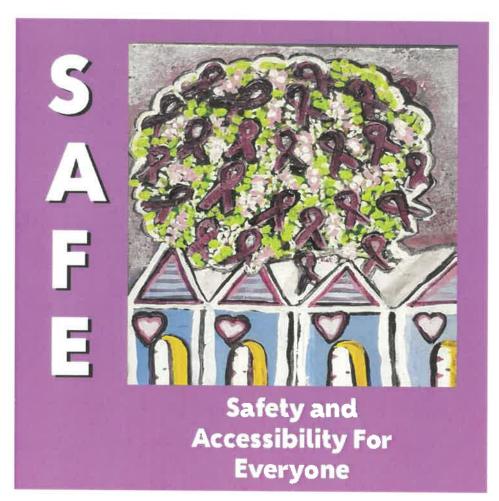
SAFETY AND ACCESSIBILITY FOR EVERYONE (SAFE) COLLABORATION

Collaboration Charter



Toledo, Ohio, 2020

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INTRODUCTION:

This charter represents the values, principles, and procedures that will guide the Safety and Accessibility for Everyone (SAFE) collaboration. The primary purpose of the collaboration is to increase accessibility of supportive services for persons who are living with physical and/or mental health disabilities and who have also experienced domestic violence. To ensure our purpose, SAFE is committed to identifying and eliminating organizational barriers that reduce the overall safety and well-being of persons seeking services from collaborative agencies. The resulting organizational changes will be implemented not only in Lucas County, Ohio, the project focus area, but throughout the service areas of each collaborating agency.

SAFE Collaborative Agencies

The collaboration consists of three partner agencies: Advocates for Basic Legal Equality (ABLE), Bethany House, and Legal Aid of Western Ohio (LAWO). Each agency has dedicated the necessary staffing and resources to thoughtfully scrutinize their organizational structures and is committed to changes that will maximize accessibility and effectiveness of their services for victims/survivors with disabilities.

Advocates for Basic Legal Equality (ABLE)

Advocates for Basic Legal Equality, Inc. (ABLE) is a non-profit regional law firm that provides high quality legal assistance in civil matters to help eligible low-income individuals and groups in Western Ohio achieve self-reliance, equal justice and economic opportunity. ABLE, incorporated in 1969, serves 32 counties of Western Ohio and has offices in Dayton, Defiance, and Toledo. ABLE programs and advocates provide specialized legal assistance, including representation on behalf of those who are discriminated against, advocacy for people living with disabilities, advocacy for nursing home and long-term care facility residents, litigation in public policy cases, and outreach and education to low-income people and community organizations serving people with lower economic means.

ABLE's Healthcare and Public Benefits practice group focuses on improving the health and economic stability of clients by securing or maintaining access to public benefits like Medicaid, Medicare, cash assistance, food assistance, unemployment compensation, and Social Security benefits. This practice group also engages in advocacy to address systemic issues, such as: lack of language access in state and federal agencies, discrimination against people with disabilities, and policies that deny life-saving treatment to Medicaid recipients.

ABLE believes that diversity and inclusion are essential for high quality legal services and promotes both by employing individuals from different backgrounds and cultures, including religion, race, gender, sexual orientation, ethnicity, age, and physical abilities.

Bethany House (BH)

Bethany House is northwest Ohio's only long-term domestic violence shelter. Since 1984, Bethany House has served more than 2,000 individuals and provided more than 300,000 nights of safe shelter for victims and their children escaping domestic abuse. Annually, Bethany House serves an average of 30 families in shelter.

Bethany House not only provides apartment style long-term transitional shelter, but also provides comprehensive services and support to domestic violence survivors. Bethany House helps its participants to navigate social and legal services available in the community. Bethany House also provides education and training on domestic violence for local community groups and homeless shelters and takes an active role in Toledo-area community organizations focused on preventing homelessness and domestic violence.

Bethany House does not discriminate for any reason including race, ethnic origin, cultural experience, native country, sex, age, religion, gender

expression, or sexual orientation. Shelter and support services are provided free of charge.

Legal Aid of Western Ohio (LAWO)

Legal Aid of Western Ohio, Inc. (LAWO) is a non-profit regional law firm that provides high quality legal assistance in civil matters to help low-income individuals and groups in western Ohio achieve self-reliance, equal justice, and greater economic opportunity. LAWO serves 32 northwest and west central Ohio counties. LAWO provides full range legal services including counsel and advice, negotiation, litigation, community clinics and community education.

LAWO provides holistic services in practice areas with an increased need for assistance including agricultural worker and immigration rights, civil legal assistance, consumer law, domestic violence, elder law, family law, housing programs, low-income taxpayer concerns, and public benefits. LAWO believes that diversity and inclusion are essential for high quality legal services and promotes both by employing individuals from different backgrounds and cultures, including religion, race, gender, sexual orientation, ethnicity, age, and physical abilities.

LAWO's Stability and Independence for Survivors practice group focuses on achieving short-term and long-term safety and stability for survivors of domestic violence. LAWO attorneys assist clients in many different ways to meet the individual needs of each client. Attorneys assist clients to obtain civil protection orders, petition for immigration status under the Violence Against Women Act (VAWA), provide representation in custody, divorce, enforce child support orders, resolve housing instability, expunge criminal histories, and to resolve other legal issues that are barriers to safety and stability. The goal of this practice group is to maximize safety and stability for clients who have experienced domestic or family violence through legal advocacy and representation.

