

PARTNERS AGAINST VIOLENCE AND INJUSTICE IN MICHIGAN (PAVIM)

Collaboration Charter

This document is intended to reflect the history, partnership and agreements of the organizational and individual members of Michigan's Collaborative Team in their work under a Cooperative Agreement with the Office on Violence Against Women (OVW) Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Program.

The PAVIM partners will use this Charter to guide our work together in striving to achieve our vision and mission.

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Relevant sections affected by addendum denoted by *

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Background

The content and format of this document:

- is designed to be readable and understandable to all members of our collaboration team
- uses lists rather than narrative text as often as possible in an attempt to maximize “white space” and avoid lengthy paragraphs.
- uses the word “we” to refer to individual and organizational members of the Collaborative Team
- uses “person first” language (person with a disability rather than disabled person) to avoid perceived and subconscious dehumanization discussing people with disabilities, and to promote positive societal attitudes through language that shows that people are not solely identified as a disability

Who we are*

Team members represent organizations that reflect statewide leadership in the areas of domestic and sexual violence, disability advocacy, and anti-oppression work. These organizations are:

- Developmental Disabilities Institute at Wayne State University (DDI)
- Disability Network/Michigan (DNM)
- Michigan Coalition Against Domestic and Sexual Violence (MCADSV)
- Michigan Disability Rights Coalition (MDRC)

Organizational partners have varying levels of pre-existing relationships with each other, and we come together to form this collaboration based on our shared commitment to improve service delivery systems for individuals with disabilities who have experienced domestic or sexual violence with an emphasis on the needs of those with developmental disabilities.

Our name *Partners Against Violence and Injustice in Michigan* (PAVIM) originates from an early partnership (under a previous Department of Justice disability grant program with the Michigan State Police) that included two of the four current members: MCADSV and DDI.

That early work together laid the foundation for ongoing relationships and current collaborations, and included:

- sending a team to participate in a national training program at Temple University
- the development and launch of training for law enforcement, adult protective services and advocacy staff
- the development and launch of a Healthy Relationships training program for women with disabilities.

In continuing to work together, MCADSV and DDI reflect their continued commitment to improving service delivery through our unique constituencies. The addition of MDRC and DNM to our collaborative efforts enhances the overall commitment to both improved quality of life

for people with disabilities who have experienced domestic and sexual violence, and advocacy for larger systems change beyond our traditional constituencies. Specifically, MDRC brings an excellent history of anti-oppression activism, and DNM provides a critical link to local Centers for Independent Living through its membership structure.

The adoption of the original name links the current team to that early work. More importantly, it highlights our ongoing recognition of the larger social justice issues that impact our work. The current configuration of partners, with representation from agencies who have a stable membership base as well as those with strong connections to larger statewide systems, provides an opportunity for meaningful and sustainable improvements.

Our name also reflects our acknowledgement that:

- partnership is critical to achieving both systems change and social change
- ending domestic and sexual violence and promoting and enhancing the rights of people with disabilities are both parallel and intersecting movements
- these intersecting movements operate under a broader social justice and anti-oppression framework

PAVIM recognizes the need for and agrees to deep system level commitments, including changes in internal policies, practices, and attitudes at domestic and sexual violence (DV/SV) and disability organizations, while striving for larger cultural shifts towards inclusion and respect for all individuals, regardless of identity, ability, or personal experiences.

Too often, individuals and agencies look only at what they are required to do in order to meet statutory or other obligations, rather than acknowledging what should be done because it is best practice, because it is a way to improve service delivery, or because it more fully exemplifies the organization's mission. This has created situations where individuals are not well served by the current systems.

We come together to bridge that gap, and to help those systems move beyond the silos that have been created which may be preventing them from understanding their role in providing comprehensive, safe, and long term support for individuals. We look at our collaboration as something that is greater than our individual agencies, with the opportunity to embrace some of the identity and philosophy of the other agencies as our own.

Vision Statement

All adults with disabilities in Michigan who experience domestic and/or sexual violence will have access to a comprehensive and collaborative system of supports and services that ensures healing, safety, justice and self-empowerment. Individuals will receive accessible, welcoming and responsive services, and they will be met by skilled and competent service providers.

Mission Statement

PAVIM will create a model for working together across disciplines so that agencies and systems strive to work collaboratively to ensure safe and effective service delivery for individuals with disabilities who have experienced domestic or sexual violence in Michigan.

We will accomplish this by:

- Building state and local level collaborations to identify unmet needs and gaps in service delivery systems statewide and in local communities and creating solutions to meet these needs
- Developing collaborative processes between domestic and sexual assault and disability service providers to put into place policies and procedures that increase physical, programmatic and attitudinal accessibility and responsiveness for adults with developmental disabilities who have experienced DV/SV
- Working to build and support local collaborations in developing practices that are person centered, self-determining and put the person with the disability who has experienced DV/SV in control of the process
- Supporting and nurturing all service providers (be they identified as DV/SV or disability) so they can provide appropriate support to persons with disabilities who have experienced DV/SV by enhancing and implementing policies and procedures
- Integrating the supports necessary for system and social change and to sustain person-centered advocacy in communities across Michigan beyond the project period

Values and Assumptions

To achieve our vision and mission, the current partners have incorporated elements of our foundational work together, including values and principles of shared leadership. The following principles shall guide our interactions with each other and future pilot sites, with the intent of recognizing, valuing and affirming the diverse voices within our Collaboration Team, and in the local communities and constituencies with whom we work. While we hope this does not become a concern, we will address any inconsistent behavior or failure to follow these principles through our Conflict Resolution Policy.

Principles

- Valuing diversity and respecting the dignity and worth of all people

A priority of PAVIM's work together is a desire to support welcoming communities rich with resources, highly trained and competent staff, and many points of entry into an accessible network of relevant and helpful services. This is only possible when individuals acknowledge, respect and embrace differences among individuals and communities, and challenge oppression and discrimination in all of its forms. Partners understand that all individuals, including survivors of DV/SV and people with developmental disabilities, have multiple identities and may have disabilities.

This challenges us to remember that our work is about more than service delivery, it is about social and cultural change.

- Recognizing privilege and the need to do our own work

True justice will only occur when we not only acknowledge diversity but also recognize privilege, and the need to work together to challenge oppression and discrimination in all forms. This means as both a team and individually we take personal responsibility to work to dismantle oppressive thoughts, values and actions in communities where we have privilege. This may also require policy change at the organizational level, and all partners are committed to pursuing this change.

- Meaningful participation of adults with disabilities and survivors of DV/SV

This means valuing and affirming the voices and leadership of survivors and people with disabilities in the planning and implementation phases of this project, as demonstrated in person-centered/survivor-centered advocacy, and articulated in the slogan “Nothing about us without us.”

We understand the importance of engaging the community as the cornerstone to successfully building a world where individuals are ultimately free from the threat of domestic and sexual violence. Before achieving that long term goal, all voices must be incorporated and contribute to the improvements across systems that are necessary within both DV/SV and disability organizations. This includes holding each other accountable as allies to those with developmental disabilities that have experienced DV/SV.

We are striving to listen, learn and grow together, while honoring each individual’s experiences and multiple identities. This is balanced with not isolating an individual to be the “voice of her people.”

We commit to including the voices of people with disabilities, which includes those that may already be partners, and those involved in the future. We need to commit to actively seeking the voices and input of persons with developmental disabilities in all phases of our collaboration.

- Collaborative leadership

True collaboration equals shared power, and we view this project as a joint effort based on everyone having equal power and status to negotiate. This means no one individual or organization will make final decisions about the project at the state or local level. In order to achieve this, there must be an opportunity for full participation in discussions on all topics, review of documents and resources, etc. Transparency and open communication is critical to the process.

- Authentic and meaningful relationships

With authentic and meaningful relationships among project partners, the work of PAVIM will be more successful. Confidentiality and trust resulting in open and honest communication are important elements to authentic relationships, and our processes and practices have been incorporated to build and strengthen trust among the partners.

Everyone has committed to ethical communication and responsibility, including adoption of principles of dialogue for supportive communication.

To further develop our relationships, will also commit to continuous learning, and providing opportunities for sharing of personal stories and/or experiences at meetings. We are striving to listen, learn, and grow together.

- Openness to criticism, feedback and change

We recognize that there are differences within groups, and consequently there will be differences of opinions among individuals within those groups. As individuals, we are open to new ideas, and new ways of thinking. We will assume competence and best intent, while acknowledging that historical isolation and lack of appropriate and accessible services for survivors of DV/SV and adults with developmental disabilities was and is still a reality despite those intentions.

Mistakes won't be held against someone, but there is an expectation of learning and growth. While we will assume best intent, we also will acknowledge that a statement or action may have been racist, classist, ableist, sexist, etc. and may have really hurt individuals in the collaboration. This is why we need to ensure our group actively works at being allies and building authentic relationships with each other so we can respectfully challenge any inappropriate comments or actions and we can continue to learn and grow.

Shared Agreements

PAVIM has developed additional shared agreements. These agreements and the resulting practices may be applicable to local collaborative efforts and interactions with representatives of pilot sites. They can also be used as a guide to help identify potential agreements among local partnerships, and serve as items for consideration by all types of advocacy/service provider agencies.

Language Matters: The language used to describe our partnership should guide both our work together within the collaborative and the larger (external) work of the project. Similarly, the language and terms used by the collaboration should reflect our commitments to safety, justice, and accountability.

There is stigma in language that is devaluing to a group of people. For example, we recognize that language and terms are often created by those without disabilities or who have not experienced DV/SV, and usually by people in a position of power or control over the circumstances of others. We will avoid using labels, making judgments, and assigning terms.

We also found that ideas and terms have different meanings to different individuals and groups.

Consequently, the collaborative established shared definitions and understanding of certain terms, such as accessibility, safety, and vulnerability (see Glossary) and reached agreements on words, terms or phrases that should be avoided (see internal communication). These agreements were designed in order to continue to challenge and educate each other in a positive, constructive way.

Accessibility

When talking about accessibility, we mean much more than addressing physical barriers. PAVIM is striving for “attitudinal, environmental, and emotional safety;” a welcoming setting that is accessible for all.

In social service systems, there are different characteristics and situations that may lead someone to want or need a particular service. An individuals’ ability to seek out or access a supportive service of any kind can depend on many factors. Someone must first recognize that they have a need for the particular service, and be aware that services are available. Research that focuses on disparities in health care for women with developmental disabilities point out four areas of inequity: access, knowledge, communication and quality¹. Similarly, when individuals with developmental disabilities attempt to access domestic and sexual violence services, we need to consider how to provide meaningful supports that are unique to the person requesting assistance and change systems to recognize the barriers they may unintentionally create².

Environmental barriers to accessibility include communication and sensory issues. There may also be social (peer or family pressures or responsibilities), geographic (distance,

¹ Ward, R. L., Nichols, A.D., Freedman, R. I. (2010). Uncovering Health Care Inequalities Among Adults with Intellectual and Developmental Disabilities. (Report). *Health and Social Work* 35.4.

² Ashby, C. (2010). The trouble with normal: the struggle for meaningful access for middle school students with developmental disability labels. *Disability and Society*, 25.3.

transportation), or other barriers (fear, previous negative experience or trauma, lack of trust or other barriers to disclosure) that influence access to services or even discussion of them³.

With this in mind, state and local partners must recognize there is no one way to ensure accessibility. It is only through increased collaboration and education, assuming community responsibility, and focusing on system wide changes that these issues can be addressed adequately.

Ally Work

An ally is someone who is committed to dismantling oppression and who demonstrates that commitment through his or her actions. (See Glossary) As noted several times, the role of allies is important to this collaborative group. In our individual role as allies on a variety of different issues, we agree to look out for each other, hold each other accountable, and not expect that any one individual will be the source of education on a specific issue or concern.

