

# A.D.DV.O.C.A+E

An initiative to ensure Access for Deaf persons  
experiencing Domestic Violence through  
Outreach, Collaboration, Allies, and Education



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## **Introduction**

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

The collaboration is comprised of a multi-disciplinary team of staff from both agencies, and has been given the responsibility of creating models, protocols, and practices which can be found within the charter. From the work Day One and CSD did in years past, several gaps in service delivery were identified. We anticipate our future needs assessment will support our earlier findings. These gaps included:

- Lack of awareness surrounding Deafness within hearing agencies.
- Insufficient accessibility relating to communication (ie. videophones, TTYs, etc.) while survivors are in shelter.
- Emergency personnel (ie. Police, First Responders, etc.) having limited and/or insufficient knowledge about Deafness.
- High turnover of agency staff, meaning we need more sustainable training.
- A lack of outreach to the Deaf Community: program capacity needs to be built in order for programs to hire and work with Deaf/Hard of Hearing (D/HH) individuals from the Deaf Community.
- Interpreters
  - How/when to use interpreters.

- How to get interpreters.
- Gaps within the Deaf Community
  - The community needs more awareness surrounding issues of domestic violence (DV).
  - It is a very private community; they don't like talking about sensitive topics.
  - The awareness and education of the Deaf Community needs to be addressed by a person within the Deaf Community versus solely bringing in a hearing agency for educational purposes.
- The Hearing Community lacks awareness of DV in the Deaf Community.
- A lack of disability awareness in general by service providers.
- Service providers do not always recognize the intersection of oppression (ie. Deaf and low income, or Deaf and LGBTQ, etc.).
  - Mainstream agencies lack cultural competency.

The long term goal of our work is to produce sustainable change by creating a network of service providers that are prepared and accessible to communities that are Deaf and Hard of Hearing.

We have named our project A.D.DV.O.C.A.+E: An initiative to ensure ACCESS for DEAF persons experiencing DOMESTIC VIOLENCE through OUTREACH, COLLABORATION, ALLIES, and EDUCATION.

## **Vision Statement**

We are collaborating to improve access and create social change, as well as improve safety and service.

- The Vision of the collaboration is that all D/HH persons experiencing domestic violence will have access to services that are safe, just and sustainable. Survivors, when seeking services at either mainstream or D/HH agencies, will experience environments that are welcoming, accessible and culturally competent. Community and systems (medical, law enforcement,

social services, etc.) will have enhanced readiness when encountering D/HH survivors of domestic violence.

## **Mission Statement**

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

- Building capacity within our collaboration and other service providers
- Formalizing our relationships
- Enhancing services
- Sharing our expertise
- Educating ourselves and other service providers
- Creating awareness

## **Values**

The following values and assumptions will serve as guidelines for the work this collaboration will do. We strive to demonstrate these values in our work with survivors. The following values and assumptions are in alphabetical order, however none are deemed more important than another.

**Accessibility:** We believe we must work to eliminate any communication barriers that exclude D/HH survivors' access to resources and help. We are dedicated to transforming our organizational procedures in regards to communication access for D/HH survivors.

**Collaboration:** Bringing together Deaf and mainstream hearing agencies lays strong groundwork for implementing changes within the victim services system to improve access for D/HH survivors. We commit to working together by dedicating time, effort, and resources to assist with the systemic change.

**Communication:**

*Person experiencing domestic violence:* We believe individuals have the right to choose the mode of communication which best meets their needs.

*Collaboration:* We believe open and honest communication is crucial to the integrity of our work.

**Confidentiality:** Information about a survivor, unless mandated under law, will not be shared within the collaboration or outside the collaboration without written consent. Survivors signing consent forms will be informed of all their rights and what will and will not be shared with others.

**Cultural Sensitivity/Inclusiveness:** We understand biases and prejudices surrounding hearing loss, and we commit to increasing our own awareness of Deaf Culture. We believe greater understanding and increased efforts to learn about differences within cultures will strengthen our collaboration.

**Do No Harm/Safety:** Our collaboration believes it is a human right to access services while feeling physically and emotionally safe. We define safety as living without fear of harm, control, abuse, and/or violence.

**Empowerment/Choice:** We believe that providing support and resources to survivors gives them the ability to make informed decisions which best meets their needs. We believe persons experiencing domestic violence have the right to self-determination, and we will respect their choices.

**Integrity:** We commit to abiding by our mission, vision, and values in order maintain credibility with survivors seeking service and support.

**Non-violence:** We oppose violence in all forms and it is unacceptable for member of this collaboration to engage in violence of any kind.

**People First Language:** We believe individuals should be defined as a person not defined by a disability; we also recognize that not all D/HH individuals define themselves as having a disability. Our collaboration will use language which is appropriate and respectful of all persons experiencing domestic violence.

**Survivor-Centered:** We value that each person we serve brings to the table their own set of values, beliefs, and strengths. Our collaboration agrees to serve persons regardless of their age, race, ethnicity, religion, class, gender identity and expression, sexual orientation, ability, and/or lived experiences. We believe in respecting diversity and will refrain from forcing our personal beliefs on, labeling, and using bias when serving survivors.

**Social Justice:** We believe in equality for all members of our society and are working towards creating systems and procedures which will provide fully accessible and culturally/linguistically appropriate services for D/HH survivors.

