Provincial Medical Sign Language Interpreting Service Community Engagement

Summary of Input Received – Phase III

April 2019

PROVINCIAL LANGUAGE SERVICE
Provincial Health Services Authority

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EXECUTIVE SUMMARY

The Provincial Language Service (PLS), a program of the Provincial Health Services Authority (PHSA), has reviewed the current service delivery model for provincial medical Sign language interpreting services. This service is provided for the Deaf, Deaf-Blind and hard of hearing community under a contract administered by Provincial Language Service.

Delaney + Associates was hired to facilitate community engagement with clients using medical Sign language interpreting services to access health care to understand the values and specific needs of the Deaf, Deaf-Blind and hard of hearing communities in British Columbia and to help PLS staff improve the provincial medical Sign language interpreting services to meet their needs.

The project has four phases; we are completing Phase III: to gather community input into the proposed service D=delivery framework model (see Appendix A for details on other project phases).

This document summarizes the input received and presents the newly-revised model informed by this input.

PLS and PHSA leaders have reviewed the input and used it to form the revised service delivery framework model, as follows.

Participant input during Phase III has been grouped into seven key themes of convergence and three themes of divergence between all the participants.

CONVERGENCE THEMES

1. ***Deaf-led process that is inclusive of the community's diversity***

- *Establishing the provincial medical Sign language interpreting services should be a deaf-led process. A deaf-advisory committee with diverse representation needs to be involved in designing and informing the methodology and service delivery.*

2. ***Service delivery framework***

- *The proposed service delivery framework is valid and represents community input, but it needs to be further developed and elaborated.*

3. ***Request for proposal process***

- *The Request for Proposal (RFP) process needs to be clearly defined, and the community needs to be involved in the RFP process.*

4. ***The role of service coordinator***

- *The decision by PLS to hire a service coordinator who is deaf is a positive one. The role and responsibilities and criteria for the selection of the coordinator need to be clearly defined. The community should be involved in developing the requirements and/or qualifications for the role of coordinator.*

5. ***Ongoing community involvement***

- *In addition to expressing a desire to be involved in the RFP process and in determining the required competencies for the role of coordinator, there needs to be a mechanism for ongoing community consultation in the PLS/PHSA decision-making process.*

6. ***The scope of coverage***

- *The scope of coverage of medical interpreting is not changing, and therefore, it remains an issue that needs to be addressed.*

7. ***Complaints process***

- *A complaints process is a key element of a service delivery model and should be embedded in the model, including in the requirements of a service delivery model in the RFP.*

DIVERGENCE THEMES

1. ***Validity of service values***

   Despite the core values (communication, respect, access) that emerged out of Phase II being validated by community members, some community members questioned their validity and the evidence that support the established value system.

2. ***More than one deaf person as service coordinator***

   Having only one Deaf staff member would not be equitable for Deaf patients as it does not provide options. The Deaf community is small and patients prefer to have options when approaching staff.

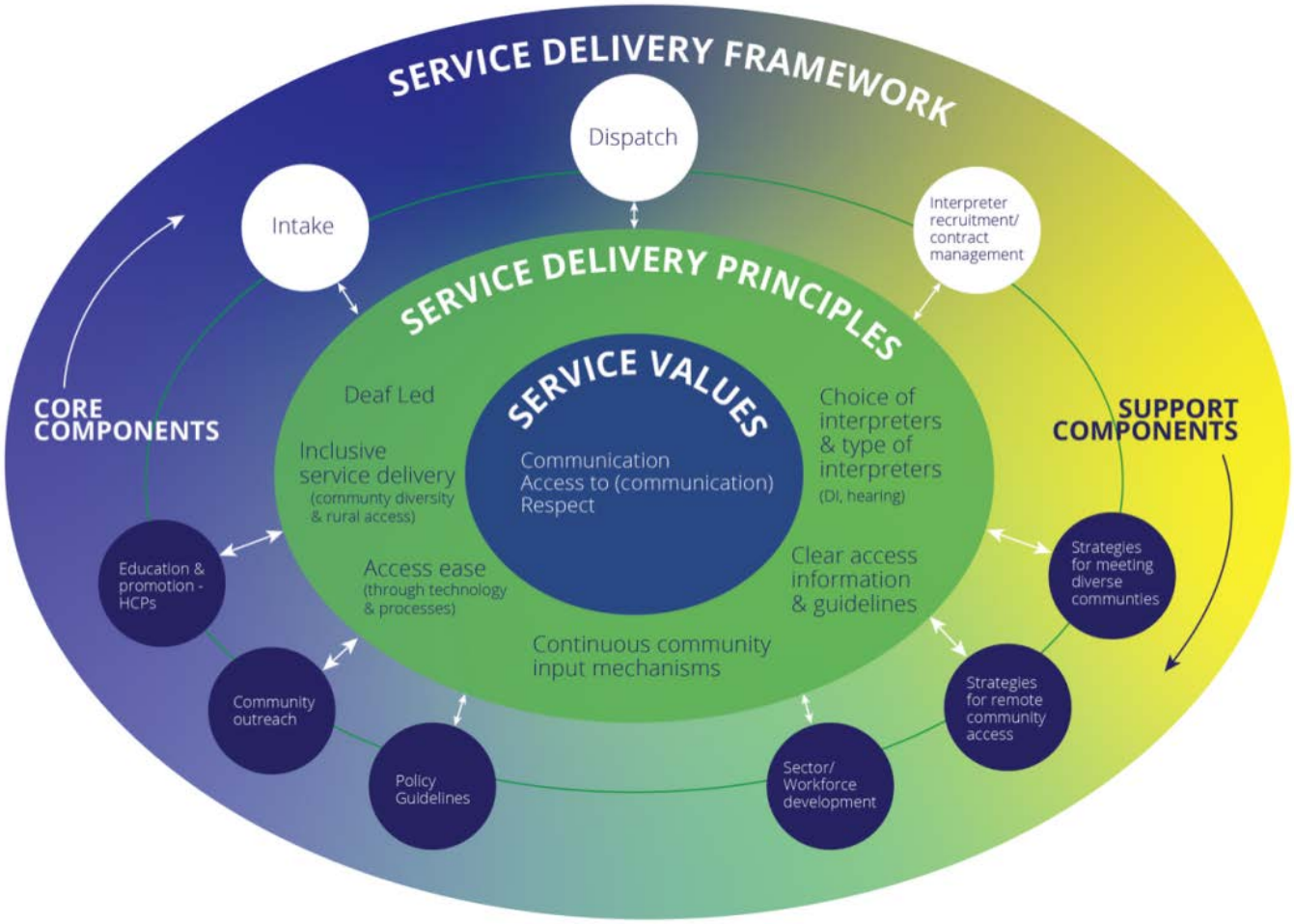
3. ***Bringing ASL interpreting services "in-house"***