Autonomy

Related to accessibility is autonomy. We want each individual team member to relate to, have a connection to, and feel part of all decisions and outcomes. There should also not be any dependence on another person for full participation in project activities this includes everything from the time of meeting, transportation options, methods of communication, etc.

Community Responsibility: Communities are ultimately responsible for making services welcoming and accessible for people with disabilities who have experienced DV/SV. Our role as a statewide partnership is to provide guidance and support in determining the best way to accomplish this and by helping to identify and implement effective practices in both DV/SV and disability organizations.

Commitment to Social Justice

PAVIM recognizes that improving services and response alone will not end violence. Yet, we understand that the focus of this work is specifically on building capacity and enhancing service delivery to better meet the needs of adults with disabilities who have experienced DV/SV. Often the first step towards change is increased awareness of issues and concerns. As these issues are collaboratively discussed and community-specific solutions are identified, we hope to see increased motivation and commitment to social justice across disciplines, and we will strive to be a model for that change across the state.

³ Burgen, B. (2010). Women with cognitive impairment and unplanned or unwanted pregnancy: a 2-year audit of women contacting the pregnancy advisory service. *Australian Social Work*, 63.1.

Safety

We are committed to conducting safe and accessible meetings, and we are concentrating on issues that promote conditions of safety for members of our group. We will strive to serve as a model for local partnerships in this and all regards.

How we feel safe is an individual concept. For example, PAVIM has agreed not to conduct Collaborative Team meetings at night. Additionally, an environment is emotionally unsafe when there is a need for continuing re-education, when opinions and input are not being heard, and when there is a lack of trust among the partners.

Member Agencies*

PAVIM is comprised of state-focused organizations that provide skills, knowledge and expertise necessary for addressing the needs of people with disabilities who have experienced DV/SV. Each organization has a demonstrated record of creating change within their organizations and the systems they influence. Their shared history and commitment to working collaboratively will greatly enhance the project across the state.

The structure of the collaboration includes both programmatic and executive/management level staff from each partner agency, creating a unique opportunity for deep agency level commitment and buy-in. Aside from their positions, each individual participating has a distinguished service record in advocating for persons with disabilities and survivors of DV/SV, dating violence and stalking.

The unique personal and professional histories of each individual partner contribute to profound and meaningful conversations and help to inform all decisions. Each person has made a personal commitment, with the support of his/her agency, to participate and contribute his/her knowledge, expertise, and passion to this work.

Each agency also brings its own networks, connections, and resources which will be beneficial throughout the project as highlighted below.

Developmental Disabilities Institute at Wayne State University (DDI)

www.ddi.wayne.edu

DDI is Michigan's University Center for Excellence in Developmental Disabilities (UCEDD). As a UCEDD, DDI is funded by the Administration on Developmental Disabilities to address disabilities across the lifespan through education, community support and training, research, and information dissemination. DDI currently implements a large variety of statewide grants and local contracts through 100+ community sites. Partnerships and collaborations with statewide organizations include the Michigan Department of Community Health (developmental disabilities, mental illnesses and public health services,) the Michigan

Department of Human Services, the Michigan Department of Education, Michigan Protection and Advocacy, the Michigan Developmental Disabilities Council, the Arc/Michigan, United Cerebral Palsy, and other human service and advocacy organizations. DDI's projects and activities are guided by a Consumer Advisory Council which includes individuals with disabilities, family members, and representatives from government, advocacy, and service organizations.

DDI has an extensive history of systems change, community training, and research in violence issues for people with disabilities. Starting in 1998 the Institute developed and conducted a statewide training program entitled Equal Justice. In 2000 the Institute conducted the first ever statewide prevalence study of violence among women with disabilities. This study led to the development of a violence and disability coalition which DDI funded to participate in a national training program which was held at Temple University. Following that training, the Team conducted State Police training and developed and implemented a Healthy Relationships training program for women with disabilities. The Institute continues to provide this training and has expanded it to include workshops for men with disabilities who are experiencing violence. DDI has also sponsored graduate students to conduct healthy relationship trainings for youth with disabilities. All of these various systems change activities have been funded through federal, state, and foundation sources.

Disability Network Michigan (DNM)

www.dnmichigan.org

DNM was founded in 1982 as the Michigan Coalition of Independent Living Programs (MCILP) to create a support system for Centers for Independent Living (CILs.) Its mission is to maximize the effectiveness of Michigan's 15 CILs and seeks to create inclusive communities through advocacy at the state government, liaison with government departments, business support, knowledge management, quality assurance, facilitation and systems change. DNM provides information, technical assistance, staff trainings and program support to members while advocating at the state and national level for disability issues.

DNM works to improve the quality of life for people with disabilities and their families and promotes the independent living philosophy both within the disability community and among the general public. Thousands of people with disabilities are able to function as more independent members of their families and communities due to the efforts of local CILs. Efforts have evolved to include systems change and community organizing efforts on behalf of individuals with disabilities. Over 35,000 people with disabilities per year are supported by the CIL network.

Michigan Coalition Against Domestic and Sexual Violence (MCADSV)

www.mcadsv.org

MCADSV, incorporated in 1978, is a statewide membership organization whose members represent a network of 79 DV/SV programs that provide comprehensive emergency and

supportive services to victims of DV/SV, and more than 100 allied individuals and organizations. MCADSV is dedicated to the empowerment of all the state's survivors of DV/SV. It's mission is to develop and promote efforts aimed at the elimination of all domestic and sexual violence in Michigan.

MCADSV has an extensive history of advocacy and training and participates in collaborative efforts across a variety of constituencies to promote social change with local, state and national organizations. Up to six times per year MCADSV conducts a four day comprehensive training to new advocates in the field, providing history, philosophy, and best practice information and resources. Partnerships and collaborations have occurred with organizations such as the Batterers Intervention Services Coalition of Michigan, Michigan Protection and Advocacy Services, State Bar of Michigan, agencies as well other state advocacy organizations. MCADSV also works side by side with governmental agencies such as Michigan Domestic Violence Prevention and Treatment Board and other Health and Human Services departments, as well as Michigan Department of Community Health and Department of Education.

Inclusiveness is also fundamental to MCADSV's mission, and operational structure. MCADSV offers state and national leadership on the issues of linguistically and culturally-appropriate approaches to DV/SV service delivery, outreach, prevention and community-based social change.

MCADSV is serving as the "lead agency" for the Collaborative, in that they house the Project Director, manage the fiscal responsibilities of the grant, and facilitate communication with OVW and the national technical assistance providers.

Michigan Disability Rights Coalition (MDRC)

www.mymdrc.org

MDRC has supported the agenda of Michigan citizens with disabilities since 1982. MDRC has a long history of collaboration with different communities to achieve policy ends like personal independence, safety, the development of personal and groups skills, advocacy outcomes, and the general presence of people with disabilities throughout Michigan's local communities. Successful collaboration efforts have included communities of elders, LGBT, persons with a history of mental health disabilities, persons with developmental disabilities, persons with traumatic brain injuries, diverse ethnic and cultural communities, and youth. MDRC's goals have been many, but they have always included working together for expansion of inclusion and self-determination. They will bring to the collaboration the very large network they have developed over the years, and a wealth of experience in working with the common hopes and dreams of all people who have been marginalized.

Contributions and Commitments*

Agency and individual contributions and commitments are important and contribute to the overall success of the project.

Joint commitments shared by all partners

- All participants will work together to honor our values, principles, and shared philosophy
- All organizational partners are involved in every stage of the project beginning in planning and development, through identified implementation activities. This includes:
 - providing staff for key guidance and feedback in the development and/or identification of resources or products
 - identification and support for pilot communities that exemplify the values of the statewide collaboration and understand their role in contributing to improvements in service delivery systems
 - participation in organizational needs assessment and strategic planning
 - participation in and support for local level needs assessment and strategic planning
 - ongoing organizational and systems change efforts
- Capacity building and organizational change are an emphasis for each organization on the team and for identified pilot communities. This includes:
 - developing and implementing processes to increase accessibility and responsiveness within their own organizations by enhancing and expanding existing policies and procedures
 - identifying and networking with potential state and local project partners to build and enhance sustainable relationships
 - providing guidance and support to state and local entities
 - being aware of opportunities for larger systems change efforts across the intersections of DV/SV and disability advocacy and services
- This partnership requires significant allocation of time and resources. This includes:
 - participation in a minimum of two meetings per month (one in person, one via Skype or conference call as necessary)
 - additional meetings or conference calls as needed
 - maintaining regular communication between meetings
 - participating in recommended webinars provided by national TA providers or others
 - agency representation at national grantee meetings
 - in-kind contributions such as meeting space, conference call technology, etc.

Agency Specific Responsibilities

Developmental Disabilities Institute will

- Provide disability-related content expertise for the project (with particular emphasis on developmental disabilities)
- Provide knowledgeable and committed staff with expertise in a wide range of disability issues for all phases of the project.
- Use networks and existing relationships as Michigan's Center for Excellence in Developmental Disabilities to inform project activities and to further disseminate lessons learned from and about the project
- Provide information dissemination through our website and community partners

Disability Network Michigan will

- Provide disability-related content expertise for the project with emphasis on working directly with and providing services to people with disabilities
- Provide knowledgeable and committed staff with expertise in a wide range of disability issues (with particular emphasis on independent living) for all phases of the project
- Use networks and existing relationships with local Centers for Independent Living to disseminate lessons learned, to build internal capacity for meeting needs of and ability to provide appropriate services and referrals to adults with disabilities who have experienced DV/SV
- Provide expertise in the use of technology and assistive devices required for the implementation of the project.

Michigan Coalition Against Domestic and Sexual Violence will

- Provide expertise in domestic and sexual violence and stalking content for the project.
- Use standing and existing relationships with state and local domestic and sexual violence programs to support building internal capacity for meeting the needs of adults with disabilities who have experienced DV/SV
- Provide knowledgeable and committed staff with expertise in a wide range of domestic and sexual violence issues for all phases of the project.
- Support participation of individuals who have a disability through the provision of travel reimbursement for meetings, and provide accommodations such as interpreter services, personal assistance, and assistive devices/technology or other accommodation required for the project.
- Act as the fiduciary agent for the project, including:
 - providing administrative support and fiscal management for this project
 - subcontracting with partner agencies and pilot communities
 - monitoring and ensuring compliance with requirements of the grant
 - submission of final products and required reports to OVW

Michigan Disability Rights Coalition will

- Provide disability-related content expertise with particular emphasis on accessibility
- Provide knowledgeable and committed staff with expertise in a wide range of disability issues for all phases of the project
- Bring its connection to an extensive network of disability organizations that practice an inclusive and person driven mission and skill building
- Provide experience in working with local groups in support of their enhancement in skills and mission-focused outcomes
- Experience in facilitative approaches for supporting person driven agendas, leadership development, and using consensus to build plans for social and systems change.
- Provide expertise in technology and assistive devices as required for implementation of the project

Individual collaboration members commit to

- Serving as change agents within their agencies
- Attending and fully participating in scheduled meetings
- Sharing their unique individual voices, as well as that of the agency they represent
- Responding in a timely manner to requests for information, feedback, etc. for product development and other aspects of the project
- Maintaining regular communication and sharing information between and among PAVIM partners as well as within their own organizations

The Project Director (PD) has a unique role and is responsible for

- Scheduling and facilitating collaboration meetings
- Ensuring all members understand the concepts under discussion
- Determining level of agreement before moving on to new issues
- Distributing meeting minutes and agendas
- Coordinating communication among partners
- Securing feedback from partners in developing draft and final documents and materials for the project
- Consolidating group agreements and proposed language into draft format for review by the partners
- Providing guidance and leadership to the collaboration to keep the project moving forward
- Serving as the liaison to the VERA technical assistance staff and the OVW Project Office

Decision-making Process (Process and Authority)

PAVIM considered several different decision-making approaches before adopting a consensus model and agreeing to a specific process and guidelines.

Considerations for making decisions include an expectation that there will be multiple opportunities to provide input before a final decision is reached.