**Sustainability:** It is a crucial component of this social justice work to ensure change continues and is sustainable in the future. Sustainable change must meet the current needs of the person experiencing domestic violence.

**Welcoming Environments:** We believe all individuals should feel welcome and accepted when seeking services. We strive to provide this type of environment to all.

## **Assumptions**

- Domestic violence is never acceptable and is a crime.
- Historically and currently there are barriers for D/HH individuals to communicate with law enforcement and first responders, as well as access emergency shelters and intervention services.
- There will always be a need for evolving best practices, training, and systems change.
- Accessibility is a human right.

- Domestic violence affects all people.
- Deaf and Hard of Hearing people experience higher overall incidence of substance abuse/dependency, sexual abuse, physical disability, physical illness and mental health issues which makes them more vulnerable to abuse and violence.
- Deaf immigrants and refugees often have to navigate multiple layers of oppression and have a greater chance of victimization by those around them.
- People's lived experiences (age, race, class, language, etc.) influences their awareness, assumptions and actions pertaining to domestic violence.
- Domestic violence impacts a child's social, emotional, and mental wellbeing.
- Educating parents and adults on how to support children that witness or experience domestic violence is paramount in the effort to end the cycle of violence.

## **Glossary**

**Ableism:** A form of discrimination against persons with disabilities.

**Accessibility:** Making a product, device, service or environment as available, welcoming, and beneficial to as many people as possible.

**Americans with Disabilities Act of 1990:** Gives civil rights protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services, and telecommunications.  
[\(<http://www2.ed.gov/about/offices/list/ocr/docs/hq9805.html>\)](http://www2.ed.gov/about/offices/list/ocr/docs/hq9805.html)

**American Sign Language (ASL):** A visual language with a grammar structure different than English.



**Assistive Technology:** An umbrella term that includes assistive, adaptive, and rehabilitative devices such as TTYs, Videophones, hearing aids, doorbell/knock alert/flashers, baby cry signalers, etc. for Deaf individuals and persons with disabilities.

**Audism:** The notion that a person is superior based on the ability to hear or believing that life without the ability to hear is unsuccessful and deprived.

**Community:** (1) A collective group of people who share common beliefs and values. (2) Speaking geographically and referring to our collaboration, community is also defined as the Deaf Community we serve.

**Confidentiality:** The ethical and legal responsibility held by professionals to not disclose client information unless client signs a release of information form or unless required by law.

**Consensus:** An agreement among members of a group.

**Culture:** The beliefs, customs, values, and behaviors a group of people share.

**Deaf:** A hearing loss of such severity that the person must depend primarily upon visual communication such as writing, lip reading, manual communication and gestures.

**Domestic Violence:** Patterns and/or behaviors of power and control which causes physical, mental and/or financial harm to intimate partners and/or family members.

**Hard of Hearing:** Describes people with any degree of hearing loss ranging from mild to profound. Typically they can understand some speech sounds, with or without amplification

**Immigrant:** A person who leaves their country on their own accord.

**Intersectionality:** The concept used to describe the ways that identities are interconnected and cannot be understood separately from one another, thus affecting each individual in different ways.

**Minimal Language Skills (MLS):** Describes individuals that lack communication skills to convey complex concepts and ideas. Deaf persons with MLS have additional special needs – which may include the use of deaf interpreters who specialize in communicating via basic gestures to facilitate understanding.

**Office on Violence Against Women:** A component of the U.S. Department of Justice, providing federal leadership in developing the nation's capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking.  
(<http://www.ovw.usdoj.gov>)

**Refugee:** A person who takes up residence in another country due to being forced to leave their country in order to escape war, persecution, or natural disaster.

**Safety:** An environment free of abuse, danger, harm, violence, fear, power and control.

**Survivor(s):** A person or family who has been or is currently being affected by domestic violence.

**Survivor Centered Approach:** Culturally appropriate advocacy focusing on the needs, concerns and circumstances as expressed by the survivor - meeting the survivor where they are at in their lives. Ensuring trauma informed, compassionate and sensitive delivery of services in a nonjudgmental manner.

**Universal Design:** An equal and just environment (physically, psychologically and emotionally) that is designed to the greatest extent possible for all people regardless of their age, ability, backgrounds or lived experiences.

**Vera Institute of Justice:** Technical assistance provider for the Disabilities Grant Project.

## **Abbreviations**

**ADWAS:** Abused Deaf Women’s Advocacy Services

**CAS:** Cornerstone Advocacy Service

**CODA:** Children of Deaf Adults

**CSD:** Communication Service for the Deaf

**CYF:** Children, Youth, and Families

**D/HH:** Deaf/Hard of Hearing

**DO:** Day One

**DV:** Domestic Violence

**ECFE:** Early Childhood and Family Education

**KODA:** Kids of Deaf Adults

**MLS:** Minimal Language Skills

**OFP:** Order for Protection

**OJP:** Office of Justice Programs

**OVW:** Office on Violence Against Women

**RO:** Restraining Order

**TA:** Technical assistance

**VAWA:** Violence Against Women’s Act

**Vera:** Vera Institute of Justice

**UD:** Universal Design

## **Member Agencies**

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

### **Core Group**

Day One of Cornerstone Representative:

Colleen Schmitt, *Director of Day One*

Communication Service for the Deaf Representative:

Aaron Gutzke, *State Director - Minnesota*

Becky Callahan, *Project Coordinator*

**Advisory Group**

Day One of Cornerstone Representative:

Nicki Tait, *Day One Coordinator*

Cornerstone Representative:

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

Cornerstone Representative:

Carmen Anderson, *Emergency Services Manager*

**Working Group**

Day One of Cornerstone Representative:

Jessica Wysong, *Program Specialist*

Communication Service for the Deaf Representative:

Stephanie Ritenour, *DV Advocate*

**Full Collaborative Team**

All members of the Core, Advisory, and Working Groups

***About Day One of Cornerstone:*** Cornerstone was founded in 1983 to serve victims of domestic violence in South Hennepin County. The organization started with a 24-hour crisis line staffed by dedicated, well trained volunteers. In January of 1985, Cornerstone established the first Hotel/Motel safe housing program in Minnesota. During the 1990's the agency implemented many more innovative services that were firsts in the state for victims and their children. In 2001, due to service demands and agency growth, the Board of Directors made the decision to conduct a capital campaign to build a facility that would house both a 35 bed Emergency Shelter and our community-based services. The agency was able to move into the Sheila Wellstone Center in 2004 and retire the mortgage in 2005 – the same year Day One® was acquired. At the request of additional communities, our geographic footprint began to expand in Northwestern Hennepin County in 2012. Although the agency serves anyone in imminent danger, as of January 2014, Cornerstone now has ten Minnesota target cities: Bloomington, Richfield, Eden Prairie, Edina, St. Louis Park, Brooklyn Park, Brooklyn Center, Robbinsdale, Crystal, and Maple Grove.

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

By 1999, the Day One project had grown to include 28 shelters across the state and the Minnesota Domestic Violence Crisis Line was established resulting in victims receiving safety in one call. Our model of services was founded, incorporating collaboration, best practices, and real-time technology. Today, under Cornerstone’s leadership, the Day One network has expanded to over 68 agencies representing domestic violence, sexual assault and anti-trafficking programs. In 2008, the City of Seattle approached Cornerstone about replicating the work from Minnesota in their region. Today the City of Seattle and surrounding regions has grown to a network of 22 agencies utilizing the Day One model.

### **Collaboration Representatives from Day One of Cornerstone**

Colleen Schmitt is the Director of Day One. She is a graduate from St. Catherine University, St. Paul, MN with a major in Social Work and minor in Women’s Studies. She has over 30 years of experience in the field of violence against women and children. Schmitt was involved with the evolution of Day One by consulting on the original team charged with developing the processes, protocols, practices and trainings. She was hired by Cornerstone when Day One was acquired by the organization and is responsible for overseeing all aspects of the program including the technology, partner relationships, program evaluation, training and technical assistance. She is part of Cornerstone’s Senior Management Team. From 2003-2005 Schmitt directly co-trained with Communication Service

for the Deaf and assisted with all aspects of the OVW emergency shelter training and technical assistance project. Her skills in developing collaborative groups across multidisciplinary fields have led Cornerstone to implementing and overseeing four initiatives actively working to reduce barriers victims from underserved communities encounter: The Opening the Door Collective; Minnesota Alliance for Family and Animal Safety; Abuse in Later Life; and the Anti-trafficking Collaboration. She utilizes her skills to work on decreasing interpersonal violence on local, national and international levels.

Nicki Tait has worked in the social services field for the past 13 years with children, at risk youth and vulnerable adults. Tait is a seasoned domestic violence advocate and currently the Day One Coordinator. Tait received her master's in Community Practice Social Work from the University of Minnesota in 2010 with an emphasis on community organizing and organizational development. As the Day One Coordinator, Tait builds on the relationships in the network of Minnesota domestic and sexual violence programs, working with the diverse staff of these programs. Tait is active in community engagement, impacting social change and justice for those that have experienced violence.

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

### **Collaboration Representatives from Cornerstone Advocacy Service**

Youa Yang has fifteen years of experience working with diverse children and families. Her current position at Cornerstone is the Children, Youth, and Family Program Manager. Her various positions have included school social worker, children's crisis worker, therapist and supervisor and she has worked with concerns regarding violence, mental illness, trauma and acculturation for newly

arrived immigrants. She has a BA in Social Work from the University of St. Thomas and a Master of Social Work from the University of Minnesota. Yang is a Licensed Independent Clinical Social Worker (LICSW).

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

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

### **Collaboration Representatives from Communication Service for the Deaf**

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

Stephanie Ritenour serves as the Domestic Violence/Sexual Assault Advocate. She provides direct services to Deaf/Hard of Hearing victims, either in-person, through the videophone or secure AIM and text communications. Ritenour brings to CSD nearly 10 years of supervisory, care coordination and direct care experience in mental health services serving Deaf and Hard of Hearing persons. She has worked in a range of settings including drop-in centers, group homes and assisted living facilities and within the community. Ritenour holds an interdisciplinary bachelor's degree from the University of Minnesota in addiction studies and complementary healing.

### **Project Coordinator for the Collaboration**

Becky Callahan is a graduate of St. Catherine University with a major in Sign Language Interpreting and is a nationally certified sign language interpreter. She worked predominantly in the interpreting field for 5 ½ years before she became a domestic violence advocate for Deaf women. During her time in this role, not only did she advocate for her clients, but also built relationships with local police and sheriff's departments where she trained officers on Deaf culture and domestic violence within the Deaf Community.