   Bringing the interpreting services "in-house" within Provincial Language Service and hiring a team of people who would deliver and manage the service.

The key themes of convergence and divergence are further elaborated in the section titled Summary of Input and Lessons Learned: Summary and Recommendations.

REVISED SERVICE DELIVERY MODEL

Based on the input received on the proposed service delivery framework PLS is proposing the following model:



PROJECT BACKGROUND

In 2016, Provincial Language Service (PLS) conducted the first review of interpreting services for deaf, deaf-blind and hard of hearing people. Through the review process, PLS learned the Deaf community wants to provide regular input so the service remains current, and that there needs to be a comprehensive approach to ensure consistent service delivery across BC.

PLS leaders believe that the Deaf community has an integral role in improving equitable access in the delivery of interpreting services in health care. They planned and launched a project in September 2017 focussed on future planning for improving the provincial medical Sign language interpreting service. The project sought input from a variety of stakeholders about opportunities to innovate, redesign, and improve the provincial medical Sign language interpreting services within existing available resources.

The project has four distinct phases, with Phase III now complete:

- Phase I: Promotion and Recruitment
- Phase II: a series of workshops and an online survey with a summary report of the findings
- Phase III: a workshop to seek input into the service delivery framework
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Phase IV is the transition from the current process to a Deaf-led process, which will include recruiting a community advisory committee. For a summary of the steps in each phase refer to Appendix A.

REACHING STAKEHOLDERS

All deaf, deaf-blind and hard of hearing participants that participated in Phase II were invited to the Phase III workshop on June 20, 2018. A poster and American Sign Language (ASL) video log (vlog) was developed for session promotion. The session was also promoted on the Deaf BC website, via regional associations, and by reaching out to individual community members using the services to ask for help to spread the word.

At the workshop, PLS staff indicated that further input after the workshop was welcome and would be considered in the process of finalizing the service delivery framework. Post workshop feedback received included written submissions, requests for meetings, and an ASL vlog submission.

JUNE 20, 2018 WORKSHOP

The key purpose of the June 20, 2018 workshop was to report on the learnings from the Phase II, which took place over three months (February – May, 2018) and in five different locations[1] across the province. PLS presented a summary of the community input received, the key themes of convergence, and communicated how the input informed the development of the proposed model for the future of provincial medical Sign language interpreting services.

The June 2018 presentation outlined the following key components from the community engagement input from Phase II:

[1] Kelowna (February 3, 2018), Greater Vancouver (February 16 and 27, 2018), Victoria (March 10, 2018) and Prince George (May 6, 2018)

1. Core service values: communication, access and respect.
2. Emerging service principles:
    - The Service should be Deaf-led.
    - There needs to be clear access to information and guidelines.
    - Service delivery needs to be inclusive, addressing the community's diversity and rural access.
    - There need to be continuous community input mechanisms.
    - There needs to be ease of access (through technology and processes), and
    - There needs to be a choice of interpreters and type of interpreters (Deaf Interpreters, hearing interpreters).

Based on these key themes and emerging core values, PLS developed a proposed service delivery framework. See Illustration 1, Version I below for details.

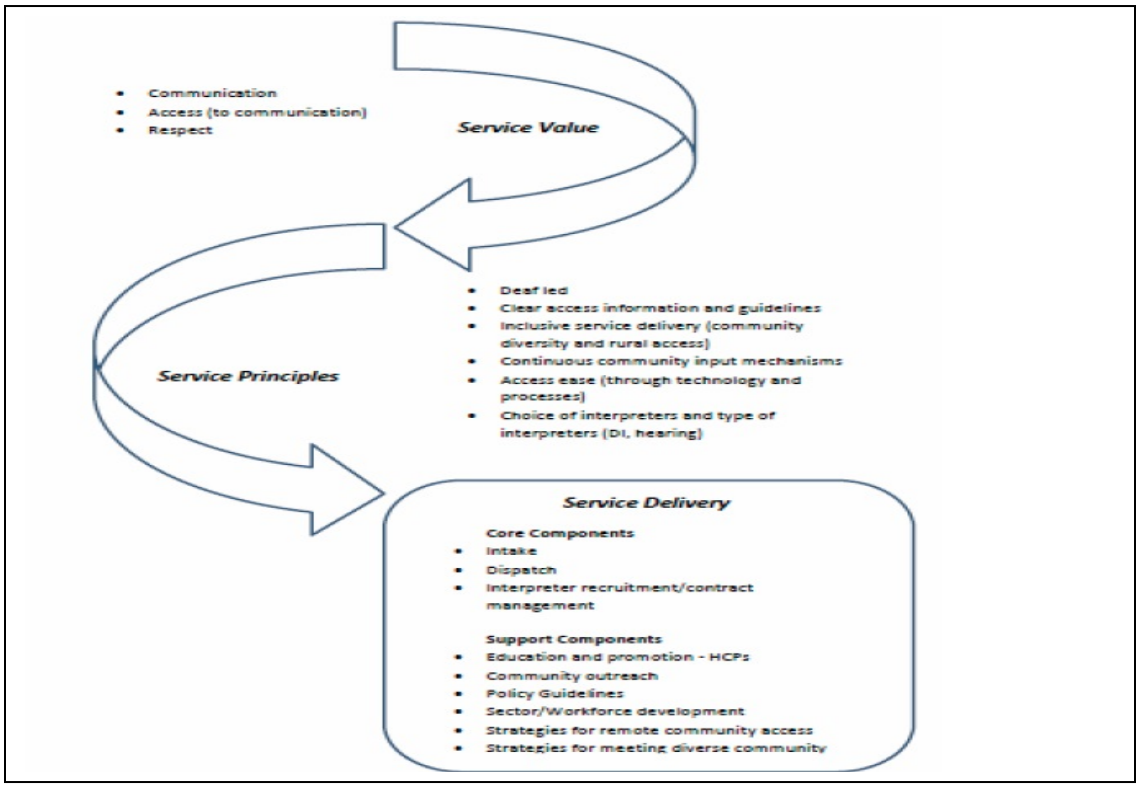
There are two versions of the proposed service delivery framework below. **Version I** was presented at the June 20 workshop. After receiving feedback that the visual was not clear or easily understood, the visual was revised – see **Version II**.