SAFE Collaboration Members

Tanya Barone

Tanya has been the Program Director of Bethany House since 2015 and oversees direct service staff, ensuring that services meet the highest standards of best practice. Tanya received a B.S. in Criminal Justice and a B.A. in Psychology from Youngstown State University in 2010 and an M.A. in Sociology in 2012 from Bowling Green State University. Tanya is a Registered Advocate in Advanced Standing (R.A.A.S.) in Ohio. A Registered Advocate in

Advanced Standing must have accumulated a minimum of 7,800 hours of professional work experience providing direct services to crime victims.

Tanya's previous work with Harbor Behavioral as a Qualified Home Health Specialist with youth experiencing severe emotional disturbances gives her a depth of experiences that has been an asset to Bethany House. Tanya is also a member of the Toledo Lucas County Homelessness Board, which oversees a coordinated, comprehensive, and targeted response to homelessness in Lucas County.

Kara Ford

Kara has been an attorney at Advocates for Basic Legal Equality in the Toledo office for over three years. She graduated from the Ohio State University Moritz College of Law in 2015, and also received a Master's of the Arts in Public Policy and Management from Ohio State. Kara works in the Healthcare and Public Benefits practice group at ABLE as well as the Education practice group. Kara assists clients, many of whom have disabilities and/or have been survivors of domestic violence, with issues regarding Medicaid, Medicare, the Supplemental Nutrition Assistance Program (SNAP), the Affordable Care Act (ACA) Marketplace insurance, Ohio Works First (OWF), and Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI). Kara also does outreach and community legal education to shelters, community groups,

healthcare providers, senior centers, and others throughout Northwestern

Ohio. Kara co-chairs the Healthcare and Public Benefits Taskforce, which is a
collaboration of legal aid programs in Ohio. Kara is also a member of the
board of directors for Brightside Academy, a Head Start provider in Toledo.

Deidra Lashley

Deidra has been the Executive Director of Bethany House since 2013 and brings over 20 years of experience working with domestic violence, sexual violence, and human trafficking survivors. She was co-founder of the Cocoon Shelter, Wood County's first and only domestic violence shelter and then served as its Associate Director and Special Projects Coordinator for 8 years. Deidra previously worked as the Project Director for the Victim Advocacy program housed at the Women's Center of Bowling Green State University, and as a Clinic Therapist at Unison Behavioral Health where she provided home-based services to victims of violence.

Deidra obtained her B.A. in Social Work from the University of Toledo and has been a Licensed Social Worker since 1993. Deidra earned her Master of Public Health from the Northwest Ohio Consortium for Public Health in 2006. Deidra's work at Bethany House, has emphasized increased access to long term advocacy, housing, and support to survivors who face additional vulnerabilities of disabilities.

Allma Miller

Allma is an LAWO Staff Attorney. She works in the Stability and Independence for Survivors (SIS) practice group, where she advocates for survivor safety and stability by representing clients in protection order, divorce, and child custody related actions. She also works in the Health and Public Benefits (HPB) practice group, where she advocates for clients with mental or physical health concerns who are seeking public benefits. Many of these clients are also survivors of domestic violence.

Allma received her Juris Doctorate from the University of Toledo, College of Law in May of 2011. Allma has been committed to advocacy efforts that maintain the safety and stability of women and children most of her professional career. Prior to joining LAWO in 2019, Allma was the Executive Director of Northwest Ohio CASA, a non-profit organization that advocates for children who have experienced abuse and/or neglect. She was also engaged in private practice for several years, with a focus on family and juvenile law. She has also worked as a research assistant for Praxis International and the Battered Women's Justice Project and prior to becoming an attorney, as a victim advocate.

Rebecca Steinhauser

Rebecca is a 1996 graduate of the University of Dayton School of Law. She started her law career as an AmeriCorps attorney at Advocates for Basic Legal Equality, specializing in housing issues from 1996 through 1998. In 1999, she was hired as a full-time staff attorney at Legal Services of Northwest Ohio, specializing in public benefits, benefit planning and elder law. She has been the Managing Attorney for Healthcare and Public Benefits at Advocates for Basic Legal Equality since July 2013. Over the past 20 years, she has done numerous trainings and presentations in the areas of public benefits and elder law. Rebecca has a wealth of experience representing clients with disabilities, especially mental health impairments. Rebecca co-chairs the Healthcare and Public Benefits Taskforce.

Mercedes Thompson

Mercedes has been a domestic violence advocate and paralegal with Legal Aid of Western Ohio since 1997. She is currently the Project Coordinator for the SAFE collaboration. She was instrumental in coordinating a multi-county domestic violence advocate support network which provides training and resources to advocates in seven counties. Mercedes also has extensive training in Social Security and other government benefits.

Lucinda Weller

As managing attorney of the Stability and Independence for Survivors Practice Group at LAWO, Lucinda oversees all work related to assisting domestic violence, sexual assault, stalking and human trafficking survivors escape violence and create a safe and stable environment for themselves and their families through restraining orders, representation in custody and divorce proceedings, access to housing and economic stability, education and immigration assistance. Lucinda participates in the Family Law Taskforce, which is a collaboration of the legal aid attorneys in Ohio. Lucinda is a member of the planning committee to lead advocacy initiatives for the Ohio Task Force and Civil Protection Order committee.

Lucinda received her Juris Doctorate from the University of Toledo, College of Law in May of 1997. Prior to joining LAWO. In 2007, Lucinda had her own general law practice and served as a part-time public defender. Lucinda volunteers her time to mentor new attorneys through the Ohio Supreme Court Mentoring Program, The Toledo Bar association Mentoring program, and the Toledo Women's Bar Association. In addition, she mentors young mothers through a program called Sisters-in-Law, that pairs mothers enrolled in "Mom's House" with female attorneys.

VISION STATEMENT

The collaboration envisions a SAFE community that provides accessibility for all survivors of domestic violence, where resources and support are person driven and available for everyone to maximize safety, increase access to justice, and promote holistic advocacy. The collaboration also envisions a SAFE community that acknowledges individuality, prioritizes the needs of victims/survivors with disabilities, and embraces diversity.

