



Connections

Collaboration Charter

**Empowering people with disabilities
who have experienced
domestic abuse and/or sexual assault.**

This project is supported by Grant No 2010-FW-AX-K003 awarded by the Office of Violence Against Women, US Department of Justice.

domestic abuse
intervention programs



Home of The Duluth Model
Social Change to End Violence Against Women



AICHO

American Indian Community
Housing Organization



The Arc
Northland



Safe Haven Shelter
for Battered Women

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Connections: Empowering people with disabilities who have experienced domestic abuse and/or sexual assault.

Section 1. Introduction:

Connections is a collaboration between American Indian Community Housing Organization (AICHO), Access North Center for Independent Living of Northeastern Minnesota (Access North), Arc Northland, Domestic Abuse Intervention Programs (DAIP), PAVSA (Program for Aid to Victims of Sexual Assault), and Safe Haven Shelter for Battered Women (Safe Haven) in the local community of Duluth Minnesota.

Statistics from Safe Haven show that of the 244 unduplicated women who were 2009 shelter residents, 138 (56%) self-identified as having a physical, mental and/or developmental disability. In addition, 357 (57%) of the women who used legal advocacy services and responded to the question of disability stated that they had at least one of these disabilities. The majority of victims served by PAVSA have mental health issues, and approximately 20% have self identified as having other disabilities. These statistics demonstrate to our partner agencies that the need to address these issues is of great importance in our local community.

Historically, agencies who serve people with disabilities and domestic violence and sexual assault agencies have not been connected. Additional complex barriers exist for a person with a disability and collaboration among agencies is needed to address these barriers. We acknowledge that this gap in service exists and possess a shared commitment to address the issues at hand. Since 2004, several efforts have been started to address the needs of people with disabilities who have experienced domestic violence and/or sexual assault in the Duluth community. However, due to a lack of dedicated funding, we have been unable to build a consistent level of services and the collaboration has been relatively informal. We have made small changes, only to lose momentum when staff changed or lack of funding impacted partner agencies. This three year project, funded by the Office of Violence against Women (OVW), allows our partner agencies to fully commit the

time and energy to develop a true collaboration to result in effective, lasting and sustainable change to increase safe accessible services for people with disabilities who have experienced domestic violence and/or sexual assault.

Section 2. Vision Statement:

We envision an informed community where people with disabilities who have experienced domestic violence and/or sexual assault are empowered by a system of inclusive, accessible, and self-determined services, resulting in equal access to safety and justice.

Section 3. Mission Statement:

The mission of Connections is to join disability, domestic violence, and sexual assault programs to create a seamless approach to providing safe accessible services to people with disabilities. We will:

- Listen to and validate the experiences of people with disabilities.
- Foster relationships among partners and fully utilize their resources and expertise.
- Remove physical, programmatic, communication, and attitudinal barriers to services.
- Enhance and promote safe and responsive services.
- Adopt policies and practices to instill safety and accessibility into each partner agency.
- Increase knowledge of domestic violence, sexual assault, and disability issues and their intersections among staff, people with disabilities, and the community to create long term social change.

Section 4. Values & Assumptions:

Collaboration

We value mutual inputs, mutual benefits and shared authority. We can achieve greater success through true collaboration with transparent decision-making, balanced responsibility, and constructive discussions and resolution. Our collaboration is built on the foundation of trust, credibility and accountability between and among each of the members.

We have chosen to use “people” rather than “women” in the language of our mission, this charter and other collaborative work. All Connections collaborative partners are committed to access, inclusion, safety and justice and serve all victims of abuse regardless of gender, race, or disability.

At the same time, we recognize that domestic violence and sexual assault are not gender-neutral crimes, and the majority of victims or survivors served by AICHO, DAIP, PAVSA, and Safe Haven both past and present are women and their children.

Twice as many men with disabilities experience abuse as compared to men without disabilities¹. As we continue this collaboration, we expect an increase in the number of men with disabilities seeking services and support.