After the presentation, the participants had an opportunity to ask questions, ask for further clarification, and provide input on the strengths and weaknesses of the proposed model.

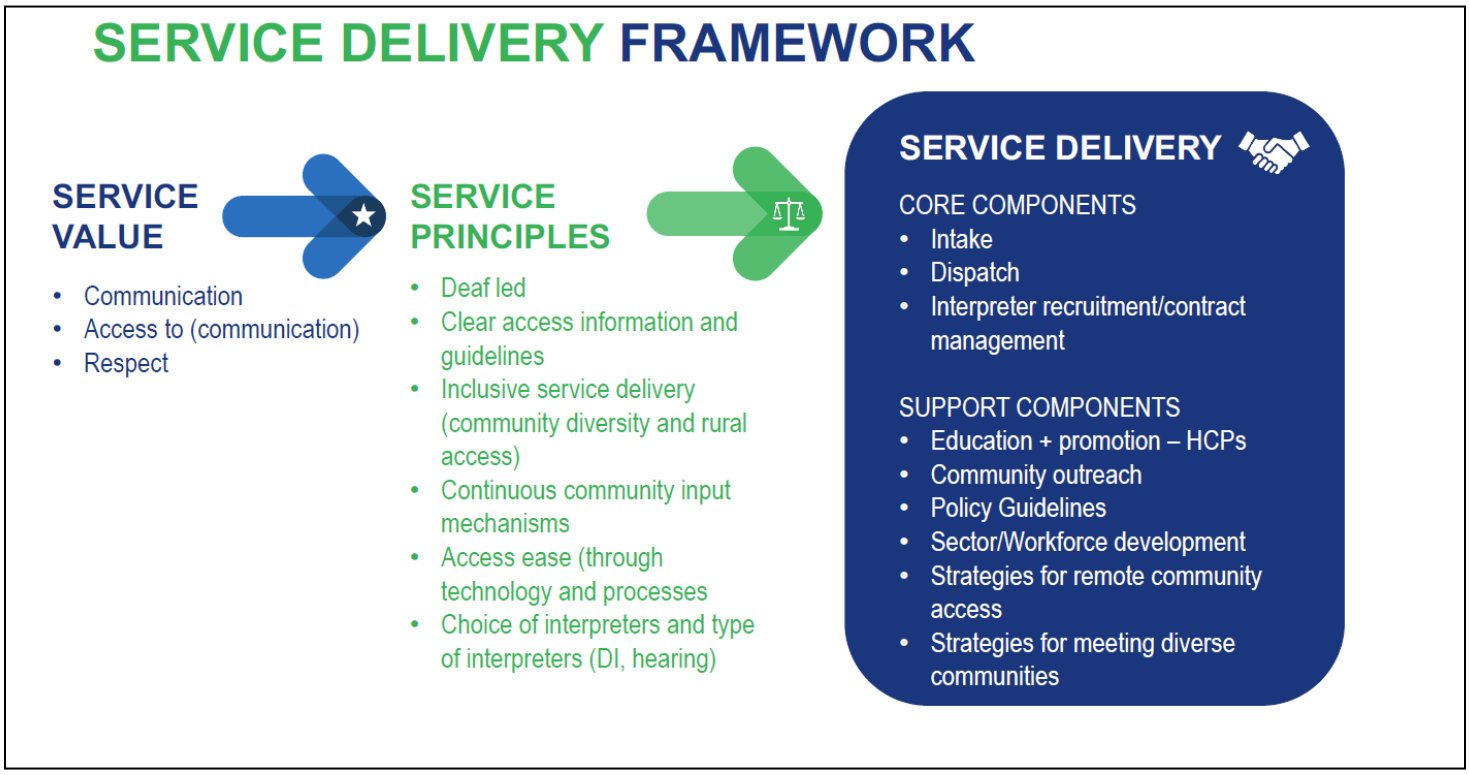
In addition to receiving input into the proposed service delivery framework, PLS staff committed to hiring a coordinator who is deaf responsible for health care provider education and service promotion, community outreach, policy guidelines, sector/workforce development, strategies for remote community access, strategies for meeting diverse community needs, and oversight of interpreter intake, dispatch and interpreter resourcing.

Illustration 1 – Proposed Service Delivery Frameworks

Version I – Presented at the Workshop



Version II - Revised Version, Post Workshop



POST-WORKSHOP INPUT

After the June 20, 2018 workshop, the slide-deck and notes were circulated to the participants as well as to those who could not attend the session, and further input requested. Additional input from community members was received by PLS in a number of forms:

- one ASL vlog;
- several emails;
- a collaborative effort of a group of community members presented as a written submission;
- a follow-up meeting with the same group of community members to clarify their written submission; and
- a meeting with a group of Deaf Interpreters (as per their request).

SUMMARY OF INPUT

The summary and detailed analysis of all the input received identified seven key themes of convergence with regards to the presented model for the service delivery framework.