MISSION STATEMENT

SAFE's mission is to provide accessibility to victims/survivors with disabilities by:

- Letting each person express their needs, rather than presuming their needs.
- > Creating a process where we universally inquire about accommodation needs; and
- ➤ Resourcing our SAFE agency staff with the knowledge they need to solicit and meet accommodation requests.

All SAFE resources and supports will be person-driven and available to everyone by:

Meeting the capacity needs of all staff in multiple ways that promote a variety of learning styles.

- > Being open to creating new resources; and
- > Ensuring that resources are effective, accessible and current.

SAFE partners will maximize safety and access to justice through holistic advocacy by:

- > Recognizing that safety is not a universal concept and requires individualized approaches.
- > Being open and flexible regarding the needs of each person.
- Researching best practices and seeking input from other community organizations; and
- > Expanding justice and advocacy to include a holistic assessment of the individual needs of each person.

SAFE will prioritize the needs of victims/survivors with disabilities and embrace diversity by:

- Ensuring that the agencies are accessible, comfortable, and trauma informed; and
- Educating ourselves about the individual's disability, providing necessary accommodations, and acknowledging and releasing our biases.

VALUES

We have identified a shared set of core values. Each member of the collaboration will reflect on these principles as the collaboration advances through each stage of the development process.

Accessibility

We are committed to creating client centered protocols that make it possible for victims/survivors with disabilities to request and receive our services in an environment that is respectful of the individual needs of the person.

Victims/survivors will be encouraged to articulate the best ways for us to serve them.

Access to Justice

We are committed to the belief that everyone deserves fair and unbiased access to the justice system.

Accountability

Each team member is responsible for promoting a respectful, honest, and transparent collaborative experience. Every team member is valued for the expertise, wisdom, and energy she brings to the project. Team members will foster a collaborative environment in which it is safe to share ideas and opinions.

Each team member is responsible for putting in the effort necessary to advance the project.

Choice

We are committed to providing sufficient information to victims/survivors to assist them in making informed decisions about how they would like us to serve them.

Confidentiality

We are committed to the belief that victims/survivors have the right to expect that information they share will be held in confidence.

We are committed to the belief that victims/survivors have the right to know, prior to any disclosures, when certain information may not be kept in confidence.

Cultural Humility

We are committed to ensuring that the services we provide will reflect cultural humility. We will develop a process that acknowledges victims/survivors' cultural and historical identities.

Language

We will be mindful of the terminology we use. We recognize that not every person experiencing domestic violence is comfortable being addressed as a

victim even though that may be the legal terminology. We recognize that others may prefer not to be called a survivor. We also commit to making available interpretation and translation services so that language access is not a barrier for victims/survivors but will let victims/survivors lead us in what their preferred method of communication is.

Race Equity

SAFE acknowledges that systemic racism and implicit bias exist and negatively impact people of color. Systemic racism creates an additional barrier for individuals already navigating disability and/or domestic violence related barriers. These barriers often make it difficult or impossible for victims/survivors to obtain the supportive services they need. SAFE is committed to ensuring that all recommendations provided in our strategic plan and future activities have considered (and have attempted to lessen) the impact of systemic racism on people of color seeking supportive services.

Safety

We value the concept that safety is not just the absence of violence. Holistic safety encompasses emotional, financial and other types of well-being.

Trauma Informed Services

SAFE is committed to building relationships with a trauma informed approach to promote healing and freedom from violence. We are committed to

educating ourselves and our agencies about the best way to provide trauma informed services.

ASSUMPTIONS

- > We recognize that domestic violence is never the fault of the victim/survivor.
- > We recognize that victims/survivors with disabilities may be particularly vulnerable in a domestic violence situation.
- We recognize that anyone can be a victim/survivor of domestic violence, regardless of age, gender, gender expression, sexual orientation, race, ethnicity, or physical attributes.
- > We recognize that everyone deserves to have a safe living environment.
- > We recognize that there are no "perfect" victims/survivors. Individual narratives and experiences should be equally valued.
- > We recognize that every person has intrinsic value, separate and apart from their lived experiences.
- ➤ We recognize that victims/survivors may have different communication styles and deserve to be able to communicate in ways that are comfortable for them.

- > We recognize that victims/survivors come from diverse backgrounds and have individualized needs and priorities.
- We recognize that victims/survivors may not feel comfortable disclosing every part of their story and that it is theirs to relate, how, when, and if, they become ready.
- > We recognize that our organizations are not perfect and that each has room for improvement.

COMMITMENTS AND CONTRIBUTIONS

By participating in the OVW Disabilities program, each SAFE agency has committed to creating a system of service delivery that enables victims/survivors with disabilities to access services in ways that respect their individual needs and promote safety and well-being. Each partner agency has allocated two staff members to participate in the collaboration. Individual members of the collaboration have agreed to invest their expertise and energy to the process by being present, engaged and vocal.

Collaboration Commitments

The collaboration commitments include:

- Attending weekly collaboration meetings. Collaboration members may be asked to attend additional meetings if needed and agreed to by the team. Collaboration members may be excused from meetings as necessary and appropriate. Collaboration members agree to review the notes for missed meetings and meet with the project coordinator as necessary to follow up on missed information.
- > Following the guiding principles of the collaboration as outlined in the SAFE charter.
- > Providing feedback on collaborative content.
- Regularly updating organizational decision makers about the progress of the collaboration. The project coordinator is available and willing to help with updating decision makers for any of the collaborating organizations.
- Evaluating the internal policies and organizational cultures of partner agencies honestly and without judgment, with a goal to create change and eliminate barriers.
- > Promoting the organizational changes identified in the needs assessment and strategic plan.
- > Participating in OVW and Vera meetings and mandatory trainings.