- We will never begin and end a discussion of a specific issue at one meeting
 - to help ensure thorough discussions on new topics
 - to avoid surprises if someone misses a meeting.
- We emphasize that everyone gets an opportunity to speak
 - Discussions will include a check-in to those not heard from on specific items

Process

The Project Director (PD) or meeting facilitator is responsible for following the decision-making steps below. However, each individual has a voice in ensuring the steps are followed.

The agreed upon format for decision-making will be

- 1) Individual introduces topic/idea/issue
- 2) Partners discuss/share information and feedback related to the topic/idea/issue

- 3) Partners and/or PD raise the downside of the proposal and identify potential pitfalls to prepare ourselves as we move forward
- 4) Partners use color-coded cards to reflect level of understanding and preliminary agreement (green for good/go, yellow for caution/wait, red for no/stop)
- 5) PD gauges willingness of individuals to continue and determines level of understanding and common ground or need for further discussion based on color coded responses
- 6) PD will gather additional information/input to determine what is needed to reach consensus.
- 7) Final vote(s) using gradient scale of support will occur at a subsequent meeting
- 8) PD will tally the responses and record the result of the vote in the minutes.

Final Decisions

Upon revisiting the topic and clarifying readiness of the group using the steps above, input is assessed using a “Scale of support” (1 – 5) as follows:

- 1= unacceptable
- 2= have doubts
- 3= don’t love it but can live with it
- 4= comfortable
- 5= full support

Each person has an individual voice, although individuals may identify a proxy when they will be absent for a meeting. Consensus is determined based on the results of the scale of support. Nothing that includes a score from anyone less than 3 will be adopted. The majority of scores must be 4 or higher in order for a decision to be finalized. If consensus is not reached, the proposal will be tabled until more information is acquired, or until a new or revised proposal is presented.

It may become necessary to revisit a decision:

- if new information becomes available that wasn’t originally considered
- there is new understanding of the issue
- something has changed from the point of the original decision
- if the decision no longer benefits the project or will change the desired outcome.

The process and scale of support can also be utilized when a decision is not required, but when it may be helpful to know how individual members are reacting to a topic/idea/issue.

Authority

At collaboration team meetings, every effort will be made to ensure full agency director participation, especially in reference to budgeting and policy change related decisions. When an individual is not in attendance, authority is conferred to the other representatives of the partnering organization via our proxy process. The proxy system is extended equally between program staff and agency directors.

While directors have committed to attending all meetings, their absence will not delay progress on the project. This means communication between meetings is critical. Through our commitment to have multiple discussions on new topics, there will never be a final agreement on any issue within one meeting.

Additional authority is granted as follows:

- Decisions and discussions in reference to budget amendments will occur collaboratively among all partners.
- Individual agencies retain control over staff time and choice of staff representing the agency on the project.
- In addition to the specific responsibilities of the Project Director identified above, the Project Director may also initiate contact and solicit feedback from the TA provider.

Conflict Resolution Plan

Our approach in creating a conflict resolution plan does not attempt to eliminate all conflict. The goal is to have a tool or resource to effectively address various types of conflict that could arise within the partnership. Conflict can ensure that all facets of a decision are thoroughly explored, which can be a powerful tool for creating change.

Team members have had multiple conversations regarding sources of potential conflict. We believe that the foundational work of the collaboration in developing this Charter document will help us to navigate traditional sources of distrust and conflict in diverse groups that are often due to:

- differing terminology, values, visions, goals and priorities, etc.
- not fully understand various agency roles and functions
- lack of buy in or ownership of processes and products
- ineffective and/or inadequate communication
- insufficient progress towards goals

The team completed an interactive activity using a tool from Thomas-Kilman (See appendix B). The instrument helps to identify how individuals tend to deal with conflict and can be used to recognize different traits as we work with each other as conflicts may arise.

The most prominent characteristics of the group were collaboration and compromise. This seems to reflect the experience the group has in participating in multi-disciplinary work groups, and the importance of these two characteristics on the success of those efforts. A few individuals identified as accommodators. It will be important to be sure that all voices are heard, and that no one feels that they have given anything up for the sake of moving a decision forward.

Our decision-making process as described above is built on consensus-building and is summarized as follows:

- 1) Collaborate to achieve consensus
- 2) If we can't reach consensus, we will have to compromise, using the threshold of "Can we live with the decision?"
- 3) When there is dissension or another barrier to compromise, each person presents a view/opinion and the group discusses pros and cons in order to increase the depth of understanding, and perhaps acceptance.
- 4) Continue with the decision making processes as outlined in that section.

If agreements are not being honored, there will be an element of self-monitoring and accountability. If a member organization is not living up to the responsibilities of the project, the ED of the organization must be accountable to the collaboration. It may be necessary for the Project Director to intervene, but only if the conflict is substantially affecting the work of the group. Should the process fail, we will access external mediation. If that is unsuccessful we will then request additional mediation assistance through the national TA provider.

If the trust of collaboration is violated in some way (by not adhering to established protocols and values) this can lead to interpersonal conflict. When there is interpersonal conflict, those feeling conflicted should go directly to the individual with whom we have a problem or concern. Issues should be addressed early; we don't want issues or concerns to "bubble" or escalate. It may be necessary to jointly identify a mediator (ideally someone within the collaboration, possibly the Project Director) to assist the individuals in finding ways to work together within the collaboration. The goal isn't necessarily agreement; it is how to move forward for the good of the project.

Confidentiality Agreement

Collaboration Team meetings are intended to be opportunities for frank, honest dialogue about critical issues affecting individuals with disabilities who have experienced domestic or sexual violence. Therefore, the PAVIM team has made commitments to keep the issues raised during meetings between us, except as specific solutions are identified that may provide assistance and support. This is designed to encourage freedom of discourse for use only in the context of moving the project forward.

A variety of concepts and thought provoking ideas will be generated during planning and implementation. In order to encourage capacity building and continuous learning within and across agencies, it is acceptable to share these thoughts and ideas with colleagues from our respective agencies in the context of program updates and general discussion designed to inform and promote opportunities for improvement and to help agencies and individuals find resources and information needed for improvement.

Very specific problems and concerns may be identified and addressed during the project. The partners' roles in this collaboration are not to investigate compliance issues. Nor will the collaboration seek to prevent organization or individual members from taking action to address an egregious public issue or event. Our approach to the project is one of learning, sharing, and supporting growth and improvement by individuals and agencies. We expect honest and legitimate effort at improvement.

Beyond that general concept of confidentiality, the partners recognize that each participant, whether as an individual or as a group, will have specific confidentiality requirements. These can include, but are not limited to:

- funding requirements
- Violence Against Women Act (VAWA) requirements
- professional/ethical requirements for individual professions such as counselors, social workers, physicians, and attorneys.

We further recognize that confidentiality of communications between service recipients and service providers must be maintained.

Finally, we recognize the necessity that some documents, such as planning statements and political documents, will require confidentiality.

Organizational Confidentiality

In addressing potential systems changes, this includes oppression, unwelcoming culture, prejudices, policies and procedures. The collaborative will address these issues as they are identified, and will do so confidentially among our collaborative. When discussing concerns that relate to specific collaborative partners, pilot sites, or other external agencies, partners will not share this information beyond the collaboration team, except as reflected in the agreed upon content and format of the Needs Assessment Report and resulting Strategic Plan.

The partners agree to comply with all mandatory confidentiality requirements for both member organizations and service providers. These requirements include, but are not limited to, Michigan Compiled Laws (MCL) 600.2157a, MCL 333.18513, MCL 333.18117, MCL 333.18237, MCL 600.2157, and 42 USC 13925(b)(2)(B)(ii). Full statutory language for these statutes can be found in the Appendix of this Charter.

Additionally, the partners shall create, maintain, and update internal confidentiality policy documents designed to further protect the confidentiality of programs and program recipients as is necessary and appropriate under the circumstances.

Individual Confidentiality

After reviewing and discussing Michigan’s confidentiality statutes, we remain committed to maintaining individual confidentiality for team members as well as survivors and staff from local pilot communities.

- Discretion and care is necessary to avoid use of specific identifiers.
- We are mindful that anyone at any time could be experiencing abuse.
- We will not share personal stories or experiences with others outside of the group.

These confidentiality statutes and provisions shall not be violated unless otherwise allowed by law. For a further discussion on mandatory reporting requirements of the partners, please see the Mandatory Reporting section that follows.

Mandated Reporting Requirements

The term vulnerable is used below in reference to and because of its inclusion in statutory language. PAVIM intentionally avoids using the term because of the judgment implied in the word, and the long history of minimizing or limiting opportunities for people with disabilities to make their own decisions and speak for themselves. The term vulnerable is also a word that has been used against people with disabilities, and can be linked with oppressive and ableist thinking as a weapon against the disability community. When the term is used below it is only in reference to these specific discussions of statute.

The Collaborative Team has reviewed and discussed Michigan’s mandatory reporting statutes, and seek to work with the “vulnerable” adult community in full compliance with all applicable mandatory reporting requirements, which will include but is not limited to MCL 400.11, (which provides the definition of “Vulnerable Adult”), MCL 750.411 (which defines duty to report injuries) and MCL 330.1946 (which addresses confidentiality). Full statutory language for these statutes can be found in the Appendix C.

When we meet with groups and individuals as part of our collaborative process, including possible aspects of the needs assessment and implementation phases, we realize that discussion may bring up past and current trauma related to abuse. Before this occurs we will explain:

- Our mandated reporting requirements
- How we will assist people in accessing supportive and legal services if desired.

We recognize that each individual and each situation is unique, and demands to be considered within its full context while still recognizing and complying with both State and Federal law. As such, rather than implementing a series of thresholds, we choose to analyze each situation based on balancing and respecting the individual rights of the person.

If a disclosure occurs, deciding whether to report suspected abuse to the appropriate authorities will be determined on an individual basis, and will include these considerations:

- It is critical that the adult in question is consulted to determine best possible next steps, which adheres to the philosophies of “nothing about me without me” and survivor-centered/person centered advocacy
- The mandatory reporter must assess if he/she has enough information to intervene and/or report
- Information that is non-specific will not prompt a mandatory report.

As some members of the collaboration can be considered Mandatory Reporters under MI statute (specifically Social Workers), the partners shall not take steps to interfere with the mandatory reporting requirements of a service provider or partner who feels that they are required to report a particular action after having undertaken an analysis of the situation using the above-mentioned factors.

Due to concerns for individual confidentiality, reports will not be shared within this collaborative. However, should a report or other complaint be filed against a licensed agency, and the information is or will be readily available to the general public, the group may discuss the implications of the issue as it affects other member agencies and survivors.

Communications Plan (Internal and External)

Our communication plan agreements are designed to reflect and acknowledge that while our face to face meeting time with collaboration partners is crucial, we recognize the critical importance of being productive in between meetings as well.

Internal Communication (between Collaboration Team members)

Meeting schedule

PAVIM team members meet once per month in person at a rotating location, and a second time per month at MDRC, which can support a multi-line Skype call. For members absent at a meeting, there will be an opportunity to address, question, fill in, and contribute information to the discussion at a follow-up meeting or between meetings via email.

Meeting guidelines

For PAVIM’s collaborative work together, these agreements reflect our expectations regarding accessibility and behavior during our meetings:

- **Accessibility**-Our expectation for meeting space is that it meet or exceeds ADA standards and any individual accommodations or considerations that are needed for participation. Hosts should determine in advance if a location is appropriate by asking about needed accommodations from participants.