THEMES OF CONVERGENCE

DEAF-LED PROCESS and DIVERSITY OF REPRESENTATION

In most of the engagement sessions and input submissions, participants strongly recommended that the process of recruiting a coordinator and preparing the request for proposal (RFP) be deaf-led. The input gathered through the engagement process to date is seen as very valuable very valuable by the community, but the fact that the engagement process was not deaf-led was considered a flaw. A deaf-led advisory group would be a more efficient and effective way of seeking input, and advisory group members would be an important partner to PLS in the decision-making process for improvements to the service. The deaf-led advisory committee should consist of neutral deaf individuals.

Involving regional deaf associations in the advising and planning is not considered a comprehensive solution by Deaf community members. Feedback indicates that a more rigorous process that establishes a diverse and inclusive advisory group is required. Also, neutrality of participants was deemed important. Accountability related to who particular individuals report to and how their recommendations might be influenced by their involvement in different organizations or initiatives is key building trust within the advisory group and the general community. Furthermore, it was stated that for the process to be neutral, only people who are not currently involved in the service delivery can be involved in an advisory role.

A deaf-led process will increase “buy-in” and trust of the Deaf community.

In order to lead and advise on the formation and early implementation stages of the new service delivery, the deaf-led advisory committee should:

- consist of professionals from the community providing expertise

- work in close cooperation with the PLS and PHSA to further elaborate on and develop the service delivery framework
- be diverse and provide representation for the different needs and profiles in the Deaf, Deaf-Blind and hard of hearing communities
- include a cross-section of representation – deaf seniors, deaf people from diverse ethnic backgrounds, deaf-blind, deaf Indigenous people, deaf refugees and immigrants, deaf people with disabilities, etc.
- include a mechanism for committee participant honoraria or consultative fee for services and expenses reimbursements
- team with PLS staff, medical professionals with Deaf cultural competency skills, and representatives from the Ministry of Health.

One group of community members recommended that the committee be permanently established, and that the process to screen and select members be clear and transparent to all. The selection process needs to be made public on the PLS website. Information about the members of the committee and their contact information should also be made public and easily accessible. It was further recommended that a separate committee be established to assist in the screening and selection of members for the permanent committee.

In addition to the make-up of the committee, Deaf community feedback also included input into the recruitment of committee members. The recruitment needs to have an established procedure, a rigorous selection process and the criteria for recruitment need to be shared with the community for input. One group suggested that the selection criteria be shared in an email to all the engagement participants with a vlog, with a variety of opportunities to provide direct input.

SERVICE DELIVERY FRAMEWORK

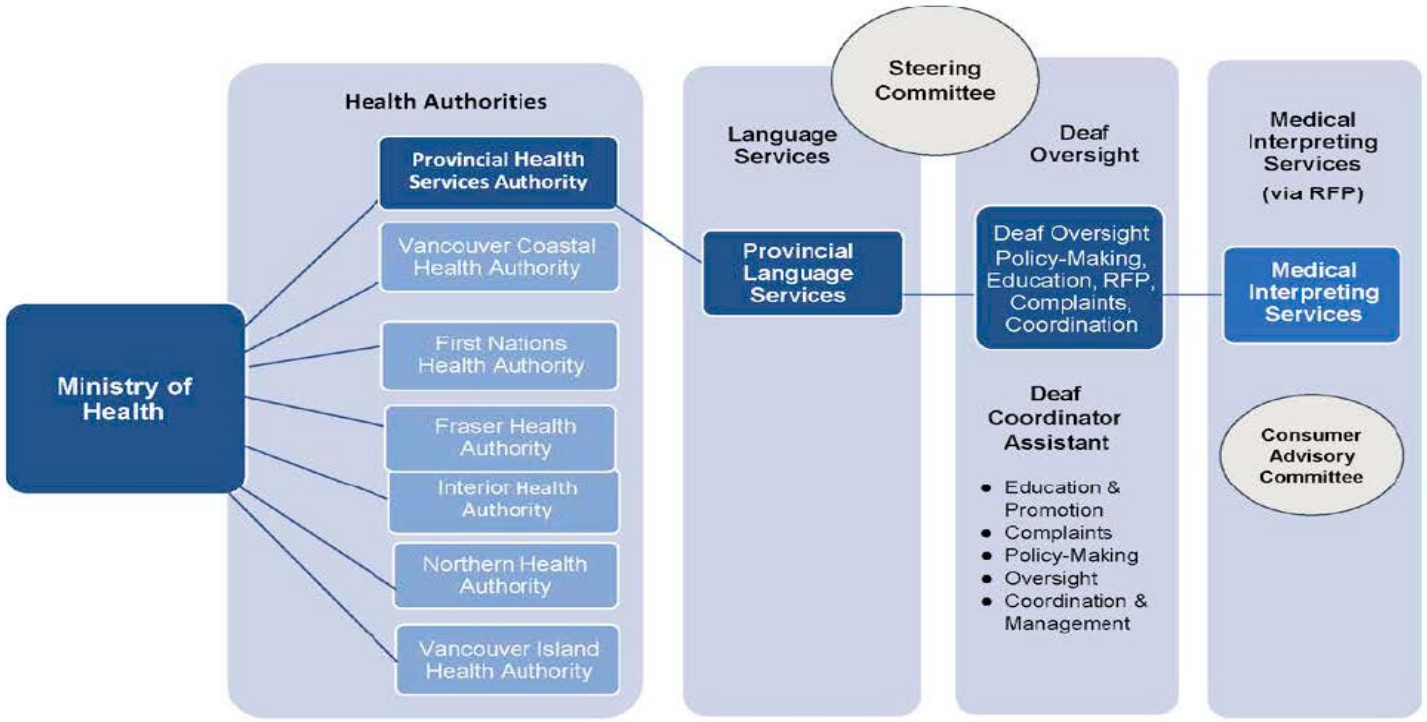
With regards to the proposed model for the service delivery framework, the general response received was that the vision (Illustration I Version 2) accurately represents the input received from the community; however, in order to have faith in the process going forward, more specifics and details on how the service delivery will work, what the role of the service coordinator will be, and how the RFP-selected contractor will work with the coordinator and PLS is required.