We also recognize that people who are oppressed and marginalized by dominant culture experience victimization at higher rates. Women, people with disabilities, Native American, and other people of color experience oppression that results in higher likelihood of victimization. As a collaboration, we acknowledge that there are additional barriers experienced by the Native women we serve. We understand that Native women are often suffering from historic trauma, as well as the trauma they are experiencing by being battered. We understand that

¹ Sobsey, D. (1994). *Violence and Abuse in the Lives of People with Disabilities*.

oppression is the root of sexual violence for all women, but Native women hold a historic legacy of sexual violence throughout the colonization process on this continent. Because of this legacy, we understand that Native women have an intense distrust of non-Native systems, and for good reason. We are mindful of this and are committed to engaging with and learning from Native women throughout the life of this collaboration and beyond.

As we connect at the intersection of violence against women and people with disabilities we notice how often the layers of oppression have a role in victimization.

Open Communication

We value face-to-face transparent communication among our members to ensure all voices are heard.

Inclusiveness

We recognize that our differences bring valuable perspectives to our work together. We believe in mutual respect and acceptance of each other, our clients, and our colleagues; regardless of race, ethnicity, religion, age, sexual orientation, gender, level of disability, socio-economic status, or geographic location. We strive to recognize our biases and provide the most inclusive services possible.

Education

Increasing education is an important aspect of the work within our collaboration and among our partners. Education takes on many meanings including cross-training, staff development, awareness of resources, choices available for the people we serve, abuse prevention, and community education.

Empowerment

We create supportive environments that allow people to acquire the skills, knowledge and resources to make their own choices and reclaim their autonomy.

Person-centered

Person-centered philosophy focuses on valuing each person and their experiences and considering each person with disabilities as the expert. The person will not need to change to fit into the existing system but rather, the services will adapt to the person's needs and desired goals.

People-first language

We will incorporate people-first language, when referring to, speaking with, or writing about people with disabilities to promote dignity and respect. We will put the person before their disability to avoid stigmatization that results from focusing on labels. Examples of People First Language are provided in Appendix A.

Informed choice

In the spirit of self-determination, we believe in providing the information and options available to people so they can make the best choice for their situation.

Right to Independence and Self-Determination

We believe all people have the right to live, learn, work, play, make decisions, and be involved in relationships in the least restrictive, safe, and accessible setting of their choosing.

Right to Safety

We believe safety is a basic human right and everyone has the right to live free of domestic violence and sexual abuse.

Right to Accessibility

We believe in, and value the importance of, ensuring programmatic, physical, and attitudinal accessibility.

Section 5. Additional Terms

Several important terms have been well-defined within the Values section of our charter. Following are additional terms that help us to better understand the work we do.

Disability: The Americans with Disability Act (ADA) defines a person with a disability as someone who:

1. has a physical or mental impairment which substantially limits one or more major life activities, include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning;
2. has a history or record of such an impairment,
3. is regarded as having such an impairment.

We acknowledge the legal definition under the ADA as a clear basic understanding of disability; however we aspire to understand disability through a broader perspective. “According to the newest definition developed by the World Health Organization, disability is not something that a person has but, instead, something that occurs outside of the person – the person has a functional limitation. Disability occurs in the interaction between a person, his or her functional ability, and the environment. A person’s environment can be the physical environment, communication environment, information environment, and social and policy environment. This new definition helps us to understand that disability is a matter of degree. One is more or less disabled based on the intersection between herself, her functional abilities, and the many types of environments with which she interacts. Moreover, the experience of disability can be minimized by designing environments to accommodate varying functional abilities and providing individualized solutions when needed.” (Accessing Safety Initiative website: www.accessingsafety.org)

Advocacy comes into the work we do on many levels and will let the survivor lead the way. We advocate **for, on behalf of, and with** survivors. Through advocacy people can be empowered.

System Advocacy describes identifying and addressing issues impacting victims of domestic violence or sexual assault from a broad view. Individual advocacy and system advocacy are closely linked and both are essential for safety and good outcomes. Advocating with an individual can alert the advocate to a trend, policy or practice that requires a systemic, rather than individual, response. Following up within the systems to address the identified issues results in system change.

System Change is an important link to social change as we understand that violence and abuse arise from social problems. Collective action within and across communities and identity groups is necessary to end oppression in all forms.