- Accessibility also includes telecommunications and other technology. We will not attempt to dictate standards in terms of specific products or tools, as preferences and recommendations vary widely.
- Accommodation, both physical and non-physical, is an element of safety (as is trust and confidentiality-see below). For example, a person with a developmental disability may need an ally to help him/her through the process; someone who understands and can help others understand how to present and pace any support or interventions.
 - Meeting agendas and pre-meeting communication will include the following statement: “What will you need to make this a successful and productive meeting? Please contact (Project Director)”
 - The Project Director (or meeting facilitator if different) will conduct a check-in at the beginning of each meeting to ensure individuals feel that the location is providing safety and confidentiality, and that needs are being met to ensure full, active participation by all.
 - All members of the collaboration are encouraged to raise any concerns or needs they may have for greater/improved accessibility prior to or during the meeting. While individuals will be asked about their specific needs, there is shared responsibility in being aware of and addressing potential concerns about meeting space.
 - We are committed to honoring preferences and needs.

Use of language

- We will use people first language: person with a disability rather than disabled person
- We will not use victim-blaming language. This includes any comments or questions that imply an individual could have or should have done anything to prevent an incident from occurring.
- We will not use language that is violent or devaluing, such as: take a stab at it or stab in the dark, that’s killing me, (s)he’s a car wreck, knock down drag out, deadline, coming to blows, slap me silly, etc.
- Rather than use the term bullet points, we will use information points or data points.
- We will not use ableist terms such as: lame, retarded, idiot, feeble-minded, crazy, nuts, insane, demented, psychotic/psycho, vegetative/persistent vegetative state, able bodied/ temporarily able bodied, wheelchair bound, special needs, mainstream.
- Rather than use the term patient, client, customer, we will use person or individual whenever possible.

Additional guidelines for communication during meetings

- We will strive to use supportive communication in our work together. This means:
 - Members reinforce, support and encourage one another
 - Members express respect for one another
 - Members value each other’s opinions, ideas, and experiences
 - Members feel free to express what they think even if it may be seen as unpopular
- The Project Director will pose specific questions (i.e. “What concerns do you have?” “What makes you feel that way?”) for honest and constructive feedback.

- Team members will ask for clarification/more information as necessary (i.e. Can you tell me more about that?)
- Team members will identify when speaking individually (i.e. “This is my personal opinion”) or as organization representative.
- Individual statements will be valued, even if not in consensus with group.

Guidelines for communication between meetings

- The Project Director will distribute agendas and written meeting materials at least two business days before a meeting, for review by team members prior to arrival at a meeting.
- The Project Director will distribute other items for review, asking for opinions/interpretations to be sent in between meetings to inform the conversation.
- Email is preferred method of communication for all team members.
 - A Google group distribution list was established and is being utilized.
 - To avoid excess back and forth on the group list, off line replies will be requested when response is only needed from a few participants or the information is not relevant to the full group.
- To promote timeliness for e-mail responses, collaboration messages will include PAVIM in subject line.
 - “Urgent” indicates that immediate response is requested. If not indicated, 48 hour response time is requested; no more than 1 week delay is preferred, if possible.
 - Each email will define what the required response is – requires response from everyone, respond if you have time, etc., and the specific deadline or timeline should be in the subject line. If everyone is asked to respond, everyone should do so to acknowledge receipt even if you have nothing to add or say.
- Phone calls to the preferred cell phone or office phone number are recommended for sensitive issues, or if there is a possibility of confusion of intent or tone. Calls are also acceptable when immediate response or input is needed. The Project Director will follow-up with a designated individual from each partner agency when/if a timely response is not provided.
- The group agreed to save all documents in Compatible format. (Word 97-2003)

External Communication (With individuals and agencies outside of the Collaboration team)

The team is committed to developing and using clear language and talking points for referencing the collaboration in a formal capacity. As a result, a Brochure was created (see Attachment D). Approval is granted to PAVIM members to distribute this Brochure, and to utilize any other collaboratively developed talking points or language to describe and discuss the work of the project.

As the project evolves, PAVIM, through the Project Director (or other identified spokesperson as appropriate), will seek opportunities to inform the public of the project’s status utilizing agreed upon talking points or other agreed-upon messages. Any formal public presentations or proactive communications with the media (i.e. press releases) will be agreed to by partnering organizations prior to release.

OVW

The Project Director is the primary link and will initiate and/or respond to communication with OVW. Individual partners will provide input into all final work products before submission to OVW. MCADSV, via the Project Director, is responsible for forwarding all final work products, budget documents, and other reporting or grants management documentation to OVW.

VERA/National TA Provider

The Project Director is in regular communication with the VERA TA consultant. This includes at least one conference call per month, with additional meetings scheduled as necessary. All communication to VERA will go through the Project Director, except as noted under the conflict resolution process.

Statewide Constituencies/Stakeholders

- As statewide organizations, each partner has several potential constituencies, including organizational and individual members, Boards of Directors, donors, and others. Partners acknowledge that it is important to keep stakeholders informed of the project. However, it is important to not make any commitments to any programs outside this grant until we have permission to move forward with specific pilot sites.
- General communication can be accomplished through formal and informal means, such as general project updates in agency websites and newsletters.
- Communication with statewide partners may look different during planning than it does during the implementation phase of our work. Depending on the outcome of our needs assessment, there may be other stakeholders who are engaged to fill specific roles during implementation (i.e. reviewing draft documents, proposed policies, etc.)
- PAVIM will develop site-specific communication plans with each project pilot site that are pertinent and relevant and that will explicitly address expectations for project-related communication.

Media Plan

The following process will be used when a member of the media contacts any PAVIM member for the expressed purpose of soliciting comment on the work of the collaborative or eliciting comment on an issue that is being addressed by PAVIM:

- Requests for information or communication beyond the talking points will be directed to the Project Director.
- The Project Director will inform the collaborative of the opportunity and request approval to proceed with a response.
- If the information request does not allow sufficient time to consult project partners, or if responses are not received in a timely manner, the Project Director may respond to the request without vetting the remarks with the full collaboration.
- He or she will make a good faith effort to respond to the issue and will provide a summary of the communication to the partners at the next meeting, unless additional follow-up is expected or necessary before the meeting is scheduled to occur.

- Information requests that are primarily related to a PAVIM member organization area of expertise will be referred to that partner organization.

Work Plan

The identified timeline described below was agreed upon by the partners early in the planning process. The estimated timeframe in this work plan is based on a 45 business-day review period from OVW on products. The actual timing of the activities may occur more quickly.

October-December 2010

- OVW/VERA TA calls; initial orientation to the grant
- Establish hiring process and conduct interviews for Project Coordinator
- Finalize partner budget and contract documents
- Attend first grantee meeting in Columbus, OH
- Hire Project Coordinator

January-March 2011

- Initiate preliminary meeting schedule
- Conduct Core Team Retreat and Vera site visit for team building and review of collaboration charter process
- Clarify Project Coordinator roles and Core Team support
- Develop preliminary work plan
- Begin continuous learning opportunities (information sharing on partner structures, etc.)
- Begin development of Collaboration Charter in consultation with VERA: definitions, values and assumptions, member agencies, communication
- Draft preliminary Fact Sheet/project summary document
- Establish regular meeting schedule

April-May 2011

- Continued development of Collaboration Charter in consultation with VERA: decision making process, vision statement, mission statement, roles and responsibilities
- Continued information sharing, learning opportunities

June 2011

- Continued development of Collaboration Charter in consultation with VERA: confidentiality agreement and conflict resolution plan
- Submit Collaboration Charter to VERA for review
- Attend grantee meeting in Louisville, KY

July - September 2011

- Refine Collaboration Charter using VERA feedback
- Submit Collaboration Charter to OVW for approval

- Continued information sharing, learning opportunities

October - December 2011

- Continued information sharing, learning opportunities
- Begin development of criteria and process for pilot site selection
- Begin development of process for pilot site engagement
- Submit Pilot Site Memo to VERA for review
- Refine Pilot Site Memo using VERA feedback
- Submit Pilot Site Memo to OVW for approval

January-March 2012

- Select and engage Pilot Sites
- Orient Pilot Sites to the program and collaboration-building process
- Review organization policies and other data sources
- Begin development of Needs Assessment Plan and tools in consultation with VERA
- Review of Needs Assessment Plan by individuals and groups for accessibility and inclusiveness to ensure universal access of tools
- Attend OVW Grantee Meeting
- TA site visit from Vera

April –June 2012

- Continue development of Needs Assessment Plan and tools with on-going TA support from Vera
- Submit Needs Assessment Plan and tools to VERA for review
- Refine Needs Assessment Plan and tools using VERA feedback
- Submit Needs Assessment Plan and tools to OVW for approval
- Conduct Needs Assessment with on-going TA support from Vera
- Compile and analyze Needs Assessment results

July –September 2012

- Continue to analyze Needs Assessment results
- Create Needs Assessment Report with input from Vera
- Submit Needs Assessment Report to VERA for review
- Refine Needs Assessment Report using VERA feedback
- Submit Needs Assessment Report to OVW for approval
- Attend OVW Grantee Meeting
- Site visit from VERA to begin strategic plan process
- Begin development of Strategic Plan with on-going TA support from VERA
- Work with Pilot Sites to ensure universal accessibility and inclusiveness of process

October - December 2012

- Continue develop of Strategic Plan with input from Vera
- Submit Strategic Plan to VERA for review

- Refine Strategic Plan using VERA feedback
- Submit Strategic Plan to OVW for approval
- Attend OVW Grantee Meeting

January – September 2013

- Begin implementation of Strategic Plan

Glossary of Key Terms-See Appendix A

Appendix A:

Glossary of Terms

As noted in our Charter, the terms in our glossary reflect both statutory definitions as well as terms identified and utilized by the Collaboration Partners.

A

Ableism: A pervasive system of discrimination and exclusion that oppresses people with disabilities. A system in which people without disabilities maintain supremacy over people with disabilities through a set of attitudes, behaviors, social structures, rewards, privileges and benefits of the society are available to individuals according to their presumed level of ability. Ableism operates on an individual, organizational, *institutional*, cultural and societal level.

Abuse: Harm or threatened harm to an adult’s health or welfare caused by another person. Abuse includes but is not limited to; non-accidental physical or mental injury, sexual abuse or maltreatment. (MCL 400.11a- As used here and elsewhere, MCL 400.11 refers to Michigan Compiled Laws Act 280 of 1939, also known as the Social Welfare Act)

Note: While this statutory definition is not intended to be all inclusive, PAVIM also wishes to highlight other forms of abuse such as chemical abuse (such as withholding or over utilizing medications), isolation, and verbal, emotional and financial abuse. Perpetrators of abuse may include family members, dating partners, professional caregivers (personal assistants, agency staff, etc.) or other acquaintances.

Access: The ability, right, or permission to approach, enter, speak with, or use.

Accommodation: Includes adjustments to assure that an individual with a disability has rights and privileges equal to those of individuals without disabilities.

Accommodation is multi-dimensional (financial, physical, social, programmatic and environmental) and unique to each individual. Ensuring true accommodation requires going beyond this definition. PAVIM does not look at accommodations from the framework of “compliance” with the law.

PAVIM also recognizes an explicit connection between abuse and intentional withholding of accommodations.

Americans with Disabilities Act (ADA): Prohibits discrimination against qualified individuals with disabilities in employment including; job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions and privileges of

employment and access to buildings, equipment, vehicles, information, program services and other public, social and governmental benefits.

Adult in need of protective services: A vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected or exploited. (MCL 400.11b) Also, see Vulnerable Adult and Protective Services.

Advocate: Someone who works on behalf of and towards the equality of opportunity and access of people with disabilities and/or survivors of domestic or sexual violence.

Adult Protective Services (APS): Investigates allegations of abuse, neglect or exploitation and provides protection to “vulnerable” adults. The provision of adult protective services is mandated by Public Act 519 of 1982. (see Protective Services and Vulnerable Adult)

Ally: A person whose commitment to dismantling oppression is reflected in a willingness to do the following:

- Educate oneself about the oppression
- Learn from and listen to people who are targets of the oppression
- Examine and challenge one’s own prejudices, stereotypes and assumptions
- Work through feelings of guilt, shame and defensiveness to understand what is beneath them and what needs to be healed
- Learn and practice the skills of challenging oppressive remarks, behaviors, policies and institutional structures
- Act collaboratively with members of the target group to dismantle oppression

Assistive Technology (AT): Any item, piece of equipment, or application that is used to increase, maintain, or improve the personal independence of individuals with disabilities.