There was a general sense that there was not sufficient understanding of how the different pieces would fit together. More specifically, the input indicates that community members would like to clearly see and understand the role of PLS in the future, where the coordinator fits, what the RFP will entail, and who will be designing the RFP.

The service delivery framework model needs to be clear and well-defined with supporting materials. The information should include the background that led to proposing the model, descriptions within the model of how it will work, and supporting documents that demonstrate that the values structure that came out of Phase II is successful in creating program delivery that is effective.

One group of community members proposed their own revised version of the Service Delivery Framework model (presented below).

Illustration 2 – Proposed Service Delivery Framework from a Group of Community Members



REQUEST FOR PROPOSAL PROCESS

In line with the comments about the proposed service delivery framework model, participants have also asked for detailed information about the RFP process, including information on how the RFP process will impact the current service provider, and how the role of the coordinator will impact or be impacted by the RFP process.

The participants also spoke about the need for a different RFP process; a process that would differ from that of the past and that would be informed by the input received in this engagement. Deaf, Deaf-Blind and hard of hearing community members have a desire to be involved in the RFP process.

THE ROLE OF THE COORDINATOR

In most of the input received about the service delivery framework, the community members were very pleased with PLS's proposal to hire a service coordinator who is deaf to work within PLS. It was felt that a person in this role within PLS would be able to establish relationships and partnerships with professionals at PLS/PHSA, share information, and represent the Deaf, Deaf-blind and hard of hearing communities of British Columbia. Making contact with various government departments and connecting with PLS staff on a regular basis would be of great benefit to this role, and to the Deaf, Deaf-Blind and hard or hearing communities, in general.

The comments from the participants in the June 20, 2018 workshop and in subsequent submissions to PLS clearly identified the community's keen interest in the future role and responsibilities of the coordinator. Participants wanted to know more about the criteria for the selection of the coordinator, and whether the criteria would be detailed and shared with the community. The participants in the June 20, 2018 session expressed their concerns that PHSA/PLS staff developing the job description do not have a full understanding of the Deaf community and culture. They asked for deaf persons to be involved in the development of the job description, the criteria for the job posting, and the interview panel for the recruitment process.

The participants also wanted to receive more information with regards to where the coordinator would be located and whether there would be regular travel to rural areas outside of the Lower Mainland. Participants also sought more input on whether the coordinator would be reporting to PLS and how this role would be responsible for getting community input.

The key concerns were around whether this person would be isolated and whether this role would need another deaf person or a designated interpreter to work with.

The community members also think that the person for this role must be carefully selected – the person needs to be able to work well with interpreters, be professional, and have experience working in similar roles. The community would like to see a rigorous and very selective process be established for the recruitment of the coordinator.

ONGOING COMMUNITY INVOLVEMENT

The feedback received also highlighted the importance of ongoing community engagement. Deaf community members will have a great deal of questions about the service improvement process and have a desire to provide input into how the service will be planned and delivered (e.g. will it be one service provider or multiple, will there be service provision in schools, what supports will be available for the Deaf-Blind community, etc.). Deaf, Deaf-Blind and hard of hearing community members would like to influence the decision-making in these areas on an ongoing basis. Also, it is important that whoever is involved in the decision-making process, has full understanding and intimate knowledge of the Deaf community and understands the differences in communication required by individual community members (deaf, low-vision, deaf-blind individuals).

The community would like to have a mechanism for ongoing engagement with regularly scheduled meetings where community members could provide input into service programming. All the meetings with the community should be structured and have a solid agenda.

THE SCOPE OF COVERAGE

At the session on June 20, 2018 there was still confusion about the scope of coverage (what is provided in terms of ASL interpretation under Medical Services Plan and Hospital Insurance Act). Participants wanted to receive more information on whether the scope of interpreting services would be changing, how it would be changing, and what services would be covered by the provincial medical Sign language interpreting services in the future.

Participants also asked that the limits of the budget for accessibility to services be addressed as part of the new service delivery framework. Furthermore, it was mentioned that information about limited funding or lack of funding impacts the rights of deaf persons and should not be brought up in discussions with deaf patients.

Several participants identified the need for a specific "Bill of Rights for Deaf, Deaf-Blind, and Hard of Hearing patients and healthcare consumers." A Bill of Rights would guide PLS in its work with deaf, deaf-blind, and Hard of Hearing patients and family members, especially with regards to the communication with patients and family members. As part of this Bill of Rights document, patients should be given the right to choose the interpreting service they need. The Bill of Rights documentation should also be provided to every deaf individual (perhaps on the occasion of their first request for interpreting through the service provider).

COMPLAINTS PROCESS

The importance of a transparent system for complaints, and possibly modifying methods for submitting comments through PHSA's Patient Care and Quality Office (PCQO) to allow communication in ASL, and to allow for face-to-face or video communications (as it is set up by the Canada Video Relay Service) was highlighted numerous times. The ways to provide community input should include the ability to call a number confidentially and to submit input and complaints in Sign language or by email.

Also, a complaints process should be established as soon as a service provider is contracted following the RFP process.

THEMES OF DIVERGENCE

VALIDITY OF SERVICE VALUES

The core values of the provincial medical Sign language interpreting services were identified by the community during Phase II of the engagement. The three key core values to emerge from Phase II were communication, respect and access. These formed the basis of the proposed service delivery framework model developed by PLS and presented at the June 2018 workshop (see Illustration 1 – Version I).

These key values were confirmed during the June 2018 workshop. However even though most of the Phase III input validated the core values, one written submission questioned the validity of the identified values, and whether they matched the diversity of needs in the Deaf community.

Basing the proposed Framework on the core values was also identified as unclear, and the individuals who submitted the written document asked for evidence-based facts in support of the established values system. Several community members expressed confusion over why values needed to be articulated to define the future service delivery.