Each of the six collaborative partners provide essential services to the Duluth community for people with and without disabilities. The root causes of violence, abuse and discrimination against people with disabilities deserve to be examined and discussed just as the root causes of racism, violence against women and all other forms of oppression as part of deep change within and among our organizations and community.

Battering is an ongoing use of intimidation, coercion, violence and other tactics intended to control and dominate an intimate partner.

Caregiver Abuse is the misuse of power, abuse, or neglect of a person with a disability by a paid or unpaid caregiver. The abuse may be sexual, emotional, verbal, or financial in nature.

Domestic violence: the willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by one family member, household member, or intimate partner against another. Partners may

be married or not married; heterosexual, gay, or lesbian; living together, separated or dating.

Sexual Assault: any sexual activity involving a person who does not or cannot consent.

Sex Trafficking: receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual or receiving profit or anything of value, knowingly or having reason to know.

Consent is to actively and willingly participate in any given activity without the threat of coercion or force.

Section 6. Contributions & Commitments:

All partner agencies commit to:

- Foster responsive, accessible, trauma-informed services for people with disabilities who are victims of domestic and/or sexual violence by creating change at all levels of the agency.
- Dedicate an assigned team member to attend all work group meetings, or if necessary, send an informed representative.
- Dedicate the executive director to attend all required monthly meetings, as well as ad hoc meetings determined necessary to move the process to the next phase; or an informed representative if the director is unavailable.
- Stay informed and involved with collaborative process.
- Remain open to necessary policy changes, determined from needs assessment, to increase safety and accessibility of services to people with disabilities who have experienced domestic violence and/or sexual assault.
- Allocate assigned team member's time to attend the required meetings sponsored by the Office on Violence Against Women (OVW) and the Vera Institute of Justice (Vera), the technical assistance provider.

- Commit additional agency staff time to take part in needs assessment process and implementation activities.

Full collaboration and work group members commit to:

- Collaborate with all partners to develop and implement the collaborative charter, the needs assessment tools, needs assessment report, and the strategic plan.
- Engage fully by taking part in all phases of project and attending retreats and site visits to strengthen collaborative.
- Work on deliverables between meetings and participate in other activities aimed at strengthening the collaborative and assisting in identifying focus of the collaborative.
- Be attentive to emails, confirm when received, and provide feedback within 5 business days.
- Set aside time for work group members to provide weekly updates to executive directors to keep the full collaboration informed and involved with the collaborative process.
- Communicate grant activities and cultivate interest to foster commitment to change within each agency.
- Provide updates and relevant agency information to the collaboration, such as change in policies, staff, values, programs, and dynamics when relevant to the work of the collaboration.
- Adhere to the charter the collaboration has collectively decided on.
- Open communication with the entire collaboration, Vera, and OVW in order to further our goal of increased accessibility and safety.
- Keep each agency's board of directors involved with regular updates from executive director on collaboration throughout the three year period of the grant.
- Continue to share data, knowledge, and resources with partners for long term sustainability; including staff time committed to this project, people served, training opportunities, and future funding resources.

- Involve others from their organizations as needed to complete the tasks above.

DAIP, fiscal agent, commits to:

- Assume complete grant administration including reporting to OVW and payments to partners.
- Present quarterly (March, June, September and December) budget updates to full collaboration.
- Provide information for, and participate in, any additional executive meetings should the need arise.
- Understand and uphold special conditions that pertain specifically to grantee / fiscal agent.
- Continue to collect data useful for the long term success of our collaborative.

Examples could include:

- Information that would further define needs/barriers for people with disabilities who are victims of sexual assault and/or domestic violence.
- Comments/questions from Interagency or system meetings that may point to additional training needs.
- Input from participants in DAIP Visitation Center focus groups.
- Keep an eye out for additional or supplemental funding opportunities.
- Maintain the count of sexual assault and/or domestic violence victims with disabilities served by partner organizations on a quarterly basis.
- Offer all local National Training Project (NTP) trainings, as scheduled on our website, available to all collaborative members free of charge.
- Promote the inclusion of disability information, perspectives and expertise in all trainings and projects.

Access North, employer of project coordinator, commits to:

- Provide office space and equipment for project coordinator position.
- Provide supervision and support for project coordinator position.
- Follow audit guidelines and responsibilities in contractual agreement with lead fiscal agent, DAIP.