## **Contributions and Commitments**

All members of the collaboration commit to:

- Implementing and influencing the organizational policy and procedural changes needed to accommodate Deaf persons experiencing domestic violence.
- Making an effort to provide equal access to all persons by way of universal design pertaining to PowerPoints, printed materials, online materials, etc.
- Following through with all areas of planning, development, and implementation phases, as well as putting into effect changes developed in the strategic plan.
- Maintaining open communication with all collaboration partners during all phases of the grant.



- Providing staff time to attend all meetings and come to meetings prepared and focused.
- Communicating progress updates to the Executive Director and Senior Management Team, Board of Directors, and Director of Operations.
- Abiding by OVW guidelines.
- Attending Vera and OVW webinars when schedules allow.
- Using a social justice framework.

Cornerstone and Day One commits to:

- Being the fiscal agent and managing the funds provided.
- Filing necessary forms and reports for OVW.
- Updating the collaboration.
- Employing and supervising the project coordinator.

The Project Coordinator commits to:

- Guiding the work of the collaboration.
- Coordinating and facilitating the collaboration meetings.
- Coordinating hiring interpreters for all meetings.
- Encouraging and supporting open discussions, ideas, and activities within the collaboration.
- Keeping all members of the collaboration up to date via email regarding changes within the project.
- Attending VERA and OVW webinars and reporting back to the collaboration what is learned.
- Facilitating cross training within each agency.
- Participating in bi-weekly calls with TA.
- Drafting monthly updates for team members to inform their organizations of progress.

## **Communication Plan**

### **Internal Communication**

Meetings: The core group will meet bi-weekly and the full collaborative team, inclusive of the advisory and working group, will meet once per month during the development of the charter. All meetings will be for the duration of two hours and locations will alternate between CAS and CSD; additional meetings will be scheduled as needed and the meeting schedule frequency will be revisited upon completion of the charter. The Project Coordinator will create and email an agenda for each meeting at least one day prior to the meeting. If a core group team member is unable to attend a group meeting, the meeting will be rescheduled. Full collaborative team meetings will still be held if a team member is unable to attend. The team member unable to attend the meeting will be informed of the discussion via meeting minutes. Meeting minutes will be sent out by the Project Coordinator no later than two days after each meeting. The Project Coordinator will also schedule the sign language interpreters for each meeting from the Day One trained interpreter list.

The Project Coordinator will communicate to all team members via email between regularly scheduled meetings. Information may also be communicated via telephone and videophone. All team members are expected to respond promptly when information or feedback is requested. A prompt response is expected within a 24 hour time period unless otherwise stated or the individual is on vacation or is out sick.

Team members are responsible for providing information regarding the work of the collaboration to their own organization. Partner agency leadership and the Vera Technical Assistance provider have open invitations to attend any collaboration team meeting.

### **External Communication**

Communication with the Vera Technical Assistance provider shall be done by the Project Coordinator. The Project Coordinator will participate in conference calls

with Vera and other Project Coordinators when schedules allow, as well as meet with the Vera TA provider via telephone on a bi-weekly basis. Additionally, the Project Coordinator is responsible for submitting deliverables to Vera for review before submitting a final draft to OVW. Any changes to be made will be reported back and discussed with the team.

The fiscal agent, CAS, will have primary contact with OVW. The Director of Day One will be responsible for submitting grant reports. The Senior Accountant and Operations Coordinator will submit requests for budget modifications. Grant reports and budget requests will be submitted upon approval from the Executive Director.

The Project Coordinator is the primary contact person for any incoming information requests from outside parties or organizations. Once a request is received, the Project Coordinator will direct it to the appropriate person for response.

### **Media Plan**

Partner agencies are expected to follow the media guidelines for their individual agency; the media lead at Day One of Cornerstone is the Executive Director, and the media lead at CSD is designated staff from the President/CEO's office. All contact with the media needs to be documented using the *Media Contact Form* (page 37). Once the form is completed, it needs to be turned into the Project Coordinator.

#### *Cornerstone's Media Policy states:*

There should be no release of information relative to the interests of Cornerstone without the express permission of the Executive Director or designated staff. These policies shall not restrict the rights of the individual employee to comment in his/her capacity as a private citizen on any public matter. Insofar as possible, employees should notify the Executive Director of all contacts they have or anticipate having with the media.

*CSD's Media Policy states:*

Employees may not communicate or correspond with the news media as either an official or unofficial spokesperson of CSD without prior approval from the President/CEO's Office. Employees who receive a media inquiry should respond: "I am not in a position to respond to your request." Refer all questions from the media to President/CEO's office.

With prior permission from the President/CEO's office, you may work with local media outlets on public interest stories concerning CSD programs and services. The President/CEO's office is also available to draft press releases when necessary.

### **Guidelines for Media Responses**

Collaboration representatives will follow their respective agency's media guidelines. In the event information is requested regarding the project and the *Media Contact Form* (pg. 37) has been submitted to the Project Coordinator, the only persons authorized to respond to such requests are the Project Coordinator or the DV Advocate from CSD. If the request cannot be answered using the information from the *Media Information* section, assistance will be sought from the collaboration team for an appropriate response. The resulting action of the request will be reported to the collaboration.