MORE THAN ONE SERVICE COORDINATOR

Even though all the input received unilaterally agrees that there should be a coordinator hired within PLS, some of the community members made an observation that having just one qualified deaf individual represented in PLS would not be sufficient, and that having only one person would not be equitable for deaf patients, either. As the community is small, participants need to have a Person A and a Person B to choose from in the complaints/feedback mechanism process.

The community members asked for greater clarity on where within PLS the coordinator would be positioned, and some input spoke in favour of a cluster of deaf professionals being hired within PLS. The community recommendation was to hire three to five (3-5) deaf professionals to design and evaluate service delivery.

BRINGING INTERPRETING SERVICES 'IN-HOUSE'

In one submission from a group of community members, bringing the interpreting services "in-house" within PLS and hiring a team of people who would deliver and manage the provincial medical Sign Language interpreting services was strongly recommended. It was felt that this would create a less political process, that there would be direct government oversight over the service delivery, and the deaf persons running the program would be fully integrated within the PLS. Also, running the program would be less of an issue provincially as most agencies are based in Vancouver, and that can be a challenge for servicing the rest of British Columbia.

ADDITIONAL INPUT

COLLABORATIVE COMMUNITY SUBMISSIONS

Additional input on the screening process of medical interpreters was provided and the current mentoring program was identified as flawed. At the same time, the participants asked for an outline of criteria for screening and details for remedial training for interpreters. Video screening and training together with ongoing testing and screening was raised as a more effective system than the current mentoring program. Community recommendations also included a written exam to test medical terminology; a scripted live video exam; a restructured mentorship program; and training, evaluation and supervision of mentors. There should also be incentivized continuing education programs for interpreters in medical terminology. This training should be set up as part of the service delivery as a means of continuous improvement and an avenue to educate health care providers, interpreters and deaf patients.

This submission also reiterated thoughts on education, with input echoing the feedback received during the Phase II of the engagement. The community recommendations were that education of health care providers should include seminars or workshops on how to treat deaf patients, and that university/college medical programs should be made aware of deaf persons' health care issues and require training in cultural competency related to deaf, deaf-blind, and hard of hearing patients as part of their curricula.

Deaf patients also need training in awareness and understanding of the availability of services and related complaint procedures, patient rights, interpreter rights, and consumer rights with interpreters. Deaf patients should also have education on medical vocabulary, medications, cancer treatment options, and diabetes.

Community members re-iterated what was stated in previous engagement sessions held in February – May 2018: technology is not a comprehensive replacement for on-site interpreting, especially in medical settings. It can only be used as the last resort and when there is no other option, for example in remote locations where there are no qualified Sign language interpreters or where the costs of travel for an interpreter are cost-prohibitive. Video Remote Interpreting needs to be used with care and consideration, and related risks need to be appropriately managed.

DEAF INTERPRETER SESSION

Deaf Interpreters who participated in the engagement strongly recommended the introduction of a new online booking system for use by both patients and interpreter agencies/service provider. This would provide patients with an opportunity to do their own online booking. Each patient would have a profile and could pick their preferred interpreter based on their availability. The interpreters would also have their profiles with photos, details of their experience and location.

Participants made recommendations for future promotion of community engagement sessions. In order to achieve greater participation at community engagement events, they recommended recruitment through individual networking, sending out vlogs repeatedly, and clearly stating the purpose of the meeting. Youth groups should also be recruited, and networking is perceived as the most efficient way to do so. It is also important to clearly state why the session is important in all promotional materials, and why deaf, deaf-blind and hard of hearing persons should participate in the particular community engagement session.

Finally, participants brought up the importance of the role of a Designated Interpreter for the coordinator. This role is viewed as essential to ensure the coordinator role is set up for a long-term success. A Designated

Interpreter would provide the coordinator with an opportunity to communicate with colleagues on a regular basis, be fully integrated into the role, be able to participate in meetings, and not be isolated from daily communication and collaboration with colleagues.

SUMMARY AND RECOMMENDATIONS

Based on the input received during Phase III (at the workshop, in the in-person meetings, and via all other submissions), there were several themes that emerged.

The provincial medical Sign language interpreting services should be a deaf-led process.

A deaf advisory committee with diverse representation should be established and involved in designing the service delivery process and provide a mechanism for ongoing communication with the Deaf community. Recruitment of a service coordinator who is deaf should also be a deaf-led process, or a process where the deaf consultative committee is closely involved.

The proposed service delivery framework is valid and represents community input, but it needs to be further developed and elaborated.

The community members would like to clearly see and understand all segments of the proposed service delivery framework, and how the service delivery framework will be designed: what the role of PLS will be in the future, where the coordinator fits in is framework, what the RFP process will entail, and who will be designing the RFP.

The Request for Proposal (RFP) process needs to be clearly defined, and the community needs to be directly involved in the RFP process.

Community members would like to receive detailed information about the Request for Proposal (RFP) process, including information on how the RFP process will impact the current service provider, and how the role of the coordinator will impact or be impacted by the RFP process.

The decision by PLS to hire a coordinator who is deaf is a positive one.

The role and responsibilities and criteria for the selection of the coordinator need to be clearly defined. The community should be involved in the selection of the coordinator.

In addition to being involved in the recruitment of the coordinator and the RFP process, the community would like to ensure that there is a mechanism for ongoing community involvement in the decision-making process.

The community is asking for a mechanism that will enable and establish ongoing engagement and community involvement in decisions about changes/improvements to the provincial medical Sign language service delivery.

The scope of coverage of medical Sign language interpreting is not changing, and therefore, it remains an issue that needs to be addressed.