Being flexible and willing to negotiate the challenges of collaboration during the COVID-19 pandemic.

Agency Commitments

Advocates for Basic Legal Equality (ABLE)

ABLE's commitments include:

- > Providing the expertise for disability and legal matters.
- Meeting deadlines to ensure that the lead agency can meet reporting obligations.
- Prioritizing and supporting the development and implementation of policies, procedures, and best practices that are identified by the collaboration.
- ➤ Sharing current agency protocols and documents that will enable the collaboration to identify policies and protocols that make it difficult for victims/survivors with disabilities to access services.
- > Complying with OVW and Vera reporting requirements, such as the semi-annual progress reports and Performance Indicators.

Bethany House (BH)

Bethany House's commitments include:

- Providing the expertise for domestic violence and domestic violence related supportive services.
- ➤ Meeting deadlines to ensure that the lead agency can meet reporting obligations.
- Prioritizing and supporting the development and implementation of policies, procedures and best practices that are identified by the collaboration.
- > Sharing current agency protocols and documents that will enable the collaboration to identify policies and protocols that make it difficult for victims/survivors with disabilities to access services.
- > Complying with OVW and Vera reporting requirements.

Legal Aid of Western Ohio (LAWO)

LAWO's commitments include:

- > Providing the expertise for domestic violence and legal matters.
- > Acting as the "lead" and fiscal agent for the grant. LAWO is responsible for meeting OVW mandated timelines and deliverables.
- > Employing and supervising the Project Coordinator, allowing for input from the other collaboration members and agencies.
- > Meeting deadlines to ensure that it can meet reporting obligations.

- Prioritizing and supporting the development and implementation of policies, procedures and best practices that are identified by the collaboration.
- ➤ Sharing current agency protocols and documents that will enable the collaboration to identify policies and protocols that make it difficult for victims/survivors with disabilities to access services.

Complying with OVW and Vera reporting requirements by producing and filing the semi-annual progress reports, quarterly financial reports, and the Performance Indicators.

Project Coordinator (PC) Commitments

The project coordinator commitments include:

- > Guiding the collaboration through the key planning stages mandated by OVW.
- > Providing updates to collaborating agencies as requested.
- > Facilitating collaboration meetings.
- > Assisting the collaboration to meet deadlines and keep the project moving forward.
- > Assisting the collaboration and partner agencies to meet deliverables.
- > Preparing written documents and reports as mandated by OVW.

- > Meeting weekly with the Vera technical adviser.
- Maintaining the flow of written and verbal communication within the collaboration.
- > Drafting all deliverables during the planning and development phase of the grant, with input and feedback from the collaboration members, and as needed during the implementation phase of the grant.
- > Participating in Project Coordinator activities with Vera.
- Providing administrative assistance to the project by scheduling meetings, creating agendas, and drafting minutes.
- > Providing support and assistance to every member of the collaboration equally and without bias.

DECISION MAKING

The collaboration recognizes that its ability to best advocate for meaningful change will happen only if the ideas, expertise, and creative energy of every member of the team is equally valued and encouraged. The collaboration also recognizes that decisions and processes may vary depending on the nature of the matter at hand. The collaboration has identified four types of decisions related to collaboration functions:

- > Decisions pertaining to the operations of the collaboration. These decisions will be made by the team.
- ➤ Decisions pertaining to the adoption and implementation of policies and procedures recommended by the collaboration. These decisions will be made by the individual partner agencies.
- Decisions pertaining to the fiscal agent. These decisions will be made by the lead agency, with input from the collaboration agencies as they impact individual agency budgets.
- Decisions relative to the administrative advancement of the project.
 These decisions will be made by the project coordinator.

Collaboration Authority

The collaboration has authority relating to the operation of the collaboration.

This includes:

- > Development and approval of a work plan to ensure the timely submission of deliverables.
- > Development and approval of the collaboration charter and relevant activities during the needs assessment and implementation phase.
- > Approval of all deliverables developed by the collaboration and sent to OVW and Vera.

- Development of recommended policy and procedure changes to partner agencies.
- > Approval of individual members participating in the collaboration.

Partner Agency Authority

Each partner agency has the authority to make decisions regarding the adoption and implementation of policies and procedures recommended by the collaboration. We understand, however, that such revision or adoption of policy is an expectation of the OVW.

Fiscal Agent ("Lead" Partner) Authority

- > Submit timely mandated reports to OVW.
- > Budget management, processing payments and invoices.
- > Be responsible for the hiring and supervision of the project coordinator.

Project Coordinator Authority

The collaboration has authorized the project coordinator to make decisions regarding:

- Scheduling meetings.
- Canceling meetings.

- > Creating the agenda.
- > Taking and finalizing meeting notes.
- > Coordinating events for the collaboration and outside entities.

Decision Making Process

The collaboration has agreed that major decisions should have the input of each team member. We believe this will be best achieved by utilizing a consensus building model for decision-making. We recognize that the team may not always be able to reach consensus. The team has agreed to use a point system in instances where a decision cannot be reached by consensus. Should this occur, team members will be asked to rate their position by using the following point classification:

- \triangleright 1 = Full support
- > 2 = Moderate support
- > 3 = Undecided and needs more information
- > 4 = Disagree, but willing to discuss
- > 5 = Strongly disagree and will not support

The group will proceed with the decision if all team members respond with a (1) or (2) rating. If a team member responds with a (3), (4) or (5) rating, the

group will have further discussion regarding the decision. If, after discussion, a (3), (4) or (5) rating still exists, the decision will be tabled for the next meeting and team members will be asked to bring evidence and/or persuasive arguments to support her position.