### **Media Information**

Collaborative Partners: Day One of Cornerstone and Communication Service for the Deaf.

The Project: This project is funded by the Office on Violence Against Women (OVW) for a duration of three years. It is split into two phases: Planning and Development, and Implementation. During the Planning and Development phase, a collaboration charter is developed and a community needs assessment is completed along with a report of the findings, then a strategic plan is developed. During the Implementation phase, the strategic plan will be followed.

Project Focus: The goal of our work is to produce sustainable change by creating a network of service providers that are prepared and accessible to communities that are Deaf and Hard of Hearing.

#### Reasons for the Project

- Due to the low numbers of Deaf individuals seeking DV services, there is a lack of knowledge and awareness surrounding Deafness.
- Emergency personnel (ie. Police, First Responders, etc.) have insufficient knowledge and training about Deafness.
- We know there is a high turnover rate within DV agencies, resulting in a need for a sustainable training model to be developed.
- A lack of outreach to the Deaf Community: program capacity needs to be built in order for programs to hire and work with D/HH individuals from the Deaf Community.
- There is insufficient knowledge as to when the law mandates a sign language interpreter is hired, as well as how to and where to obtain sign language interpreters.
- Gaps within the Deaf Community
  - There is a general lack of awareness regarding what DV can look like within relationships.
  - The Deaf Community can be a closed and private community; Sensitive topics are not discussed outside of the community.
  - The awareness and education of the Deaf Community needs to be addressed by a person within the Deaf Community versus solely bringing in a hearing agency for educational purposes.
- Service providers do not always recognize the intersection of oppression (ie. Deaf and low income, or Deaf and LGBTQ, etc.).
  - Mainstream agencies lack cultural competency.

## **Decision Making Authority**

Cornerstone, being the fiscal agent, is responsible for any decisions regarding the budget, and is also responsible for hiring/firing the Project Coordinator.

The collaborative team has been divided into three groups: Core, Advisory, and Working. The core group has decision making authority. The core group maintains authority to approve the direction of project initiatives (charter, needs assessment plan, implementation plan), project deliverables and any documents before they are sent to Vera, OVW, or other outside agencies. The advisory group has decision making authority regarding the programs they run and will have input, but no authority for final decisions regarding the grant. Finally, the working group will not have any decision making authority however will provide feedback on discussions and insight on the happenings in the field at the current time. The Project Coordinator is authorized to make decisions concerning the day-to-day project activities, maintain contact with Vera for technical assistance purposes, submit all deliverables to Vera and OVW after they are approved by the core group and Cornerstone (as the fiscal agent), and determine meeting logistics (ie. time, location, and agenda items).

### **Decision Making Process**

The collaboration will be using a consensus decision making process. The following steps will be followed when making a decision:

- Address the issue at hand
- Begin a discussion
- Conduct a check-in using a scale of 1-5 to assess the level of consensus
  - 1 = Full Support
  - 2 = Moderate Support
  - 3 = Neutral
  - 4 = Opposed but open to discussion
  - 5 = Absolutely opposed and cannot support it
- Each member will be asked to choose a number from the scale to denote their consensus

- Consensus will be attained when all team members rate the decision at hand with a 3 or above
- If consensus cannot be reached, the discussion will be tabled for team members to gather more information and re-evaluate their vote

## **Conflict Resolution Plan**

This plan was adapted from multiple models: The Conflict Management 6 step model for reaching agreements, The Holton Model for Conflict Resolution, and Conflict Resolution Protocol.

1. Acknowledge that a conflict exists.
2. Identify the problem.
  - a. State the actual problem, not a personal position.
3. Decide that the conflict cannot be resolved utilizing our consensus based decision making strategy.
4. Determine the relevant parties needed to address the conflict (ie. full collaboration or individual group members).
5. Decide if the conflict can be addressed immediately or does it need to be tabled and addressed at a later date.
6. Determine if a facilitator is needed and identify who should facilitate.
7. Conduct the conflict negotiation.
8. During the negotiation process, parties will:
  - a. Think “we”, rather than “I versus you” – working together helps solve conflicts.
  - b. Keep in mind the long term relationship.
  - c. Utilize these techniques/tools:
    - i. Want to understand: “What you are saying is important.”
    - ii. Active listening: “What I heard you say was ....., and I really want to understand.”
    - iii. Ask questions: “Would you share why this is so important to you?”
    - iv. Understanding: “I think I understand your position.”

- v. Accepting: “I understand your position, but I still don’t agree. Can we agree to disagree?”
  - vi. Ask questions for clarification.
- d. Identify Solutions
  - i. Outline and sort the issues.
  - ii. Review and jointly modify the issues.
  - iii. Create different ways to solve the problem.
  - iv. Discuss the pros and cons of the proposed solutions.
  - v. Agree to a resolution.

## **Confidentiality**

Members of this collaboration understand that while working together, information about each other’s agency may be shared. If this happens, the information shall remain private and not available for the public.

During the implementation phase of the project, the collaboration may be working with the various programs under the Day One network. The collaboration’s role is not to blame the programs service delivery or practice, but to work to increase capacity so that D/HH persons experiencing domestic violence have the same access to services as their hearing counterparts. Any shared information will be kept confidential unless deemed otherwise (ie. information shared that poses potential harm to a client).