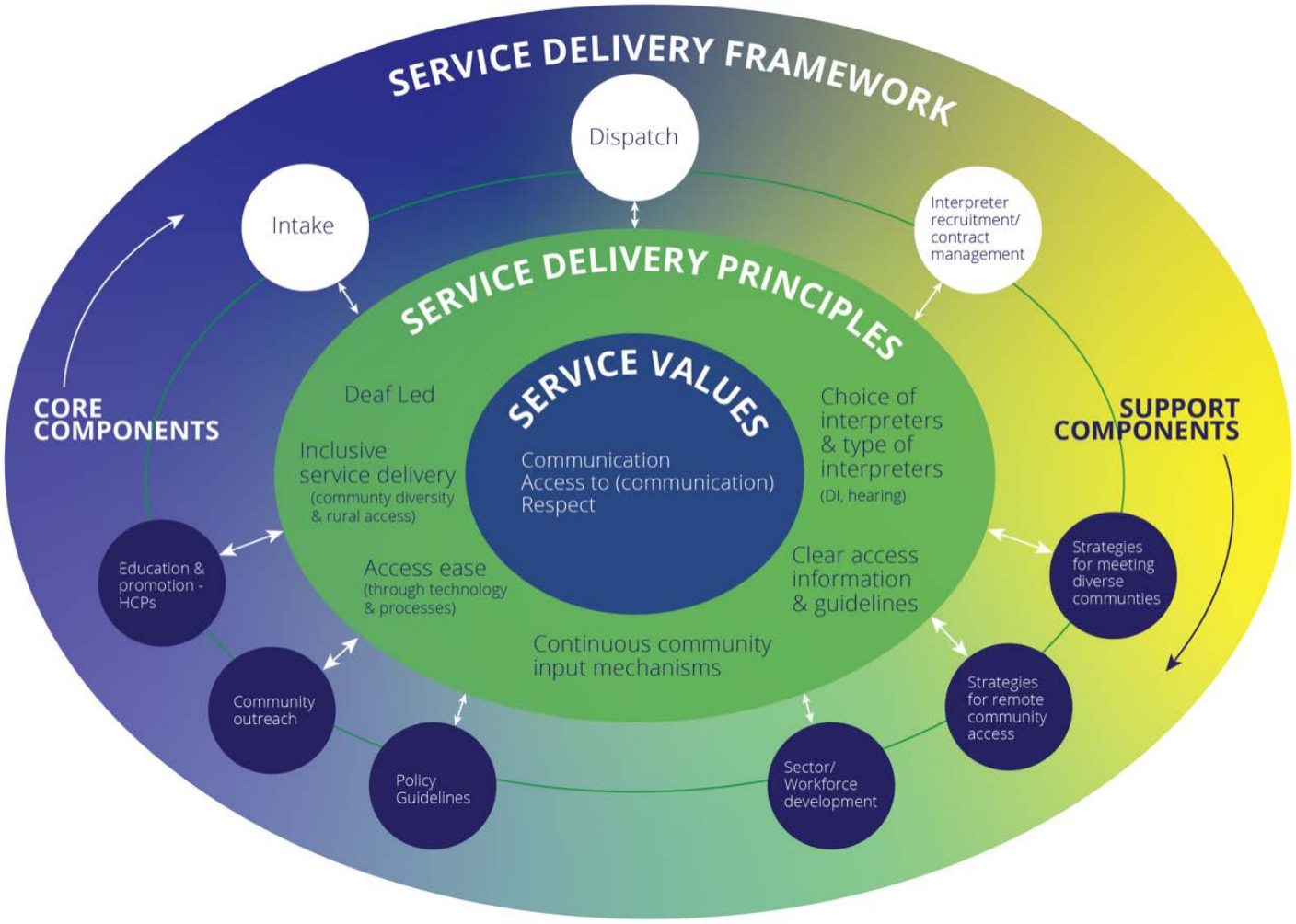
It has been communicated to the community that the scope of coverage and the budget for the interpreting services coverage are not changing with the proposed service delivery framework. The community members believe this is an issue that needs to be addressed separately.

The complaints process needs to be a key element of a service delivery model and should be embedded in the model.

A functional and effective complaints process is one of the key priorities for the community, and individuals have requested that this be a priority once the new service delivery model is established, or when a service provider is selected.

REVISED SERVICE DELIVERY FRAMEWORK MODEL

Based on the input received on the proposed service delivery framework, PLS is proposing the following model:



CONCLUSION AND NEXT STEPS[2]

The Phase III of the engagement with Deaf, Deaf-Blind and hard of hearing communities provided some clear guidance and suggestions for improvements the community would like to see addressed within the proposed service delivery framework.

As best as possible, PLS has considered the input received, and has redesigned the proposed service delivery framework. Based on the input received, the next steps will consist of:

1. Communicating the lessons learned from the engagement with the community and sharing the engagement reports with the community (this report);
2. Validate proposed model with community, which will include:
    a. Establishing a clear complaint process for the Deaf community
    b. On-going broader community engagement
3. Establishing a community advisory group (CAG);
    a. Expression of Interest
    b. Selection of community advisory committee
    c. Define terms of reference of the CAG, including frequency of such meetings
4. Recruit service coordinator for PLS with input from the CAG;
5. Draft and complete the RFP process to finalize the selection of a service provider for the delivery of provincial medical Sign language interpreting services.
    a. Establishing the factors of community involvement in the RPF process
    b. Ensuring compliance with PHSA procurement policies and processes

This report marks the end of the Phase III of the engagement project, and the beginning of the Phase IV – when the input received and its implementation will be shared widely with the community. Phase IV will mark the end of the engagement project, and phasing in of a new deaf-led process, which will provide future opportunities for the community to provide input into the operation of the provincial medical Sign language interpreting service.

[2] For additional details, refer to the Community Engagement Project Plan

APPENDIX A: SUMMARY OF THE ENGAGEMENT PHASES:

Phase I
In Phase I, PLS communicated information about the community engagement project via different communication and media channels, created and distributed an ASL vlog about the project, and initiated recruitment of participants from the community for the Phase II workshops.

Phase II
PLS organized and conducted five discussion and focus group sessions across the province with community participants as follows:

- A focus group with the Deaf and hard of hearing community in Kelowna (February 3, 2018) with six participants
- A focus group with the Deaf and hard of hearing community in Greater Vancouver (February 16, 2018) with 19 participants
- A focus group with the Deaf-Blind community in Greater Vancouver (February 27, 2018) with five participants
- A focus group with the Deaf and hard of hearing community in Victoria (March 10, 2018) with 19 participants
- A focus group with the Deaf, Deaf-Blind and hard of hearing community and hearing people (parents of deaf children, members of Northern B.C. Children and Families Hearing Society) in Prince George (May 6, 2018) with 14 participants.

