**Local Data Collection Plan**

**DVPI Purpose Area #1**

This document outlines reporting requirements for your Annual Progress Report in your particular Purpose Area. These reporting requirements should be included in your local data collection plan, a requirement written in the Programmatic Terms and Conditions in year one of the Notice of Award. It is highly recommended that you work with your appropriate technical assistance provider from your IHS Area’s Tribal Epidemiology Centers to develop a concrete local data collection plan to support the reporting requirements. A well thought out plan will ensure data is collected efficiently and systematically.

Below is a template of a local data collection plan you may use utilize to meet the requirement for this section of your non- competing continuation application. Projects are required to report on requirements that pertain to their activities listed under each objective. While some of these reporting requirements may not be relevant to your project activities, you are strongly encouraged to address as many as possible but are not required to report on each one if you do not have activities to support that particular reporting requirement. If your project does not have a planned activity to support the reporting requirement that correlates with the purpose area objectives, please note, ‘not applicable.’ You may also add other data that you plan to collect and monitor during your project but it is not required.

The reporting period will be from **September 30, 2018 to September 29, 2019** as well as subsequent project periods thereafter.

**Domestic Violence Prevention Initiative: REPORTING TABLE**

**September 30, 2018 to September 29, 2019**

**Domestic and Sexual Violence Prevention, Advocacy, and Coordinated Community Responses**

|  | **Reporting Requirements for the Annual Progress Report** | **Data Collection Method** | **Data Source** | **How Will Data Be Collected?** | **Who Will Collect Data?** | **When Will Data Be Collected?** |
| --- | --- | --- | --- | --- | --- | --- |
| **Target Population** | 1. Please identify the target population your program serves
2. Youth (17 & under)
3. Young adult (18-24)
4. Adult (25-54)
5. Seniors (55 & up)
 |  |  |  |  |  |
| **Accomplishment**  | 1. List and describe program accomplishments during the current reporting period
 |  |  |  |  |  |
| **Challenges**  | 1. List and describe program barriers to success during the current reporting period
 |  |  |  |  |  |
| **Objectives**  |  |  |  |  |  |  |
| 1. Expand crisis intervention, counseling, advocacy, behavioral health, and case management services to victims of domestic and sexual violence
 | 1. Does your project provide new or enhanced services for:

1. Crisis intervention2. Counseling3. Advocacy4. Behavioral Health 5. Case Management Services6. Others |  |  |  |  |  |
| 1. Foster coalitions and networks to improve coordination and collaboration among victim service providers, healthcare providers, and other responders
 | 1. Please list community partners by name, type, and purpose (designate those with formal partnership through Memorandum of Understanding/Agreement)
2. Number of partner organizations collaborating/ coordinating/sharing resources related to the project
3. Number of new or enhanced MOUs/MOAs established as a result of project
 |  |  |  |  |  |
| 1. Educate and train service providers on trauma, domestic violence, and sexual assault and its impact on victims
 | 1. Number of trainings conducted
2. Type(s) of trainings provided
3. Number of providers trained in domestic violence and sexual assault screening
4. Number of providers trained to provide forensic medical examinations
5. Number of trained service providers
6. Type(s) of disciplines trained
 |  |  |  |  |  |
| 1. Promote community education for adults and youth on domestic and sexual violence
 | 1. Number of trainings conducted for community members
2. Type(s) of community education and/or events provided with DVPI funding
3. Number of community members trained
 |  |  |  |  |  |
| 1. Improve organizational practices to improve services for individuals seeking services for domestic and sexual violence
 | 1. Has your project implemented new or enhanced activities to screen and assess for

domestic violence and/or sexual assault? 1. Number of individuals screened for:
	1. Sexual assault
	2. Intimate partner violence
	3. Domestic violence
2. Number of individuals who were referred for services
3. Number of providers trained in safety planning
4. Type(s) of evidence-based practices currently being used. Evidence-based practice refers to the use of research and scientific studies as a base for determining the best practices in a field. Evidence-based practices are intended to provide transparency and to assure the public that techniques and procedures will provide the best possible interventions or treatments.
5. Art therapy
6. Play therapy
7. Cognitive Behavior Therapy (CBT)
8. Trauma-Focused Cognitive Behavioral Therapy
9. Motivational Interviewing
10. Eye Movement Desensitization and Reprocessing (EMDR) Safe Dates Curriculum
11. Beyond Trauma Curriculum Strengthening Families Curriculum
12. Others
13. Type(s) of practice-based practices currently being used. Practice-based practice refers to a range of treatment approaches that are derived from and supportive of positive cultural attributes and traditions. Practice-based services are accepted by the local community through community census and address the therapeutic and healing needs of individuals/families and draws from a culturally specific framework. Practitioners of practice-based practices have field driven and expert knowledge of the cultural strengths and cultural context of the community, and they consistently draw upon this knowledge throughout the full range of service provision: engagement, assessment, diagnosis, intervention and aftercare.)
14. Talking-Circles
15. Sweat lodge
16. Smudging
17. Interventions that include cultural practices (i.e. beading, drumming, etc.)
18. Elders teaching traditions
19. Developing culturally appropriate curriculum
20. Others
 |  |  |  |  |  |
| 1. Establish coordinated community response policies, protocols, and procedures to enhance domestic and sexual violence services intervention and prevention
 | 1. Has your project developed new or enhanced written coordinated community response policies, protocols, and procedures for domestic violence and/or sexual assault?
2. Is your organization willing to share the written plan with others?
 |  |  |  |  |  |
| 1. Integrate culturally appropriate practices and/or faith-based services to facilitate the social and emotional well-being of victims and their children
 | 1. Type(s of cultural services provided
2. Dancing
3. Drumming
4. Language
5. Singing
6. Songs
7. Story telling
8. Traditional crafts (e.g., beading, basket weaving, tool making, jewelry)
9. Traditional games
10. Others
11. Not applicable
12. Number of persons offered faith-based services
13. Number of persons offered cultural services
14. What type of cultural services does your project offer from traditional healers?
15. Ceremonies
16. Traditional medicine
17. Smudging
18. Sessions with medicine man/woman
19. Sweat/healing lodges
20. Others
 |  |  |  |  |  |
| 1. Implement trauma informed care interventions to support victims and their children
 | 1. Has your project added new activities to provide trauma informed care? Yes/no
2. If yes to letter a, what does your program do to provide trauma informed care?
3. If yes to letter a, does your project include the following trauma informed care elements?
4. Safety
5. Trustworthiness and Transparency
6. Peer support
7. Collaboration and mutuality
8. Empowerment, voice and choice
9. Cultural, historical, and gender issues
10. Others
11. Has your project provided training on trauma informed care? Yes/no
12. If yes to letter d, how many professionals have been trained in trauma informed care?
13. If yes to letter d, types of professionals trained in trauma informed care
 |  |  |  |  |  |