C

Coordinated Community Response (CCR): Councils, response teams, etc. that involve police, prosecutors, probation officers, violence against women advocates, counselors, judges and/or others in developing and implementing policies and procedures that improve interagency coordination and lead to a more uniform response to violence against women cases.

Choice: The right, power, or opportunity to choose from a meaningful array of possibilities.

Center for Independent Living (CIL): a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services. (Section 702 of the Rehabilitation Act of 1973)

Community: A social, religious, occupational, or other group sharing common characteristics or interests and perceived or perceiving itself as distinct in some respect from the larger society within which it exists.

Cultural competence: Requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

Culturally Relevant: Applicability of materials, methods, or programs to one's own ethnicity, social status, gender, religion, home and community environment.

D

Deaf and Hard of Hearing (HoH) Communication Devices: Communication technology for persons who are Deaf and HoH to communicate with hearing persons and vice versa. Current devices include a range of equipment and relay services such as IP video relay service, mobile IP relay service phones, captioned telephones, TDD/TTY's, computer-aided relay translation, real-time captioning. (See TDD/TTY)

Developmental Disability (DD): As defined by the Administration on Developmental Disabilities, developmental disabilities are severe, life-long disabilities attributable to mental and/or physical impairments which manifest themselves before the age of 22 years and are likely to continue indefinitely. They result in substantial limitations in three or more of the following areas:

- Self-care
- Comprehension and language
- Communication skills (receptive and expressive language)
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency
- Ability to function independently without coordinated services

Disability: A physical or mental impairment that substantially limits one or more major life activities, having a record of such a physical or mental impairment; or a perception by others of such impairment. (ADA definition)

Note: PAVIM acknowledges that disability is often thought of as a medical diagnosis or limitation. However, for many people, disability also represents a positive aspect of one's identity that is embraced. People with disabilities often face oppression due to societal norms of what are, "acceptable," "normal" and/or "independent" in terms of the body, mind, and the way one lives their life.

Disability Justice Movement: The movement to look beyond disability rights by examining disability identity and pride, redistributing power, defining privilege and oppression, and encouraging difficult conversations. Disability Justice is grounded in people with disabilities doing their own work in acknowledging and addressing privilege and oppression and how it plays out in the disability justice movement and the rest of society. Doing their own work means individuals within the disability community are making a commitment to challenge each other as individuals and as a community to learn about, explore and understand privilege, internalized oppression, values, pride, etc. An emphasis is also placed on realizing the importance of and incorporating self-care into justice work. Self-care means paying attention to what their own bodies, minds and spirits need to feel balanced, because in order to be good (responsible) to each other, individuals must be able to take care of our own needs.

Disability Pride: Accepting and honoring the uniqueness of disability and seeing it as a natural and beautiful part of human diversity. Pride comes from celebrating heritage, culture, unique experiences and contributions of people with disabilities and includes the following attributes:

- Disability pride recognizes the power individuals have to make change.
- Disability pride results when individuals with disabilities challenge and ultimately undo the negative beliefs, attitudes, and feelings and systematic oppression that come from the dominate groups' thinking that there is something wrong with their identity or disabilities.
- Disability pride rejects shame and the need to "blend in."
- Disability pride is self-acceptance and validation of an individual's uniqueness.
- Disability pride results in making choices based on the respect for interdependence, accommodations, and creativity.
- Disability pride is the feeling of strong connection with a community of other people.
- Disability pride recognizes that it is the uniqueness of people with disabilities that will transform all people and institutions (society).

Disability Rights Movement: The movement to secure equal opportunities and equal rights for people with disabilities.

Diversity: The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizes individual differences. These differences can be along the dimensions of race, ethnicity, gender, sexual orientation,

socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Domestic Violence (DV): a pattern of abusive behavior in a relationship that is used by one person to gain or maintain power and control over another. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. (See IPV)

DV Advocacy Program: Agencies, individuals or programs that provide residential and non-residential services to survivors of domestic violence, their families, and their communities. Individual services may include counseling, safety planning, legal advocacy, shelter, transitional housing support, and youth programs. Training, resources and tools are provided to help improve recognition, response and prevention of DV for community members and partner agencies such as practitioners in the criminal and civil justice systems, human service providers, mental health professionals, educators, faith leaders and others.

DVAM: October is Domestic Violence Awareness Month in Michigan and across the country. During DVAM, domestic violence advocates join with governmental officials, corporations, unions, health care providers, faith-based groups and others to organize activities that raise public awareness about domestic violence locally, statewide and nationally.

E

Empowerment: As used in the DV/SV movement, a process of establishing a helping relationship that equalizes power between the helper and the survivor of DV/SV that leads to the survivor feeling their own power and authority to act on their own behalf. (See self-empowerment)

Empowerment-Based Advocacy: is a helping method designed to meet the unique needs of a survivor of DV/SV through support, resources, advocacy, information and education focused on safety, autonomy, restoration and integration. This approach supports the survivor's ability to make decisions, reconnect to family, seek restitution, and to live a life that is healthy, without fear, and no longer dominated by the violence.

Exploitation: An action that involves the misuse of an adult's funds, property, body or personal dignity by another person. (MCL 400.11c)

F

Forensic Nurse Examiner (FNE): A registered nurse or nurse practitioner who conducts the forensic exam or evidence collection of a sexual assault victim.

G

Gender Inclusive: Acknowledges that there are many ways in which people identify in terms of their gender. Gender inclusion promotes inclusion of all gender identities such as, but not limited to, intersex, female, male, FTM, MTF, gender queer, transgender, transsexual, boi, and zi.

I

Informed Choice: Decisions are based on individuals having access to and understanding the requisite information to make an authentic choice.

Intersex: Person born with a body that is not clearly male or female. This may be caused by any of several dozen medical conditions, including genetic or chromosomal anomalies which interfere with sexual differentiation during gestation.

Intimate Partner Violence (IPV): is a pattern of coercive and controlling behaviors that one person uses against a partner in order to gain or maintain power, usually in a current or former marital, cohabitating, or dating relationship. (See domestic violence)

N

Neglect: Harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter or medical care. A person shall not be considered to be abused, neglected or in need of emergency or protective services for the sole reason that the person is receiving or relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination and this act shall not require any medical care or treatment in contravention of the stated or implied objection of that person. (MCL 400.11d)

O

Oppression: Oppression is the intentional or unintentional suppression of personal or a community's self-determination and control over current circumstance and destiny.

P

Personal Assistant (PA): An individual that provides assistance, under maximum feasible user control, with tasks that maintain well-being, comfort, safety, personal appearance, and interactions within the community and society as a whole. (Holt, Chambless & Hammond, 2006). In general, a PA is retained by persons with disabilities to perform tasks that the person would perform for him/herself if s/he did not have a disability. It can include tasks that range from reading, communication, and performing manual tasks (e.g., turning pages) to bathing, eating, toileting, personal hygiene, and dressing (Silverstein, 2003). (World Institute on Disability)

Person Centered Planning (PCP): A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires. (Michigan Mental Health Code, Act 258 of 1974)

Perpetrator: A term commonly used by law enforcement officers to designate a person who commits a crime.

Person First or People First Language: puts the person before the disability and defines disability as an attribute not the totality of the person. PFL uses language to promote dignity and respect and to rid language that marginalizes people from society. (from Disability is Natural by Kathie Snow).

Note: Some members of the disability justice movement have intentionally chosen not to use person first language because they take pride in their disability and believe it is an integral part of who they are as a person.

Personal Protection Order (PPO): restrain or enjoin an individual from certain conduct. In Michigan there are Domestic PPOs and Stalking PPOs.

Protective Services: includes, but is not limited to, remedial, social, legal, health, mental health, and referral services provided in response to a report of alleged harm or threatened harm because of abuse, neglect, or exploitation. (MCL 400.11 e)

R

Recovery: Recovery is the journey of a person with a mental illness to manage their symptoms, build hope, and create a life and a future based on personal dreams and self-determination.

S

SAAM: April is Sexual Assault Awareness Month in Michigan and across the country. During SAAM, sexual assault advocates join with governmental officials, corporations, unions, health care providers, faith-based groups and others to organize activities that raise public awareness about sexual assault locally, statewide and nationally.

Safety: The condition of being protected against physical, social, spiritual, financial, political, emotional, occupational, psychological, educational or other types or consequences of failure, damage, error, accidents, harm or any other event which could be considered non-desirable.

Self-Advocacy: As used in the disability community, a civil rights movement of individuals and organizations that empowers people with developmental and other disabilities to speak for themselves, make their own decision, and stand up for their rights. (Advocating for Change Together)

Self-Advocate: A person with a (developmental) disability who speaks up for his/herself regarding needs, rights and responsibilities, and can assist others to do so as well. May also be used in place of less empowering terms such as consumer, client, patient, etc.

Self-Determination: “Speaking up for one’s own rights and responsibilities and empowering ourselves to stand up for what we believe in. This means being able to choose where we work, live, and our friends; to educate ourselves and others, to work as a team to obtain common goals; and to develop the skills that enable us to fight for our beliefs, to advocate for our needs, and to obtain the level of independence that we desire.” (Self Advocates Becoming Empowered, 1996)

5 Principals of Self Determination (from the Center for Self Determination and Minnesota Governor’s Council on Developmental Disabilities) are:

- *Freedom:* People with disabilities must be free to decide how to live their own lives.
- *Authority:* People with disabilities must have the authority to determine where and how to spend public funds.
- *Support:* People with disabilities must be allowed to organize resources in formal and informal ways that enhance their lives and are meaningful to them as individuals.
- *Responsibility:* People with disabilities must be given responsibility for the wise use of public funds and must be recognized for the contributions they make to their communities.

- **Confirmation:** People with disabilities must be allowed to play important, meaningful roles in restructuring the system.

Self-Empowerment: Knowing and feeling one's pride and applying unique voice, skills, and actions with energy and confidence to achieve a vision (of full citizenship in all places: personal relationships, home, school, work, community, institutions, etc.) and includes the following attributes:

- Includes the commitment to provide support for people who are seeking to claim their full and rightful place, power, and pride.
- Knowing, practicing, and using the skills to make changes.
- Is expressed when communities protest discrimination and celebrate their culture, heritage, and history.

Sexual Assault/Sexual Violence (SA or SV): Any sexual contact that is forced against someone's will or without consent, or is inflicted upon a person who is incapable of giving consent (as because of age or physical or mental incapacity) or who places the assailant in a position of trust or authority (such as a doctor.)

Sexual Orientation: An individual's sexual, physical, emotional and intimate attractions to other people. Individuals may choose to describe this by identifying labels such as lesbian, bisexual, transgender, queer, heterosexual, or questioning.

Social Change: Refers to an alteration in the social order of a society. It may refer to other social movements, such as Women's suffrage or the Civil rights movement or the ADA.

Social Justice: Generally refers to the idea of creating a society or institution that is based on the principles of equality and solidarity. Creating a society that understands and values human rights and that recognizes the dignity of every human being.

Survivor: A person who continues to function or prosper in spite of an experience, opposition, oppression, hardship, or setbacks.

Survivor Centered: Working with and on behalf of a survivor of DV/SV, NOT for him/her or doing something to him/her. Services or supports that are driven or guided by the needs of the individual survivor of DV/SV, building upon the survivor's own strengths and resources. This may include providing information, resources, advocacy and education and requires an informed helper/service provider.

T

Trans: Refers to individuals who identify as transgender or transsexual, who perceive themselves as members of a gender or sex that is different from the one they were assigned at birth. Many trans people pursue hormone and/or surgical interventions to make it easier to live

as members of the gender or sex they identify as. Trans people break away from one or more of society's expectations around sex and gender. These expectations include that everyone is either a man or a woman, that one's gender is fixed, that gender is rooted in their physiological sex, and that our behaviors are linked to our gender.