### **CAS**

Cornerstone adheres to a strict policy of confidentiality. No employee of Cornerstone shall disclose confidential information gained by reason of her/his position nor shall the employee otherwise use such information for personal gain or benefit. Every employee must sign a pledge of confidentiality as a condition of employment at Cornerstone. A breach of confidentiality could result in some form of disciplinary action or immediate dismissal at the discretion of the Executive Director.



## **CSD**

Information and records regarding CSD employees, independent contractors, consumers, and customers are confidential. CSD employees must maintain this information in a secure and appropriate manner. This includes not revealing any confidential information to anyone outside the organization unless required to do so by law or by appropriate written permission. Confidential information includes notes, files, records, pictures, computer files or similar materials. This information may not be removed from CSD's premises without permission from CSD.

Information may be released under the following circumstance:

- CSD is required to do so under law, subpoena, or court order.
- An outside party presents CSD with a valid release, recently signed by the consumer or customer, requesting CSD to share specific information with the outside party; or,
- CSD has a consumer or customer sign a CSD release form allowing CSD to share or use information for a specified reason.

For individuals under the age of 18, the release of information form should be signed by their legal guardian. No information regarding a consumer or customer should be released to a third party over the telephone unless CSD has a release form on file. If records are inspected by an outside organization, the individual(s) inspecting the records must be authorized to do so by a CSD Executive Officer. Copying of records or removal of records is prohibited unless authorized by CSD. Employees should not discuss confidential consumer or customer information while off duty. All employees are required to sign a code of ethics, non-disclosure, and confidentiality form acknowledging their responsibility and commitment to maintain consumer and customer confidentiality.

## **Mandated Reporting**

Regarding vulnerable adults, Minnesota law states “The Legislature declares that the public policy of this state is to protect adults, who because of physical or mental disability or dependency on institutional services, are particularly

vulnerable to maltreatment; to assist in providing safe environments or vulnerable adults; and to provide safe institutional or residential services, community based services, or living environments for vulnerable adults who have been maltreated.”

Minnesota law does not include Deaf individuals, specifically, under the adult mandatory reporting policy; A.D.DV.O.C.A.+E collaboration members understand this exclusion and agree unless reporting is required under professional licensures.

See the Appendix for the agency policies of CAS and CSD, as well as the Minnesota statutes surrounding reporting in regards to children and vulnerable adults.

## Work Plan

### **January 2014-March 2014 (3 mos)**

- Define Conflict Resolution, Confidentiality and Communication Agreements
- Agree on Decision Making Process
- Define our Commitments, Assumptions and Values
- Develop Title
- Start Glossary

### **April 2014-July 2014 (4 mos)**

- Develop Vision, Mission, and Goals of Project
- Complete Charter

### **August 2014-October 2014 (3 mos)**

- Create Needs Assessment

### **November 2014-February 2015 (4 mos)**

- Conduct Needs Assessment

### **March 2015-May 2015 (3 mos)**

- Analyze Data and Create Needs Assessment Report

### **June 2015-August 2015 (3 mos)**

- Develop Strategic Plan

### **September 2015-September 2016 (12 mos)**

- Implement Strategic Plan

## Contact Us

### *Day One of Cornerstone (CAS)*

1000 E. 80<sup>th</sup> St.

Bloomington, MN 55420

952-646-6529

[www.dayoneservices.org](http://www.dayoneservices.org)

### *Communication Service for the Deaf (CSD)*

2800 Rice St. Suite 154

St. Paul, MN 55113

651-964-2052

[www.c-s-d.org](http://www.c-s-d.org)

Becky Callahan: [beckyc@dayoneservices.org](mailto:beckyc@dayoneservices.org)

Aaron Gutzke: [agutzke@c-s-d.org](mailto:agutzke@c-s-d.org)

## **APPENDIX**

### **Cornerstone's Mandated Reporting Policy**

**POLICY:** Cornerstone staff are mandated reporters of abuse. Staff will contact child/adult protection upon becoming aware of the abuse of a child or vulnerable adult.

Procedures:

1. Staff are expected to make supervisors aware of any child or adult protection reports.
2. Staff shall use the following guidelines and definitions from the State of Minnesota Department of Human Services.
3. Staff shall call child protection unless they have official written documentation that a call has already been made regarding the incident.
4. Talk to the adult client about whether she/he would like to make the call.

### **Abuse of a Child**

If you work with children in Minnesota, the law requires that you report suspected physical abuse, sexual abuse, or neglect of children to the authorities. Getting help for children who are experiencing abuse or neglect involves the efforts of many people in the community.

Try to help victims understand that Child Protection is there to help her/him and that her/his willingness to cooperate will assist her/him in future custody issues that might rise. Keep in mind that the abuser's threats regarding the children and the victim's poor self-image enhance her/his fear of losing the children.

