DANY’s comments.

Unless directed otherwise by DANY, Contractor shall state in any such statements, press, reports, publications, or research papers based on the work performed pursuant to this Contract, in a prominent place: “[Program name] is funded [in part] by the New York County District Attorney’s Criminal Justice Investment Initiative (CJII). For more information on CJII please visit: www.cjii.org.”

Rights in Data and Copyrights
Except for any pre-existing intellectual property used by Contractor and all PII as such term is defined in Appendix C of this Contract, all copyrightable works (including but not limited to reports, compilations of data, software or pictorial or graphics) created or prepared by Contractor in the course of its work shall be “works for hire” (as that term is defined in the copyright laws of the United States) for DANY and all copyright rights therein are expressly intended to be wholly owned and the copyright to be held by DANY. To the extent that any such copyrightable works may not, by operation of law, be works for hire, Contractor hereby assigns to DANY the ownership of copyright in such items and DANY shall have the right to obtain and hold in its own name copyrights, registrations and similar protection which may be available in such items (except for any pre-existing intellectual property used by Contractor). Contractor agrees to give DANY or its designees all assistance reasonably required to perfect such rights. All PII as defined in Appendix C to this Contract shall remain the property of Contractor, subject to the Data Use Agreement contemplated in paragraph (G) of such appendix.

Contractor shall have a perpetual, non-exclusive, irrevocable, royalty-free, noncommercial right and license to use all such works submitted by Contractor as deliverables in accordance with the Scope of Services or otherwise. Such license shall not be transferable except with permission from DANY. Contractor may request the same type of license to other materials produced by Contractor in the course of performing the Contract, which license DANY shall not unreasonably withhold.

Publication
Contractor agrees to consult with ISLG prior to publication or other disclosure of the results of the work produced under this Contract to ensure that no proprietary information is being released and for protection of DANY’s patent rights. Proposed publications based on the work performed pursuant to this Contract shall be submitted to ISLG for review thirty (30) days prior to
publication. ISLG shall have thirty (30) days from receipt to review the publication and to advise of any changes necessary to prevent the release of proprietary information.