Teletypewriter (TTY)/ telecommunications device for the deaf (TDD): A TTY or TDD is adaptive equipment for telephones that allow persons who are deaf or hard of hearing to communicate with hearing persons and vice versa. The terms TTY and TDD are used interchangeably; however, TTY is the preferred term as it is more inclusive of all people who may use this equipment. (See Deaf and Hard of Hearing (HoH) Communication Devices)

V

Victim Blaming: Occurs when the victim(s) of a crime, an accident or any type of abusive maltreatment are held entirely or partially responsible for the transgressions committed against them.

Vulnerable Adult: An adult who is deemed unable to protect himself or herself from abuse, neglect or exploitation because of a mental or physical impairment or because of advanced age. (MCL 400.11f)

Note: PAVIM intentionally avoids using the term “vulnerable” because of the judgment implied in the word, and the long history of minimizing or limiting opportunities for people with disabilities to make their own decisions and speak for themselves. The term vulnerable is also a word that has been used against people with disabilities, and can be interoperated with oppressive and ablest thinking as a weapon against the disability community. When the term is used by the Collaboration, it is only in reference to these specific discussions of statute.

Appendix B:
Thomas-Kilmann Conflict Mode Instrument

Directions: For each question, compare statements A and B and circle the one that best describes you.

1	A	There are times when I let others take responsibility for solving the problem.
	B	Rather than negotiate the things on which we disagree, I try to stress those things upon which we both agree.
2	A	I try to find a compromise solution.
	B	I attempt to deal with all of his/her concerns.
3	A	I am usually firm in pursuing my goals.
	B	I might try to soothe the other's feelings and preserve our relationship.
4	A	I might try to find a compromise solution.
	B	I sometimes sacrifice my own wishes for the wishes of the other person.
5	A	I consistently seek the other's help in working out a solution.
	B	I try to do what is necessary to avoid useless tensions.
6	A	I try to avoid creating unpleasantness for myself.
	B	I try to win my position.
7	A	I try to postpone the issue until I have had some time to think it over.
	B	I give up some points in exchange for others.
8	A	I am usually firm in pursuing my goals.

	B	I attempt to get all concerns and issues immediately out in the open.
9	A	I feel that differences are not always worth worrying about.
	B	I make some effort to get my way.
10	A	I am firm in pursuing my goals.
	B	I try to find a compromise solution.
11	A	I attempt to get all concerns and issues immediately out in the open.
	B	I might try to soothe the other's feelings and preserve our relationship.
12	A	I sometimes avoid taking positions which would create controversy.
	B	I will let the other person have some of her/his positions if she/he lets me have some of mine.
13	A	I propose a middle ground.
	B	I press to get my points made.
14	A	I tell the other person my ideas and ask for his/hers.
	B	I try to show the other person the logic and benefits of my position.
15	A	I might try to soothe the other's feelings and preserve our relationship.
	B	I try to do what is necessary to avoid tensions.
16	A	I try not to hurt the other's feelings.
	B	I try to convince the other person of the merits of my position.
17	A	I am usually firm in pursuing my goals.

	B	I try to do what is necessary to avoid tensions.
18	A	If it makes other people happy, I might let them maintain their views.
	B	I will let other people have some of their positions if they let me have some of mine.
19	A	I attempt to get all concerns and issues immediately out in the open.
	B	I try to postpone the issue until I have had some time to think it over.
20	A	I attempt to immediately work through our differences.
	B	I try to find a fair combination of gains and losses for both of us.
21	A	In approaching negotiations, I try to be considerate of the other person's wishes.
	B	I always lean toward a direct discussion of the problem.
22	A	I try to find a position that is intermediate between her/his and mine.
	B	I assert my wishes.
23	A	I am very often concerned with satisfying all our wishes.
	B	There are times when I let others take responsibility for solving the problem.
24	A	If the other's position seems very important to them, I would try to meet their wishes.
	B	I try to get the other person to settle for a compromise.
25	A	I try to show the other person the logic and benefits of my position.

	B	I approaching negotiations, I try to be considerate of the other person's wishes.
26	A	I propose a middle ground.
	B	I am nearly always concerned with satisfying all our wishes.
27	A	I sometimes avoid taking positions that would create controversy.
	B	If it makes other people happy, I might let them maintain their views.
28	A	I am usually firm in pursuing my goals.
	B	I usually seek the other's help in working out a solution.
29	A	I propose a middle ground.
	B	I feel that differences are not always worth worrying about.
30	A	I try not to hurt the other's feelings.
	B	I always share the problem with the other person so that we can work it out.

Scoring the Thomas-Kilmann Conflict Mode Instrument

Circle the letters below that you circled on each item.

	Competing (forcing)	Collaborating (problem solving)	Compromising (sharing)	Avoiding (withdrawal)	Accommodating (smoothing)
1				A	B
2		B	A		
3	A				B
4			A		B
5		A		B	
6	B			A	
7			B	A	
8	A	B			
9	B			A	
10	A		B		
11		A			B
12			B	A	
13	B		A		
14	B	A			
15				B	A
16	B				A
17	A			B	
18			B		A
19		A		B	
20		A	B		
21		B			A
22	B		A		
23		A		B	
24			B		A
25	A				B
26		B	A		
27				A	B
28	A	B			
29			A	B	
30		B			A

Total Number Circled in each column:

_____	_____	_____	_____	_____
Competing	Collaborating	Compromising	Avoiding	Accommodating

Appendix C: Statutory Language, Michigan Compiled Laws (MCL)

MCL 600.2157a Definitions; consultation between victim and sexual assault or domestic violence counselor; admissibility.

Sec. 2157a.

(1) For purposes of this section:

(a) "Confidential communication" means information transmitted between a victim and a sexual assault or domestic violence counselor, or between a victim or sexual assault or domestic violence counselor and any other person to whom disclosure is reasonably necessary to further the interests of the victim, in connection with the rendering of advice, counseling, or other assistance by the sexual assault or domestic violence counselor to the victim.

(b) "Domestic violence" means that term as defined in section 1501 of Act No. 389 of the Public Acts of 1978, being section 400.1501 of the Michigan Compiled Laws.

(c) "Sexual assault" means assault with intent to commit criminal sexual conduct.

(d) "Sexual assault or domestic violence counselor" means a person who is employed at or who volunteers service at a sexual assault or domestic violence crisis center, and who in that capacity provides advice, counseling, or other assistance to victims of sexual assault or domestic violence and their families.

(e) "Sexual assault or domestic violence crisis center" means an office, institution, agency, or center which offers assistance to victims of sexual assault or domestic violence and their families through crisis intervention and counseling.

(f) "Victim" means a person who was or who alleges to have been the subject of a sexual assault or of domestic violence.

(2) Except as provided by section 11 of the child protection law, Act No. 238 of the Public Acts of 1975, being section 722.631 of the Michigan Compiled Laws, a confidential communication, or any report, working paper, or statement contained in a report or working paper, given or made in connection with a consultation between a victim and a sexual assault or domestic violence counselor, shall not be admissible as evidence in any civil or criminal proceeding without the prior written consent of the victim.

MCL 333.18513 Confidentiality of communication.

Sec. 18513.

(1) An individual registered or licensed under this part or an employee or officer of an organization that employs the registrant or licensee is not required to disclose a communication or a portion of a communication made by a client to the individual or advice given in the course of professional employment.

(2) Except as otherwise provided in this section, a communication between a registrant or licensee or an organization with which the registrant or licensee has an agency relationship and a client is a confidential communication. A confidential communication shall not be disclosed, except under either or both of the following circumstances:

(a) The disclosure is part of a required supervisory process within the organization that employs or otherwise has an agency relationship with the registrant or licensee.

(b) The privilege is waived by the client or a person authorized to act in the client's behalf.

(3) If requested by the court for a court action, a registrant or licensee shall submit to an appropriate court a written evaluation of the prospect or prognosis of a particular client without disclosing a privileged fact or a privileged communication. An attorney representing a client who is the subject of an evaluation described in this subsection has the right to receive a copy of the evaluation. If required for the exercise of a public purpose by a legislative committee, a registrant or licensee or agency representative may make available statistical and program information without violating the privilege established under subsection (2).

(4) A registrant or licensee may disclose a communication or a portion of a communication made by a client pursuant to section 946 of the mental health code, 1974 PA 258, MCL 330.1946, in order to comply with the duty set forth in that section.

MCL 333.18117 Privileged communications; disclosure of confidential information.

Sec. 18117.

For the purposes of this part, the confidential relations and communications between a licensed professional counselor or a limited licensed counselor and a client of the licensed professional counselor or a limited licensed counselor are privileged communications, and this part does not require a privileged communication to be disclosed, except as otherwise provided by law. Confidential information may be disclosed only upon consent of the client, pursuant to section 16222 if the licensee reasonably believes it is necessary to disclose the information to comply with section 16222, or under section 16281.

MCL 333.18237 Confidential information; disclosure; waiver.

Sec. 18237.

A psychologist licensed or allowed to use that title under this part or an individual under his or her supervision cannot be compelled to disclose confidential information acquired from an individual consulting the psychologist in his or her professional capacity if the information is necessary to enable the psychologist to render services. Information may be disclosed with the consent of the individual consulting the psychologist, or if the individual consulting the psychologist is a minor, with the consent of the minor's guardian, pursuant to section 16222 if the psychologist reasonably believes it is necessary to disclose the information to comply with section 16222, or under section 16281. In a contest on the admission of a deceased individual's will to probate, an heir at law of the decedent, whether a proponent or contestant of the will, and the personal representative of the decedent may waive the privilege created by this section.

MCL 600.2157 Physician-patient privilege; waiver.

Sec. 2157.

Except as otherwise provided by law, a person duly authorized to practice medicine or surgery shall not disclose any information that the person has acquired in attending a patient in a professional character, if the information was necessary to enable the person to prescribe for the patient as a physician, or to do any act for the patient as a surgeon. If the patient brings an action against any defendant to recover for any personal injuries, or for any malpractice, and the patient produces a physician as a witness in the patient's own behalf who has treated the patient for the injury or for any disease or condition for which the malpractice is alleged, the patient shall be considered to have waived the privilege provided in this section as to another physician who has treated the patient for the injuries, disease, or condition. If a patient has died, the heirs at law of the patient, whether proponents or contestants of the patient's will, shall be considered to be personal representatives of the deceased patient for the purpose of waiving the privilege under this section in a contest upon the question of admitting the patient's will to probate. If a patient has died, the beneficiary of a life insurance policy insuring the life of the patient, or the patient's heirs at law, may waive the privilege under this section for the purpose of providing the necessary documentation to a life insurer in examining a claim for benefits.

42 USC § 13925. Definitions and grant provisions

(a) Definitions

In this subchapter:

(1) Courts

The term "courts" means any civil or criminal, tribal, and Alaska Native Village, Federal, State, local or territorial court having jurisdiction to address domestic violence, dating violence, sexual assault or stalking, including immigration, family, juvenile, and dependency courts, and the judicial officers serving in those courts, including judges, magistrate judges, commissioners, justices of the peace, or any other person with decision making authority.

(2) Child abuse and neglect

The term “child abuse and neglect” means any recent act or failure to act on the part of a parent or caregiver with intent to cause death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm. This definition shall not be construed to mean that failure to leave an abusive relationship, in the absence of other action constituting abuse or neglect, is itself abuse or neglect.

(3) Community-based organization

The term “community-based organization” means an organization that—

(A) focuses primarily on domestic violence, dating violence, sexual assault, or stalking;

(B) has established a specialized culturally specific program that addresses domestic violence, dating violence, sexual assault, or stalking;

(C) has a primary focus on underserved populations (and includes representatives of these populations) and domestic violence, dating violence, sexual assault, or stalking; or

(D) obtains expertise, or shows demonstrated capacity to work effectively, on domestic violence, dating violence, sexual assault, and stalking through collaboration.