Should the team be unable to reach consensus, the project coordinator will involve the technical assistance advisor at Vera for support. If, after consulting with the technical assistance advisor, consensus has still not been achieved, the project coordinator and technical advisor will consult with OVW. If all other efforts to reach consensus fail, a vote will be taken, and a majority vote will decide the issue. This is an action of last resort and should be avoided to maintain the collaborative spirit of the team. SAFE team members will respect the field of expertise of each collaborating agency. Furthermore, the team will give additional consideration to that expertise when it is substantively related to the issue being decided.

CONFLICT RESOLUTION PROCESS

The collaboration recognizes that conflict will likely occur. Mismanaged or unaddressed conflict will lead to ineffectiveness, rancor and ultimately, a stall in the forward momentum of the project. Properly managed conflict will promote trust within the collaboration and serve as a reminder that the strength of the team is rooted in mutual respect and the encouraged sharing

of opinions and ideas, even when they are in opposition to the opinions of others in the collaboration. Each collaboration member has agreed to abide by the following conflict resolution mechanisms:

- > Collaboration members are responsible for being familiar with and referring to the conflict resolution process established in the charter.
- > Collaboration members will be respectful and use person-first language.
- > Collaboration members will do their best not to speak over others.
- > Collaboration members will remember that every opinion has value.
- > Collaboration members will actively listen to each other and be mindful of our shared vision.
- > Any request for a brief break will be respected.
- > Every member of the team is equally responsible for holding each other accountable.
- > Collaboration members agree to first attempt to resolve conflict with each other before involving other members of the collaboration.
- ➤ If this is not successful, the conflict may be brought to a third member of the team or brought to the collaboration.
- ➤ If the collaboration is unable to resolve the conflict, as a last resort, the project coordinator will request assistance from the technical assistance advisor or possibly OVW.

CONFIDENTIALITY AND MANDATORY REPORTING

The collaboration recognizes that the confidentiality of victims/survivors is critical to ensuring their safety, well-being, and trust. For this reason, we have a responsibility to safeguard their confidentiality during every phase of the project. Victims/survivors will be made aware of their right to confidentiality and the potential limits of that confidentiality, prior to any disclosures of information with the collaboration.

The collaboration acknowledges that there may be times when anecdotal information is shared within the collaboration. In these situations, personal identifiers will not be used and this information will not be shared outside the collaboration.

The collaboration will abide by the mandatory reporting requirements mandated by Ohio law (see Appendix A). We are cognizant of the fact that state laws regulating mandatory reporting may inhibit the collaboration's ability to maintain confidentiality. The victim/survivor will be made aware of our status as mandatory reporters prior to any involvement with our collaboration. Current SAFE mandatory reporters are Kara Ford, Deidra Lashley, Allma Miller, Rebecca Steinhauser and Lucinda Weller.

It is crucial that every victim/survivor be made aware of their right to informed consent before providing any information to the collaboration. The team will

carefully construct questions for the needs assessment that do not ask for information that may trigger a mandatory report. Furthermore, prior to any information sharing event, the team members who are not mandatory reporters will notify participants about the mandatory reporting status of other team members prior to the mandatory reporters entering the event. Should a mandatory report be necessary, the team member will alert the victim/survivor and make the notification in the individual's presence, if possible. The reporter will not share more information than is required for the report. Furthermore, the reporter will share positive actions the victim/survivor has taken to ameliorate the situation. This will hopefully enable the reporter to mitigate the effects of the report and will also give the victim/survivor specific information regarding the report.

The focus group of this collaboration are women aged 18 to 64 living with physical and/or mental health disabilities who are experiencing domestic violence. The state law is vague regarding reporting for this class of individuals. The team will examine any possible incident that may require a mandatory report to determine if the report is actually necessary under the statute. While Ohio reporting statutes concerning adult persons living with physical or mental health disabilities is vague, it does have clear mandatory reporting statutes concerning individuals with intellectual disabilities, children,

and the elderly. We understand that people are not one-dimensional and may have multiple disabilities, some of which are not readily apparent. Mandatory reporting for adult persons with physical or mental health disabilities will be necessary if the disclosure and situation meet the requirements of the statutes.

COMMUNICATION PLAN

Internal Communication

Meetings

The collaboration will meet weekly but may meet more or less often as needed. The project coordinator may cancel or postpone meetings as appropriate and will send all members notification if a meeting is canceled or postponed. Meetings will be held via videoconference during the COVID-19 pandemic. Meetings will not be recorded unless the collaboration members unanimously agree in advance to the recording. The collaboration will periodically evaluate if and when it will be safe to schedule in person meetings. The project coordinator will be responsible for scheduling meetings, taking minutes, and setting the agenda.

The collaboration will cancel any meeting where a majority of members are not present, or a partner agency is not represented. Team members will notify

the collaboration if they are unable to attend a meeting or will be unable to participate in the collaboration for an extended period.

Primary Method of Communication

Electronic mail will be the primary form of communication when the team is not meeting. Collaboration members have also been provided with contact information for each member of the team.

Document Storage

The collaboration has agreed to use Google Docs for document review and storing collaboration-related documents. The project coordinator will keep a backup, physical copy of all finalized documents.

Organizational Communication

Each collaboration member is responsible for updating her partner agency on the progress of collaboration activities. The program coordinator is also available to provide organizational updates upon request. The collaboration will hold quarterly videoconference updates for the decision-makers of the partner organizations.

Each team member is responsible for updating the collaboration regarding any organizational concern that may impact the collaboration.

The collaborative process may necessitate the sharing of organizational information regarding personal experiences, budgetary issues, procedures, etc. Team members have agreed to keep this information confidential.