Project coordinator commits to:

- Build and maintain relationships with collaboration members and their agencies.
- Facilitate work group and full collaboration meetings.
- Draft agenda with input from collaboration members and distribute at least two days before each meeting.
- Document and distribute meeting minutes to collaboration members.
- Serve as primary contact for the local collaborative and liaison with Vera Institute of Justice and the Office on Violence Against Women (OVW).
- Lead collaboration through key planning activities and deliverables.
- Complete semiannual reports and submit to OVW, after gathering input and allowing collaboration members adequate time to review and remark.
- Steer the collaborative to meet goals and objectives as laid out in work plan.
- Assist DAIP's financial staff by providing needed information for financial reports and coordinate to arrange travel expenses.
- Ensure accountability among collaboration members to the agreed upon work process, tasks, and timeline.
- Maintain regular communication with DAIP (fiscal agent), Vera (technical assistance provider), and OVW (funder).

Section 7. Partner Agencies and Collaboration Members:

American Indian Community Housing Organization (AICHO)
Access North, Center for Independent Living of Northeastern Minnesota
Arc Northland
Domestic Abuse Intervention Programs (DAIP)
PAVSA (Program for Aid to Victims of Sexual Assault)
Safe Haven Shelter for Battered Women (Safe Haven)

These six partner agencies have committed to a long-term multi-disciplinary collaboration. Through this collaboration, each of the partner agencies will gain a greater understanding of the mission, programming, staffing, culture, abilities and limitations of each of the other organizations. This process will assist us to increase safety and accessibility for people with disabilities who have experienced abuse.

The following agency overviews assist our collaboration with cross training and sharing our expertise with each other.

Duluth Branch Office:
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Roberta Cich
Duluth Office Director
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Access North's mission is to assist individuals with disabilities to live independently, pursue meaningful goals, and have the same opportunities and choices as all persons. Access North is a non-residential private non-profit independent living center serving persons of all disability groups within ten northeastern counties of Minnesota established in 1981. Access North promotes and practices the Independent Living philosophy of consumer control regarding decision-making, service delivery, management, and establishment of the policy and direction of the agency.

Access North provides service to people with any disability of any age. Increased options, access, and independence are achieved through the provision of four core services; information and referral, independent living skills training, peer and group support, individual and systems advocacy. Services are provided individually or in a group setting in the community. In addition to the core services listed, Access North also provides Personal Care Assistant (PCA) Choice, nursing home relocation services, transition from high school, assistive technology services, Consumer Directed Community Supports (CDCS) support planner services, and community education and involvement.

Access North will lend cross disability expertise to the collaboration including but not limited to disability awareness and etiquette, people first language, physical, programmatic, and attitudinal accessibility, the Americans with Disabilities Act (ADA) and reasonable accommodations,

assistive technology and communication devices, independent living supports, consumer choice and peer support model, and local disability resources.

Erin Fontaine serves as the project coordinator for this collaboration. She has worked for Access North since 2003, providing advocacy and skills training to people with disabilities and community education related to disability issues. Erin has experience with reasonable accommodations, assistive technology, accessibility, and community resources for people with disabilities. Erin has worked with people with disabilities for over ten years, and has received training within the intersection of abuse and disability. She received a Bachelors Degree in Applied Psychology from the University of Minnesota Duluth.

Roberta Cich is the Duluth Office Director at Access North, and serves on the full collaboration. Roberta will be able to provide insight to this collaboration as a person with a disability and has been working as a disability advocate for over ten years. Roberta has expertise in disability rights law, ADA, reasonable accommodations, accessibility, and fair housing. Roberta Cich serves as the chair of the Minnesota Statewide Independent Living Council, and is a member of the Duluth Commission on Disabilities, Ports Area Brain Injury Roundtable, Affordable Housing Coalition, and local special education interagency committees.

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AICHO

American Indian Community
Housing Organization

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The American Indian Community Housing Organization (AICHO) is a Duluth, Minnesota nonprofit organization established in 1994. AICHO grew out of a collective vision of Native American women in the Duluth community who saw a need for having a culturally specific organization to respond to social issues impacting American Indians, such as domestic violence, poverty, and homelessness. The vision of AICHO is to honor the resiliency of Native American people by strengthening communities and centering indigenous values in all aspects of our work.