(4) Child maltreatment

The term “child maltreatment” means the physical or psychological abuse or neglect of a child or youth, including sexual assault and abuse.

(5) Court-based and court-related personnel

The term “court-based” and “court-related personnel” mean persons working in the court, whether paid or volunteer, including—

(A) clerks, special masters, domestic relations officers, administrators, mediators, custody evaluators, guardians ad litem, lawyers, negotiators, probation, parole, interpreters, victim assistants, victim advocates, and judicial, administrative, or any other professionals or personnel similarly involved in the legal process;

(B) court security personnel;

(C) personnel working in related, supplementary offices or programs (such as child support enforcement); and

(D) any other court-based or community-based personnel having responsibilities or authority to address domestic violence, dating violence, sexual assault, or stalking in the court system.

(6) Domestic violence

The term “domestic violence” includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

(7) Dating partner

The term “dating partner” refers to a person who is or has been in a social relationship of a romantic or intimate nature with the abuser, and where the existence of such a relationship shall be determined based on a consideration of—

(A)the length of the relationship;

(B)the type of relationship; and

(C)the frequency of interaction between the persons involved in the relationship.

(8) Dating violence

The term “dating violence” means violence committed by a person—

(A)who is or has been in a social relationship of a romantic or intimate nature with the victim; and

(B)where the existence of such a relationship shall be determined based on a consideration of the following factors:

(i)The length of the relationship.

(ii)The type of relationship.

(iii)The frequency of interaction between the persons involved in the relationship.

(9) Elder abuse

The term “elder abuse” means any action against a person who is 50 years of age or older that constitutes the willful—

(A)infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or

(B)deprivation by a person, including a caregiver, of goods or services with intent to cause physical harm, mental anguish, or mental illness.

(10) Indian

The term “Indian” means a member of an Indian tribe.

(11) Indian country

The term “Indian country” has the same meaning given such term in section 1151 of title 18.

(12) Indian housing

The term “Indian housing” means housing assistance described in the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq., as amended).

(13) Indian tribe

The term “Indian tribe” means a tribe, band, pueblo, nation, or other organized group or community of Indians, including any Alaska Native village or regional or village corporation (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.)), that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(14) Indian law enforcement

The term “Indian law enforcement” means the departments or individuals under the direction of the Indian tribe that maintain public order.

(15) Law enforcement

The term “law enforcement” means a public agency charged with policing functions, including any of its component bureaus (such as governmental victim services programs), including those referred to in section 2802 of title 25.

(16) Legal assistance

The term “legal assistance” includes assistance to adult and youth victims of domestic violence, dating violence, sexual assault, and stalking in—

(A) family, tribal, territorial, immigration, employment, administrative agency, housing matters, campus administrative or protection or stay away order proceedings, and other similar matters; and

(B) criminal justice investigations, prosecutions and post-trial matters (including sentencing, parole, and probation) that impact the victim’s safety and privacy.

(17) Linguistically and culturally specific services

The term “linguistically and culturally specific services” means community-based services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration, and support mechanisms primarily directed toward underserved communities.

(18) Personally identifying information or personal information

The term “personally identifying information” or “personal information” means individually identifying information for or about an individual including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, including—

(A) a first and last name;

(B) a home or other physical address;

(C) contact information (including a postal, e-mail or Internet protocol address, or telephone or facsimile number);

(D) a social security number; and

(E) any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any of subparagraphs (A) through (D), would serve to identify any individual.

(19) Prosecution

The term “prosecution” means any public agency charged with direct responsibility for prosecuting criminal offenders, including such agency’s component bureaus (such as governmental victim services programs).

(20) Protection order or restraining order

The term “protection order” or “restraining order” includes—

(A) any injunction, restraining order, or any other order issued by a civil or criminal court for the purpose of preventing violent or threatening acts or harassment against, sexual violence or contact or communication with or physical proximity to, another person, including any temporary or final orders issued by civil or criminal courts whether obtained by filing an independent action or as a pendente lite order in another proceeding so long as any civil order was issued in response to a complaint, petition, or motion filed by or on behalf of a person seeking protection; and

(B) any support, child custody or visitation provisions, orders, remedies, or relief issued as part of a protection order, restraining order, or stay away injunction pursuant to State, tribal, territorial, or local law authorizing the issuance of protection orders, restraining orders, or injunctions for the protection of victims of domestic violence, dating violence, sexual assault, or stalking.

(21) Rural area and rural community

The term “rural area” and “rural community” mean—

(A) any area or community, respectively, no part of which is within an area designated as a standard metropolitan statistical area by the Office of Management and Budget; or

(B) any area or community, respectively, that is—

(i) within an area designated as a metropolitan statistical area or considered as part of a metropolitan statistical area; and

(ii) located in a rural census tract.

(22) Rural State

The term “rural State” means a State that has a population density of 52 or fewer persons per square mile or a State in which the largest county has fewer than 150,000 people, based on the most recent decennial census.

(23) Sexual assault

The term “sexual assault” means any conduct proscribed by chapter 109A of title 18, whether or not the conduct occurs in the special maritime and territorial jurisdiction of the United States or in a Federal prison and includes both assaults committed by offenders who are strangers to the victim and assaults committed by offenders who are known or related by blood or marriage to the victim.

(24) Stalking

The term “stalking” means engaging in a course of conduct directed at a specific person that would cause a reasonable person to—

(A) fear for his or her safety or the safety of others; or

(B) suffer substantial emotional distress.

(25) State

The term “State” means each of the several States and the District of Columbia, and except as otherwise provided, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands.

(26) State domestic violence coalition

The term “State domestic violence coalition” means a program determined by the Administration for Children and Families under the Family Violence Prevention and Services Act (42 U.S.C. 10410(b)).

(27) State sexual assault coalition

The term “State sexual assault coalition” means a program determined by the Center for Injury Prevention and Control of the Centers for Disease Control and Prevention under the Public Health Service Act (42 U.S.C. 280b et seq.).

(28) Territorial domestic violence or sexual assault coalition

The term “territorial domestic violence or sexual assault coalition” means a program addressing domestic or sexual violence that is—

(A)an established nonprofit, nongovernmental territorial coalition addressing domestic violence or sexual assault within the territory; or

(B)a nongovernmental organization with a demonstrated history of addressing domestic violence or sexual assault within the territory that proposes to incorporate as a nonprofit, nongovernmental territorial coalition.

(29) Tribal coalition

The term “tribal coalition” means—

(A)an established nonprofit, nongovernmental tribal coalition addressing domestic violence and sexual assault against American Indian or Alaskan Native women; or

(B)individuals or organizations that propose to incorporate as nonprofit, nongovernmental tribal coalitions to address domestic violence and sexual assault against American Indian or Alaska Native women.

(30) Tribal government

The term “tribal government” means—

(A)the governing body of an Indian tribe; or

(B)a tribe, band, pueblo, nation, or other organized group or community of Indians, including any Alaska Native village or regional or village corporation (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.)), that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(31) Tribal nonprofit organization

The term “tribal nonprofit organization” means—

(A)a victim services provider that has as its primary purpose to assist Native victims of domestic violence, dating violence, sexual assault, or stalking; and

(B)staff and leadership of the organization must include persons with a demonstrated history of assisting American Indian or Alaska Native victims of domestic violence, dating violence, sexual assault, or stalking.

(32) Tribal organization

The term “tribal organization” means—

(A)the governing body of any Indian tribe;

(B)any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body of a tribe or tribes to be served, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; or

(C)any tribal nonprofit organization.

(33) Underserved populations

The term “underserved populations” includes populations underserved because of geographic location, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.

(34) Victim advocate

The term “victim advocate” means a person, whether paid or serving as a volunteer, who provides services to victims of domestic violence, sexual assault, stalking, or dating violence under the auspices or supervision of a victim services program.

(35) Victim assistant

The term “victim assistant” means a person, whether paid or serving as a volunteer, who provides services to victims of domestic violence, sexual assault, stalking, or dating violence under the auspices or supervision of a court or a law enforcement or prosecution agency.

(36) Victim services or victim service provider

The term “victim services” or “victim service provider” means a nonprofit, nongovernmental organization that assists domestic violence, dating violence, sexual assault, or stalking victims, including rape crisis centers, domestic violence shelters, faith-based organizations, and other organizations, with a documented history of effective work concerning domestic violence, dating violence, sexual assault, or stalking.

(37) Youth

The term “youth” means teen and young adult victims of domestic violence, dating violence, sexual assault, or stalking.

(b) Grant conditions

(1) Match

No matching funds shall be required for any grant or subgrant made under this Act for—

(A) any tribe, territory, or victim service provider; or

(B) any other entity, including a State, that—

(i) petitions for a waiver of any match condition imposed by the Attorney General or the Secretaries of Health and Human Services or Housing and Urban Development; and

(ii) whose petition for waiver is determined by the Attorney General or the Secretaries of Health and Human Services or Housing and Urban Development to have adequately demonstrated the financial need of the petitioning entity.

(2) Nondisclosure of confidential or private information

(A) In general

In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this subchapter shall protect the confidentiality and privacy of persons receiving services.

(B) Nondisclosure

Subject to subparagraphs (C) and (D), grantees and subgrantees shall not—

(i) disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs; or

(ii) reveal individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of persons with disabilities, the guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, person with disabilities, or the abuser of the other parent of the minor.

(C) Release

If release of information described in subparagraph (B) is compelled by statutory or court mandate—

(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and

(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(D) Information sharing

Grantees and subgrantees may share—

(i) nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;

(ii) court-generated information and law-enforcement generated information contained in secure, governmental registries for protection order enforcement purposes; and

(iii) law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes.

(E) Oversight

Nothing in this paragraph shall prevent the Attorney General from disclosing grant activities authorized in this Act to the chairman and ranking members of the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate exercising Congressional oversight authority. All disclosures shall protect confidentiality and omit personally identifying information, including location information about individuals.

(3) Approved activities

In carrying out the activities under this subchapter, grantees and subgrantees may collaborate with and provide information to Federal, State, local, tribal, and territorial public officials and agencies to develop and implement policies to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking.

(4) Non-supplantation

Any Federal funds received under this subchapter shall be used to supplement, not supplant, non-Federal funds that would otherwise be available for activities under this subchapter.

(5) Use of funds

Funds authorized and appropriated under this subchapter may be used only for the specific purposes described in this subchapter and shall remain available until expended.

(6) Reports

An entity receiving a grant under this subchapter shall submit to the disbursing agency a report detailing the activities undertaken with the grant funds, including and providing additional information as the agency shall require.

(7) Evaluation

Federal agencies disbursing funds under this subchapter shall set aside up to 3 percent of such funds in order to conduct—

(A) evaluations of specific programs or projects funded by the disbursing agency under this subchapter or related research; or

(B) evaluations of promising practices or problems emerging in the field or related research, in order to inform the agency or agencies as to which programs or projects are likely to be effective or responsive to needs in the field.

(8) Nonexclusivity

Nothing in this subchapter shall be construed to prohibit male victims of domestic violence, dating violence, sexual assault, and stalking from receiving benefits and services under this subchapter.

(9) Prohibition on tort litigation

Funds appropriated for the grant program under this subchapter may not be used to fund civil representation in a lawsuit based on a tort claim. This paragraph should not be construed as a prohibition on providing assistance to obtain restitution in a protection order or criminal case.

(10) Prohibition on lobbying

Any funds appropriated for the grant program shall be subject to the prohibition in section 1913 of title 18, relating to lobbying with appropriated moneys.

(11) Technical assistance

Of the total amounts appropriated under this subchapter, not less than 3 percent and up to 8 percent, unless otherwise noted, shall be available for providing training and technical assistance relating to the purposes of this subchapter to improve the capacity of the grantees, subgrantees, and other entities. If there is a demonstrated history that the Office on Violence Against Women has previously set aside amounts greater than 8 percent for technical assistance and training relating to grant programs authorized under this subchapter, the Office has the authority to continue setting aside amounts greater than 8 percent.