External Communication

Office on Violence Against Women (OVW)

As the lead organization, LAWO will serve as the primary contact with OVW.

LAWO is responsible for submitting grant reports and other deliverables related to the grant. The collaboration will provide content for program reports to the lead agency.

Vera Institute of Justice (Vera)

Vera is the technical assistance provider for the Disability Grant project. The project coordinator will be the primary contact with Vera. The project coordinator will have weekly meetings with Vera's technical assistance advisor to provide updates about developments within the collaboration during the planning and development phase of the grant. The frequency of the meetings will be reevaluated during the implementation phase of the projects. The project coordinator will also attend conference calls for the Disability Grant's project coordinators.

Disability Grant Project Grantees

In the spirit of collaboration, it is possible that grantees may want to share information, documents etc. The team is free to share updates regarding the progress of the collaboration. Any request for documents should be brought to the team for approval, prior to disbursement.

The project coordinator will contact other grantees with questions or solicitations for information as requested by the collaboration.

Community Stakeholders

This is an exciting and novel project in our area and the collaboration anticipates that community stakeholders and funders will want information about what we are trying to achieve. As we move through the project the team will create a talking point plan so that dissemination of information regarding the project is consistent.

As the project develops, the collaboration would like to promote the project to community stakeholders. These stakeholders include, but are not limited to:

- > Independent living centers
- > Family and homeless shelters
- Domestic violence shelters

- > Coalitions
- > Funders
- > Mental health providers
- > Domestic violence advocates
- > Disability providers
- > Health professionals
- > Courts
- > Law enforcement

Media and Public

Requests from the media must be brought to the immediate attention of the collaboration. Each team member is responsible for informing her agency of the request.

The collaboration must reach consensus before agreeing to a media request. If consensus is reached, the team will assign a collaboration representative to speak for the group or create a press release for publication. The project coordinator will be the designated spokesperson for the collaboration in most instances, but other team members may be chosen depending on the subject matter.

WORK PLAN

The collaboration has developed a work plan for the project. Due to the COVID-19 pandemic, the work plan and timeline may change. The team will work with Vera to identify solutions to obstacles we may encounter as we proceed through the stages of development, particularly the needs assessment phase.

Activity	Timeline
OVW Grant Awarded	September 2019
New Grantee Orientation	December 2019
Project Coordinator Hired	March 2020
Conduct Baseline Indicators	Postponed due to COVID-19
Collaboration Building and Charter Development	March-May 2020
Submit Collaboration Charter to OVW	June 2020
Develop Focus Memo	June 2020
Submit Focus Memo to OVW	July 2020
Develop Needs Assessment Plan	July - September 2020
Submit Needs Assessment to OVW	September 2020
Conduct Focus Groups	November - December 2020
Compile Findings and Analyze Data	January - February 2021
Submit Needs Assessment Report to OVW	March 2021
Create Strategic Plan	April – May 2021
Submit Strategic Plan to OVW	May 2021
Implement Strategic Plan	June 2021 – September 2022

Conduct Final Indicators	October 2022

GLOSSARY OF TERMS AND DEFINITIONS

<u>Accessibility</u>: The level of ease in which a person is able to use, reach or obtain a service.

<u>Advocate</u>: A person who works on behalf of another to ensure his/her interests and rights are represented.

<u>Barrier</u>: A primarily societal construct that prevents or hinders access to services, supports, employment, etc., to persons living with disabilities. These constructs are often perceived as personal or internal limitations of the person living with the disability, but in truth, are impediments created by societal attitudes and biases.

<u>Collaboration</u>: A process in which two or more people or organizations work closely together, with shared responsibilities and shared vision, to achieve a common goal.

<u>Confidentiality</u>: The legal duty to not disclose <u>privileged</u> information shared by a victim/survivor to a third party unless consent has been given by the victim/survivor or is mandated by law. Confidentiality also encompasses an ethical responsibility to not disclose information that falls <u>outside</u> the privilege requirements unless the victim/survivor has consented to the disclosure.

<u>Consensus</u>: Full agreement among members of a group regarding a certain topic or issue.

<u>Cultural Humility</u>: "Cultural humility is the process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience." ¹

<u>Deliverables</u>: A series of actions and documents required by the grantor to ensure the advancement of project goals.

<u>Disability</u>: SAFE believes that the concept of "disability" is a societal construct that often embodies negative connotations and have led to the creation of societal barriers. Instead, we view disability as a difference in the

¹ "First Nations Health Authority", 2020

same way that race, gender or age is a difference. "Disability" issues arise when persons with disabilities are forced to navigate the barriers that society has created.

<u>Domestic Violence</u>: Domestic violence (domestic abuse, intimate partner violence) is a pattern of behaviors (intimidation, threats and/or acts of physical or sexual violence) used to gain or maintain power and control over an intimate partner. It can also be referred to as domestic abuse, intimate partner violence, or battering.

<u>Holistic Advocacy</u>: A method of service provision that attempts to resolve not only the presenting need of an individual, but to identify and resolve other issues and promote the overall well-being of the individual.

<u>Inclusion</u>: An ideology the supports the empowerment and involvement of all people.

Language Access: Ensures that persons who have limited or no English language proficiency or are Deaf or Hard of Hearing have access to "services that agencies use to bridge the communication barrier among individuals who cannot speak, understand, read, or write fluently in either the agency's primary language of service or English, and vice versa".²

<u>Person-driven Services</u>: Person-driven services recognizes the importance of allowing victims/survivors to identify the level of service they need and how they would like the service to be provided.

Race Equity: Describes an environment in which equal (and equitable?) opportunities, freedoms and rights are provided to citizens irrespective of skin color.

<u>Survivor</u>: A person who has overcome a traumatic event or series of traumatic events.