In addition, an online survey with ASL translation was active from February 3 - May 6, 2018 for anyone unable to attend an in-person session. Details can be found at https://tinyurl.com/pls-sign-language-engagement

Phase III
Phase III consisted of one follow-up workshop on June 20, 2018. The workshop was hosted in Vancouver, with access to participation from a number of communities across British Columbia via Telehealth. PLS staff reported on what was heard in the Phase II engagements and shared a draft proposal of the model for the future service delivery (Illustration I Version II). Participants were asked to provide input into the draft proposal.

Twenty-two people participated: twelve deaf and hard of hearing persons, and three deaf-blind participants in Vancouver; two participants in Kelowna (one deaf and one family member of a deaf person); four participants in Prince George (three deaf persons and one parent of a deaf child); and one deaf participant from the Greater Vancouver area, who followed the workshop via livestream. A Telehealth connection was also established with the location in Victoria and a Telehealth connection was made available for Terrace, but no participants attended from those locations.

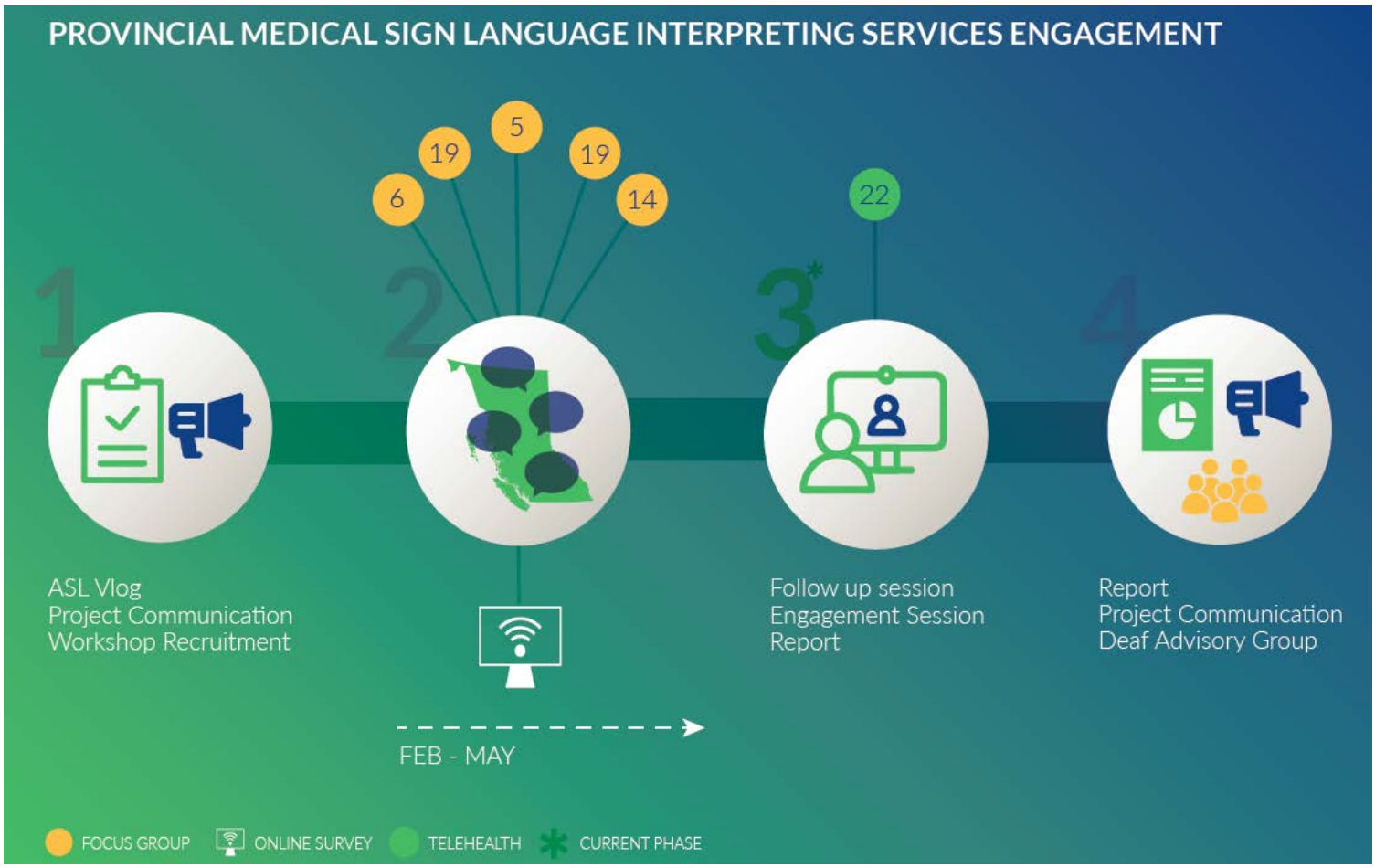
Phase III also included receiving post-workshop input into the information shared about the proposed service delivery framework.

Phase IV
Phase IV focuses on reporting out the community input that will be used in the short-term and long-term service planning by PLS. Reporting back to the community will also include feedback on the input received that

might not be practical or possible for PLS/PHSA to implement, along with why this is so. Phase IV will also serve as a transition phase to a new deaf-led process which will consist of establishing a community advisory group.

The key contacts for the project were the Director of PLS, Kiran Malli (kmalli@phsa.ca), and the consultant with Delaney + Associates, Emina Dervisevic (Emina@rmdelaney.com).

THE ENGAGEMENT TIMELINE INFOGRAPHIC



APPENDIX B: ENGAGEMENT PLAN INFOGRAPHIC

*Note Phase 2 expanded to additional communities/workshops