**RAISING CONCERNS:** What to do if a child starts to tell you about abuse

- LISTEN
- Say things that show you are listening
- Ask for clarification about things that don't seem clear to you

- Keep questions to a minimum and encourage the child to use their own words
  - Child abuse cases can be dismissed if it appears the child has been led or words and ideas suggested to them
- Say that you will have to tell other people in order to get help
- Ask if the two of you can agree together what should be done next

### **DO NOT**

- Show disbelief or horror
- Give an interpretation
- Give or suggest information that has not been offered
- Agree to keep a secret
- Make promises that suggest you can stop the abuse
- Investigate any allegations
- Ask probing questions

***You must call Child Protection (CP) within 24 hours of hearing the allegation.***

The intake case worker may ask for a written report. This is to be sent within 72 hours.

You should call CP at 612-348-3552 about any case of neglect or abuse. When a child is abandoned or subject to a real or imminent threat, call your local police department, or call 911 immediately.

Bloomington	952-563-8893	Richfield	612-861-9800
Eden Prairie	952-949-6200	St. Louis Park	952-924-2600
Edina	952-925-2242		

### **DOMESTIC VIOLENCE GUIDELINES**

For domestic assaults—assuming the child has not been injured, but was on the premise (does NOT have to have been in the room) during the following, Child Protection must be called under the following circumstances:

1. The incident included the use of weapons
2. A party sought medical attention for injuries sustained—or could have and refused (bruises would not count)
3. A child is physically involved in the incident (used as a shield, attempts to intervene, parent holding child)
4. The abuse included sexual assault
5. A child is verbally threatened by the adult during the incident

### **TIPS WHEN REPORTING**

Prior to calling CP, talk to a supervisor about what will be shared. Sometimes, our clients share a lot of private information with us. Some of it may be egregious, but has nothing to do with the children and is not something for which we would normally call Child Protection. Stop and consider: Within the context of the reportable situation, what needs to be shared and what can remain private? Sometimes, it is difficult to decide.

If you believe that sharing MORE information is necessary, as it may give more context to the report and the full family dynamic/situation, consider informing the victim ahead of time. Tell the client exactly what you intend to report and explain why you feel you need to include all the details. You may want to invite the victim to be present while you call to make the report.

If you and a client are at odds about whether or not specific details should be shared, give careful consideration to how doing so might impact the relationship between Cornerstone and the victim. The victim might be more likely to be more open with CP if they know the staff respected their wishes, and that they had control over whether or not to share that piece of info about the abuse they experienced.

## **Communication Service for the Deaf Mandated Reporting Policy**

**Policy:** CSD will break confidentiality if we suspect or know about child abuse, abuse of an elderly person or a person with a developmental disorder, we must call the Child Abuse Hotline/Division of Aging.

## **Minnesota Statutes**

### ***626.557 REPORTING OF MALTREATMENT OF VULNERABLE ADULTS***

#### **Sub. 1. Public policy.**

The legislature declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated. In addition, it is the policy of this state to require the reporting of suspected maltreatment of vulnerable adults, to provide for voluntary reporting of maltreatment of vulnerable adults, to require the investigation of reports, and to provide protective and counseling services in appropriate cases.

#### **Subd. 3. Timing of report.**

A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point.

#### **Subd. 4. Reporting.**

A mandated reporter shall immediately make an oral report to the common entry point. The common entry point may accept electronic reports submitted through a Web-based reporting system established by the commissioner. Use of a telecommunications device for the deaf or other similar device shall be

considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

**Subd. 5. Immunity; protection for reporters.**

A person who makes a good faith report is immune from any civil or criminal liability that might otherwise result from making the report, or from participating in the investigation, or for failure to comply fully with the reporting obligation under section 609.234 or 626.557, subdivision 7.

**Subd. 7. Failure to report.**

A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure. Nothing in this subdivision imposes vicarious liability for the acts or omissions of others.

The phone number to **Hennepin County COMMON ENTRY POINT** is: **612-348-8526**. Direct calls regarding incidents occurring in other jurisdictions to the appropriate county.

***626.556 REPORTING OF MALTREATMENT OF MINORS***

**Subd. 3. Persons mandated to report.**

(a) A person who knows or has reason to believe a child is being neglected or physically or sexually abused, as defined in subdivision 2, or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff if the person is:



(1) a professional or professional's delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, correctional supervision, probation and correctional services, or law enforcement; or

(2) employed as a member of the clergy and received the information while engaged in ministerial duties, provided that a member of the clergy is not required by this subdivision to report information that is otherwise privileged under section [595.02, subdivision 1](#), paragraph (c).

The police department or the county sheriff, upon receiving a report, shall immediately notify the local welfare agency or agency responsible for assessing or investigating the report, orally and in writing. The local welfare agency, or agency responsible for assessing or investigating the report, upon receiving a report, shall immediately notify the local police department or the county sheriff orally and in writing. The county sheriff and the head of every local welfare agency, agency responsible for assessing or investigating reports, and police department shall each designate a person within their agency, department, or office who is responsible for ensuring that the notification duties of this paragraph and paragraph (b) are carried out. Nothing in this subdivision shall be construed to require more than one report from any institution, facility, school, or agency.

(b) Any person may voluntarily report to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff if the person knows, has reason to believe, or suspects a child is being or has been neglected or subjected to physical or sexual abuse. The police department or the county sheriff, upon receiving a report, shall immediately notify the local welfare agency or agency responsible for assessing or investigating the report, orally and in writing. The local welfare agency or agency responsible for assessing or investigating the report, upon receiving a report, shall immediately notify the local police department or the county sheriff orally and in writing.