MCL 400.11a: Reporting abuse, neglect, or exploitation of adult; oral report; contents of written report; reporting criminal activity; construction of section

Sec. 11a.

(1) A person who is employed, licensed, registered, or certified to provide health care, educational, social welfare, mental health, or other human services; an employee of an agency licensed to provide health care, educational, social welfare, mental health, or other human services; a law enforcement officer; or an employee of the office of the county medical examiner who suspects or has reasonable cause to believe that an adult has been abused, neglected, or exploited shall make immediately, by telephone or otherwise, an oral report to the county department of social services of the county in which the abuse, neglect, or exploitation is suspected of having or believed to have occurred. After making the oral report, the reporting person may file a written report with the county department. A

person described in this subsection who is also required to make a report pursuant to section 21771 of the public health code, Act No. 368 of the Public Acts of 1978, as amended, being section 333.21771 of the Michigan Compiled Laws and who makes that report is not required to make a duplicate report to the county department of social services under this section.

(2) A report made by a physician or other licensed health professional pursuant to subsection (1) shall not be considered a violation of any legally recognized privileged communication or a violation of article 15 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

(3) In addition to those persons required to make an oral report under subsection (1), any person who suspects that an adult has been abused, neglected, or exploited may make a report to the county department of social services of the county in which the abuse, neglect, or exploitation is suspected of having occurred.

(4) A report made under this section shall contain the name of the adult and a description of the abuse, neglect, or exploitation. If possible, the report shall contain the adult's age and the names and addresses of the adult's guardian or next of kin, and of the persons with whom the adult resides, including their relationship to the adult. The report shall contain other information available to the reporting person that may establish the cause of the abuse, neglect, or exploitation and the manner in which the abuse, neglect, or exploitation occurred or is occurring. The county department shall reduce to writing the information provided in an oral report received pursuant to this section.

(5) The county department shall report to a police agency any criminal activity that it believes to be occurring, upon receipt of the oral report.

(6) This section shall not be construed as limiting the responsibilities of the police agency of a local unit of government to enforce the laws of this state or as precluding the police agency from reporting and investigating, as appropriate, alleged criminal conduct.

MCL 750.411: Reporting Injuries Caused by Deadly Weapons

Sec. 411.

(1) A person, firm, or corporation conducting a hospital or pharmacy in this state, the person managing or in charge of a hospital or pharmacy, or the person in charge of a ward or part of a hospital to which 1 or more persons come or are brought suffering from a wound or other injury inflicted by means of a knife, gun, pistol, or other deadly weapon, or by other means of violence, has a duty to report that fact immediately, both by telephone and in writing, to the chief of police or other head of the police force of the village or city in which the hospital or pharmacy is located, or to the county sheriff if the hospital or pharmacy is located outside the incorporated limits of a village or city. The report shall state the name and residence of the person, if known, his or her whereabouts, and the cause, character, and extent of the injuries and may state the identification of the perpetrator, if known.

(2) A physician or surgeon who has under his or her charge or care a person suffering from a wound or injury inflicted in the manner described in subsection (1) has a duty to report that fact in the same manner and to the same officer as required by subsection (1).

(3) A person, firm, or corporation that violates this section is guilty of a misdemeanor.

(4) To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to 691.1415, a person who makes a report in good faith under subsection (1) or (2) or who cooperates in good faith in an investigation, civil proceeding, or criminal proceeding conducted as a result of such a report is immune from civil or criminal liability that would otherwise be incurred by making the report or cooperating in the investigation or civil or criminal proceeding. A person who makes a report under subsection (1) or (2) or who cooperates in an investigation, civil proceeding, or criminal proceeding conducted as a result of such a report is presumed to have acted in good faith. The presumption created by this subsection may be rebutted only by clear and convincing evidence.

(5) The immunity from civil and criminal liability granted under subsection (4) extends only to the actions described in subsection (4) and does not extend to another act or omission that is negligent or that amounts to professional malpractice, or both, and that causes personal injury or death.

(6) The physician-patient privilege created under section 2157 of the revised judicature act of 1961, 1961 PA 236, MCL 600.2157, a health professional-patient privilege created under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, and any other health professional-patient privilege created or recognized by law do not apply to a report made under subsection (1) or (2), are not valid reasons for a failure to comply with subsection (1) or (2), and are not a defense to a misdemeanor charge filed under this section.

MCL 330.1946: Threat of physical violence against third person; duties

Sec. 946.

(1) If a patient communicates to a mental health professional who is treating the patient a threat of physical violence against a reasonably identifiable third person and the recipient has the apparent intent and ability to carry out that threat in the foreseeable future, the mental health professional has a duty to take action as prescribed in subsection (2). Except as provided in this section, a mental health professional does not have a duty to warn a third person of a threat as described in this subsection or to protect the third person.

(2) A mental health professional has discharged the duty created under subsection (1) if the mental health professional, subsequent to the threat, does 1 or more of the following in a timely manner:

(a) Hospitalizes the patient or initiates proceedings to hospitalize the patient under chapter 4 or 4a.

(b) Makes a reasonable attempt to communicate the threat to the third person and communicates the threat to the local police department or county sheriff for the area where the third person resides or for the area where the patient resides, or to the state police.

(c) If the mental health professional has reason to believe that the third person who is threatened is a minor or is incompetent by other than age, takes the steps set forth in subdivision (b) and communicates the threat to the department of social services in the county where the minor resides and to the third person's custodial parent, noncustodial parent, or legal guardian, whoever is appropriate in the best interests of the third person.

(3) If a patient described in subsection (1) is being treated through team treatment in a hospital, and if the individual in charge of the patient's treatment decides to discharge the duty created in subsection (1) by a means described in subsection (2)(b) or (c), the hospital shall designate an individual to communicate the threat to the necessary persons.

(4) A mental health professional who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 750. A psychiatrist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate the physician-patient privilege established under section 2157 of the revised judicature act of 1961, Act No. 236 of the Public Acts of 1961, being section 600.2157 of the Michigan Compiled Laws. A psychologist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 18237 of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.18237 of the Michigan Compiled Laws. A certified social worker, social worker, or social worker technician who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 1610 of the occupational code, Act No. 299 of the Public Acts of 1980, being section 339.1610 of the Michigan Compiled Laws. A licensed professional counselor who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 18117 of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.18117 of the Michigan Compiled Laws. A marriage and family therapist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 1509 of the occupational code, Act No. 299 of the Public Acts of 1980, being section 339.1509 of the Michigan Compiled Laws. A music therapist who determines in good faith that a particular situation presents a duty under this section and who complies with this duty does not violate section 4.11 of the professional code of ethics of the national association for music therapy, inc., or the clinical relationships section of the code of ethics of the certification board for music therapists.

(5) This section does not affect a duty a mental health professional may have under any other section of law.

PARTNERS AGAINST VIOLENCE AND INJUSTICE
IN MICHIGAN (PAVIM)

Collaboration Charter- Addendum

This addendum serves as an update to the previously submitted Charter of Michigan's Collaborative Team, and reflects a change of partners.

Submitted to the Office on Violence Against Women: December 2011

Reason for Addendum

Due to unforeseen circumstances, Disability Network Michigan (DNM) notified the Michigan Coalition Against Domestic and Sexual Violence (MCADSV) and the other Collaboration Team members that it could no longer remain on the project as of September 30, 2011. While committed to the goals of the project, they are no longer able to dedicate the staffing necessary to remain an active partner due to organizational and structural changes they are experiencing.

Collaboration Team members discussed a number of options for next steps, and reaffirmed that we needed a disability organization with a strong base of local constituents that would mirror MCADSV's membership base of domestic and sexual violence service providers. This was a critical role of DNM, the statewide association of Centers for Independent Living, in the collaboration.

After reviewing a number of potential new partners, PAVIM identified The Arc Michigan (Arc MI) as a good fit for our team. This decision was based on the strong network of chapters affiliated with the statewide organization, the familiarity with that agency with the remaining partners, and the shared philosophy and social change emphasis of the organization.

Project Director Tammy Lemmer initiated contact with the Director of Arc MI, and had subsequent phone and face to face conversations with him, describing the parameters of the grant program, the deliverables and expectations, and in particular the focus on collaboration for promoting systems change. She shared the just-completed Collaboration Charter, and invited his reaction and comments.

The Team was pleased that after this contact and orientation to the project, Arc MI agreed to become a collaboration partner on the project. Aside from changes reflected in this addendum, Arc MI has accepted all aspects of the original Collaboration Charter. The addition of Arc MI will greatly enhance the Collaboration Team as we move forward with our efforts.

Who we are, as of November 2011

Team members continue to represent organizations that reflect statewide leadership in the areas of domestic and sexual violence, disability advocacy, and anti-oppression work. These organizations are:

- Developmental Disabilities Institute at Wayne State University (DDI)
- Michigan Coalition Against Domestic and Sexual Violence (MCADSV)
- Michigan Disability Rights Coalition (MDRC)
- The Arc Michigan

Organizational partners have varying levels of pre-existing relationships with each other, and we come together to form this collaboration based on our shared commitment to improve service delivery systems for individuals with disabilities who have experienced domestic or sexual violence with an emphasis on the needs of those with developmental disabilities.

While the relationship between Arc MI and MCADSV is new, there is a strong history of partnership between the remaining Collaboration Team Members. The statewide task forces and workgroups that include representation by our disability partners are too numerous to list, and date back at least as far as 1984 in the area of public policy advocacy. More recently, the Executive Director of MDRC was a Board Member of Arc Michigan until about two years ago.

In addition to these statewide interactions, Arc MI is familiar with and supports the national work of The Arc in addressing sexual violence. The Director of Arc MI has also participated in the National Advisory Group on Criminal Justice with such leaders in the field as Bob Perske, representatives from Temple University, and others. He was also involved in a Task Force of the Michigan State Bar Association working to address violence and abuse against people with disabilities, as well as local efforts in Washtenaw County, MI, where another individual Team Member worked as well.

Description of New Member Agency

The Arc Michigan
www.arcmi.org

The Arc Michigan was established in 1951 and has 31 chapter organizations. It facilitates the statewide network of local chapters assisting persons with developmental disabilities and their families through education, training, technical assistance and advocacy. The Arc Michigan's vision is that all people realize and fulfill their dreams of having employment, education, meaningful relationships, and living independently in their community.

The Arc Michigan provides support and leadership to its local chapters, supports governmental advocacy at the local, state, and national level, and coordinates state advocacy efforts. It influences governmental agencies and policy makers by promoting autonomy and self-determination, the value and potential of all people, and advocating for the inclusion and full participation by individuals with developmental disabilities in their communities.

Programs run by the Arc Michigan include:

- The Michigan Alliance for Families (MAF) provides information, support and education to families of children and adults with disabilities from birth to age 26 who are in the educational system.
- A Work Incentives Planning and Assistance (WIPA) project covering 21 counties in southern Michigan outside the Detroit metropolitan area.
- Michigan Partners for Freedom (MPF), a grassroots coalition of people with disabilities, family members, advocates, service providers, Community Mental Health organizations, and allies partnering to build statewide demand for Self-Determination.

Contributions and Commitments

Agency and individual contributions and commitments are important and contribute to the overall success of the project. All joint commitments and individual collaboration member commitments remain the same.

Agency Specific Responsibilities

The Arc Michigan will

- Provide disability-related content expertise for the project with emphasis on working directly with and providing services to people with disabilities
- Provide knowledgeable and committed staff with expertise in a wide range of disability issues (with particular emphasis on developmental disabilities) for all phases of the project
- Use networks and existing relationships with local Arc Chapters to disseminate lessons learned, to build internal capacity for meeting needs of and ability to provide appropriate services and referrals to adults with disabilities who have experienced DV/SV