<u>Technical Assistance Advisor</u>: The technical assistance advisor provides guidance, resources and troubleshooting assistance to the project. Vera employs the technical assistance advisor that has been assigned to this project.

² Migration Policy Institute. migrationpolicy.org. https://www.migrationpolicy.org/.

<u>Trauma-informed</u>: Trauma informed services recognize that trauma impacts victims/survivors in a myriad of ways, and each way, per each individual, guides the services provided.

<u>Victim</u>: Victim is a legal term that describes a person who has been the victim of a crime.

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APPENDIX A: OHIO MANDITORY REPORTING STATUTES

Reporting abuse of person with intellectual disabilities (ORC 5123.61)

- (A) As used in this section:
- (1) "Law enforcement agency" means the state highway patrol, the police department of a municipal corporation, or a county sheriff.
- (2) "Abuse" has the same meaning as in section <u>5123.50</u> of the Revised Code, except that it includes a misappropriation, as defined in that section.
- (3) "Neglect" has the same meaning as in section <u>5123.50</u> of the Revised Code.
- (B) The department of developmental disabilities shall establish a registry office for the purpose of maintaining reports of abuse, neglect, and other major unusual incidents made to the department under this section and reports received from county boards of developmental disabilities under section 5126.31 of the Revised Code. The department shall establish committees to review reports of abuse, neglect, and other major unusual incidents.
- (C) (1) Any person listed in division (C)(2) of this section, having reason to believe that an individual with a developmental disability has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that individual,

shall immediately report or cause reports to be made of such information to the entity specified in this division. Except as provided in section 5120.173 of the Revised Code or as otherwise provided in this division, the person making the report shall make it to a law enforcement agency or to the county board of developmental disabilities. If the report concerns a resident of a facility operated by the department of developmental disabilities the report shall be made either to a law enforcement agency or to the department. If the report concerns any act or omission of an employee of a county board of developmental disabilities, the report immediately shall be made to the department and to the county board.

- (2) All of the following persons are required to make a report under division (C)(1) of this section:
- (a) Any physician, including a hospital intern or resident, any dentist, podiatrist, chiropractor, practitioner of a limited branch of medicine as specified in section 4731.15 of the Revised Code, hospital administrator or employee of a hospital, nurse licensed under Chapter 4723. of the Revised Code, employee of an outpatient health facility as defined in section 5101.60 of the Revised Code, employee of a home health agency, employee of a residential facility licensed under section 5119.34 of the Revised Code that

to sixteen unrelated adults, or employee of a community mental health facility; (b) Any school teacher or school authority, licensed professional clinical counselor, licensed professional counselor, independent social worker, social worker, independent marriage and family therapist, marriage and family therapist, psychologist, attorney, peace officer, coroner, or residents' rights advocate as defined in section 3721.10 of the Revised Code;

provides accommodations, supervision, and personal care services for three

- (c) A superintendent, board member, or employee of a county board of developmental disabilities; an administrator, board member, or employee of a residential facility licensed under section <u>5123.19</u> of the Revised Code; an administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability, or any developmental disabilities employee, as defined in section <u>5123.50</u> of the Revised Code;
- (d) A member of a citizen's advisory council established at an institution or branch institution of the department of developmental disabilities under section <u>5123.092</u> of the Revised Code;
- (e) A member of the clergy who is employed in a position that includes providing specialized services to an individual with a developmental disability, while acting in an official or professional capacity in that position, or a person

who is employed in a position that includes providing specialized services to an individual with a developmental disability and who, while acting in an official or professional capacity, renders spiritual treatment through prayer in accordance with the tenets of an organized religion.

(3)

- (a) The reporting requirements of this division do not apply to employees of the Ohio protection and advocacy system.
- (b) An attorney or physician is not required to make a report pursuant to division (C)(1) of this section concerning any communication the attorney or physician receives from a client or patient in an attorney-client or physician-patient relationship, if, in accordance with division (A) or (B) of section 2317.02 of the Revised Code, the attorney or physician could not testify with respect to that communication in a civil or criminal proceeding, except that the client or patient is deemed to have waived any testimonial privilege under division (A) or (B) of section 2317.02 of the Revised Code with respect to that communication and the attorney or physician shall make a report pursuant to division (C)(1) of this section, if both of the following apply:
- (i) The client or patient, at the time of the communication, is an individual with a developmental disability.

(ii) The attorney or physician knows or suspects, as a result of the communication or any observations made during that communication, that the client or patient has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the client or patient.

Reporting child abuse or neglect (ORC 2151.421)

(A) (1)

(a) No person described in division (A)(1)(b) of this section who is acting in an official or professional capacity and knows, or has reasonable cause to suspect based on facts that would cause a reasonable person in a similar position to suspect, that a child under eighteen years of age, or a person under twenty-one years of age with a developmental disability or physical impairment, has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child shall fail to immediately report that knowledge or reasonable cause to suspect to the entity or persons specified in this division. Except as otherwise provided in this division or section 5120.173 of the Revised Code, the person making the report shall make it to the public children services agency or a peace officer in the county in which the child

resides or in which the abuse or neglect is occurring or has occurred. If the person making the report is a peace officer, the officer shall make it to the public children services agency in the county in which the child resides or in which the abuse or neglect is occurring or has occurred. In the circumstances described in section 5120.173 of the Revised Code, the person making the report shall make it to the entity specified in that section.