(c) A person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the agency

responsible for licensing the facility under sections [144.50](#) to [144.58](#); [241.021](#); [245A.01](#) to [245A.16](#); or chapter 245D; or a nonlicensed personal care provider organization as defined in sections [256B.04, subdivision 16](#); and [256B.0625, subdivision 19](#). A health or corrections agency receiving a report may request the local welfare agency to provide assistance pursuant to subdivisions 10, 10a, and 10b. A board or other entity whose licensees perform work within a school facility, upon receiving a complaint of alleged maltreatment, shall provide information about the circumstances of the alleged maltreatment to the commissioner of education. Section [13.03, subdivision 4](#), applies to data received by the commissioner of education from a licensing entity.

(d) Any person mandated to report shall receive a summary of the disposition of any report made by that reporter, including whether the case has been opened for child protection or other services, or if a referral has been made to a community organization, unless release would be detrimental to the best interests of the child. Any person who is not mandated to report shall, upon request to the local welfare agency, receive a concise summary of the disposition of any report made by that reporter, unless release would be detrimental to the best interests of the child.

(e) For purposes of this section, "immediately" means as soon as possible but in no event longer than 24 hours.

#### **Subd. 6. Failure to report.**

(a) A person mandated by this section to report who knows or has reason to believe that a child is neglected or physically or sexually abused, as defined in subdivision 2, or has been neglected or physically or sexually abused within the preceding three years, and fails to report is guilty of a misdemeanor.

(b) A person mandated by this section to report who knows or has reason to believe that two or more children not related to the perpetrator have been physically or sexually abused, as defined in subdivision 2, by the same perpetrator within the preceding ten years, and fails to report is guilty of a gross misdemeanor.

(c) A parent, guardian, or caretaker who knows or reasonably should know that the child's health is in serious danger and who fails to report as required by subdivision 2, paragraph (c), is guilty of a gross misdemeanor if the child suffers substantial or great bodily harm because of the lack of medical care. If the child dies because of the lack of medical care, the person is guilty of a felony and may be sentenced to imprisonment for not more than two years or to payment of a fine of not more than \$4,000, or both. The provision in section [609.378, subdivision 1](#), paragraph (a), clause (1), providing that a parent, guardian, or caretaker may, in good faith, select and depend on spiritual means or prayer for treatment or care of a child, does not exempt a parent, guardian, or caretaker from the duty to report under this subdivision.

**Subd. 6a. Failure to notify.**

If a local welfare agency receives a report under subdivision 3, paragraph (a) or (b) and fails to notify the local police department or county sheriff as required by subdivision 3, paragraph (a) or (b), the person within the agency who is responsible for ensuring that notification is made shall be subject to disciplinary action in keeping with the agency's existing policy or collective bargaining agreement on discipline of employees. If a local police department or a county sheriff receives a report under subdivision 3, paragraph (a) or (b) and fails to notify the local welfare agency as required by subdivision 3, paragraph (a) or (b), the person within the police department or county sheriff's office who is responsible for ensuring that notification is made shall be subject to disciplinary action in keeping with the agency's existing policy or collective bargaining agreement on discipline of employees.

**Subd. 7. Report; information provided to parent.**

(a) An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required under subdivision 3 to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the appropriate police department, the county sheriff, the agency responsible for assessing or investigating the report, or the local welfare agency, unless the appropriate agency has informed the reporter that the oral

information does not constitute a report under subdivision 10. The local welfare agency shall determine if the report is accepted for an assessment or investigation as soon as possible but in no event longer than 24 hours after the report is received. Any report shall be of sufficient content to identify the child, any person believed to be responsible for the abuse or neglect of the child if the person is known, the nature and extent of the abuse or neglect and the name and address of the reporter. If requested, the local welfare agency or the agency responsible for assessing or investigating the report shall inform the reporter within ten days after the report is made, either orally or in writing, whether the report was accepted for assessment or investigation. Written reports received by a police department or the county sheriff shall be forwarded immediately to the local welfare agency or the agency responsible for assessing or investigating the report. The police department or the county sheriff may keep copies of reports received by them. Copies of written reports received by a local welfare department or the agency responsible for assessing or investigating the report shall be forwarded immediately to the local police department or the county sheriff.

(b) Notwithstanding paragraph (a), the commissioner of education must inform the parent, guardian, or legal custodian of the child who is the subject of a report of alleged maltreatment in a school facility within ten days of receiving the report, either orally or in writing, whether the commissioner is assessing or investigating the report of alleged maltreatment.

(c) Regardless of whether a report is made under this subdivision, as soon as practicable after a school receives information regarding an incident that may constitute maltreatment of a child in a school facility, the school shall inform the parent, legal guardian, or custodian of the child that an incident has occurred that may constitute maltreatment of the child, when the incident occurred, and the nature of the conduct that may constitute maltreatment.

(d) A written copy of a report maintained by personnel of agencies, other than welfare or law enforcement agencies, which are subject to chapter 13 shall be confidential. An individual subject of the report may obtain access to the original report as provided by subdivision 11.

## Media Contact Form

Date: \_\_\_\_\_

Source of Media Request: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Information Requested: \_\_\_\_\_

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Agency Providing Response: \_\_\_\_\_

Outcome/Comments: \_\_\_\_\_

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Problems/Concerns: \_\_\_\_\_

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