(b) Division (A)(1)(a) of this section applies to any person who is an attorney; health care professional; practitioner of a limited branch of medicine as specified in section 4731.15 of the Revised Code; licensed school psychologist; independent marriage and family therapist or marriage and family therapist; coroner; administrator or employee of a child day-care center; administrator or employee of a residential camp, child day camp, or private, nonprofit therapeutic wilderness camp; administrator or employee of a certified child care agency or other public or private children services agency; school teacher; school employee; school authority; peace officer; agent of a county humane society; person, other than a cleric, rendering spiritual treatment through prayer in accordance with the tenets of a wellrecognized religion; employee of a county department of job and family services who is a professional and who works with children and families; superintendent or regional administrator employed by the department of

youth services; superintendent, board member, or employee of a county board of developmental disabilities; investigative agent contracted with by a county board of developmental disabilities; employee of the department of developmental disabilities; employee of a facility or home that provides respite care in accordance with section 5123.171 of the Revised Code; employee of an entity that provides homemaker services; employee of a qualified organization as defined in section 2151.90 of the Revised Code; a host family as defined in section 2151.90 of the Revised Code; foster caregiver; a person performing the duties of an assessor pursuant to Chapter 3107. or 5103. of the Revised Code; third party employed by a public children services agency to assist in providing child or family related services; court appointed special advocate; or guardian ad litem.

- (c) If two or more health care professionals, after providing health care services to a child, determine or suspect that the child has been or is being abused or neglected, the health care professionals may designate one of the health care professionals to report the abuse or neglect. A single report made under this division shall meet the reporting requirements of division (A)(1) of this section.
- (2) Except as provided in division (A)(3) of this section, an attorney or a physician is not required to make a report pursuant to division (A)(1) of this

section concerning any communication the attorney or physician receives from a client or patient in an attorney-client or physician-patient relationship, if, in accordance with division (A) or (B) of section 2317.02 of the Revised Code, the attorney or physician could not testify with respect to that communication in a civil or criminal proceeding.

- (3) The client or patient in an attorney-client or physician-patient relationship described in division (A)(2) of this section is deemed to have waived any testimonial privilege under division (A) or (B) of section 2317.02 of the Revised Code with respect to any communication the attorney or physician receives from the client or patient in that attorney-client or physician-patient relationship, and the attorney or physician shall make a report pursuant to division (A)(1) of this section with respect to that communication, if all of the following apply:
- (a) The client or patient, at the time of the communication, is a child under eighteen years of age or is a person under twenty-one years of age with a developmental disability or physical impairment.
- (b) The attorney or physician knows, or has reasonable cause to suspect based on facts that would cause a reasonable person in similar position to suspect that the client or patient has suffered or faces a threat of suffering

any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the client or patient.

(c) The abuse or neglect does not arise out of the client's or patient's attempt to have an abortion without the notification of her parents, guardian, or custodian in accordance with section 2151.85 of the Revised Code.

Reporting abuse of the elderly (ORC 5101.63)

(A)

- (1) Any individual listed in division (A)(2) of this section having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of job and family services.
- (2) All of the following are subject to division (A)(1) of this section:
- (a) An attorney admitted to the practice of law in this state;
- (b) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
- (c) An individual licensed under Chapter 4734. of the Revised Code as a chiropractor;

- (d) An individual licensed under Chapter 4715. of the Revised Code as a dentist;
- (e) An individual licensed under Chapter 4723. of the Revised Code as a registered nurse or licensed practical nurse;
- (f) An individual licensed under Chapter 4732. of the Revised Code as a psychologist;
- (g) An individual licensed under Chapter 4757. of the Revised Code as a social worker, independent social worker, professional counselor, professional clinical counselor, marriage and family therapist, or independent marriage and family therapist;
- (h) An individual licensed under Chapter 4729. of the Revised Code as a pharmacist;
- (i) An individual holding a certificate to practice as a dialysis technician issued under Chapter 4723. of the Revised Code;
- (j) An employee of a home health agency, as defined in section <u>3701.881</u> of the Revised Code;
- (k) An employee of an outpatient health facility;
- (I) An employee of a hospital, as defined in section 3727.01 of the Revised Code;

- (m) An employee of a hospital or public hospital, as defined in section 5122.01 of the Revised Code;
- (n) An employee of a nursing home or residential care facility, as defined in section <u>3721.01</u> of the Revised Code;
- (o) An employee of a residential facility licensed under section <u>5119.22</u> of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults;
- (p) An employee of a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;
- (q) An employee of a community mental health agency, as defined in section 5122.01 of the Revised Code;
- (r) An agent of a county humane society organized under section <u>1717.05</u> of the Revised Code;
- (s) An individual who is a firefighter for a lawfully constituted fire department;
- (t) An individual who is an ambulance driver for an emergency medical service organization, as defined in section <u>4765.01</u> of the Revised Code;
- (u) A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic, as those terms are defined in section 4765.01 of the Revised Code;

- (v) An official employed by a local building department to conduct inspections of houses and other residential buildings;
- (w) A peace officer;
- (x) A coroner;
- (y) A member of the clergy;
- (z) An individual who holds a certificate issued under Chapter 4701. of the Revised Code as a certified public accountant or is registered under that chapter as a public accountant;
- (aa) An individual licensed under Chapter 4735. of the Revised Code as a real estate broker or real estate salesperson;
- (bb) An individual appointed and commissioned under section 147.01 of the Revised Code as a notary public;
- (cc) An employee of a bank, savings bank, savings and loan association, or credit union organized under the laws of this state, another state, or the United States;
- (dd) A dealer, investment adviser, sales person, or investment advisor representative licensed under Chapter 1707. of the Revised Code;
- (ee) A financial planner accredited by a national accreditation agency;

- (ff) Any other individual who is a senior service provider, other than a representative of the office of the state long-term care ombudsman program as defined in section <u>173.14</u> of the Revised Code.
- (B) Any person having reasonable cause to believe that an adult has suffered abuse, neglect, or exploitation may report, or cause a report to be made of such belief to the county department of job and family services.