Since its inception, AICHO has been successful in developing a range of programming, including a domestic violence shelter, transitional housing, homeless outreach services, advocacy, and cultural activities. Although traditional Native American culture and practices are incorporated in all programs, AICHO serves all persons. AICHO operates the following programs:

Oshki Odaadiziwini Waaka'Igan (“a place where we dream of new beginnings”), the first transitional housing program in Minnesota created to serve Native American women who have been battered; *Dabinoo'Igan* (“a place where you are safe, comforted, and sheltered”), one of only 26 culturally specific shelters nationwide; and *The Giiwe Project* (“Giiwe” is an Ojibwe word that means “he or she goes home”), a four member interagency mobile team that works with homeless persons where they are at in life. Currently, AICHO is in the process of developing *Gimaajii Mino Bimaadiziyaan* (“we are, all of us together, beginning a good life”), a 29 unit permanent affordable housing project and Duluth’s first American

Indian enter. AICHO has also launched a new policy initiative to raise community awareness on the problem of domestic human trafficking.

Because of our experience, we are uniquely poised to offer this collaborative a culturally competent perspective, which will lead to better outcomes for Native women and women of color with disabilities who have been battered. Our knowledge of housing programs, homeless issues, and trafficking in the Duluth area will also allow this collaboration to offer a broader range of services to people with disabilities who have experienced domestic abuse and/or sexual assault.

Jaime Miller has been the Housing Project Coordinator for AICHO since October of 2010 and serves on both the work group and full collaboration. Prior to joining AICHO, she worked with people with Traumatic Brain Injuries and Mental Illnesses for four years, as well as having a brother and a niece with disabilities. Her experience working with adults with disabilities in a home care setting has given her insight into many mental illnesses. She has extensive knowledge of group home and county procedures in regards to people with disabilities. Jaime will bring this experience and knowledge to the collaboration and will communicate recommended changes and procedures by the collaboration.

Sherry Sanchez Tibbetts is the Executive Director of the American Indian Community Housing Organization and serves on the full collaboration. She is a former public finance attorney with over 13 years experience in affordable housing issues and policy development. Sherry has made national presentations on the connection between homelessness and violence against women, is a Board Member for the Minnesota Coalition for Battered Women, and serves on the Urban Indian Advisory Committee for the Minnesota Indian Affairs Council. She has provided research and background information on the trafficking of Native American women and children to MSNBC, Third Generations Films, the Office on Violence Against Women (OVW)/Office on Victim of Crimes (OVC), and to legal counsel for the Senate Indian Affairs Committee.

Arc Northland

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Arc Northland is a non-profit, membership-based organization serving children and adults with disabilities and their families.

Arc Northland's mission is to create equal opportunity for quality living and to enhance dignity and respect for people with disabilities and their families.

Approximately one in ten families in Minnesota has a family member with a disability. Arc Northland exists to aid those families through the many services we offer. For over 50 years, we have been helping people with disabilities and their families overcome challenges and thrive in community life. Arc Northland serves over 3,000 people with disabilities and their families on an annual basis. The counties that we serve are: Southern St. Louis, Lake, Carlton and Cook.

Arc services

- Adult Advocacy and Self Advocacy Groups:
People First Group, Young Women's Group, Men's Group
- Extreme Parenting and Children's Mental Health Services
- Family Support and Advocacy
- Family Fun Night
- Fetal Alcohol Intervention Training and Aftercare Support
- PCA Services
- Respite Care
- Housing Access Service Programs
- Guardianship

Arc Northland will provide expertise in all types of disabilities across an entire lifespan. Arc Northland will also provide expertise in guardianship, as well as Fetal Alcohol Spectrum Disorder (FASD), with a variety of available training and support groups. We will accomplish this by being aware of person first language, following the Americans with Disabilities Act (ADA), and providing disability resources and advocacy within the community. We will provide this expertise at the work group and full collaboration meetings.

Chelsae Kalm is the Adult Advocacy Coordinator and serves on both the work group and full collaboration. Chelsae graduated in 2008 from University of Wisconsin Superior with a bachelor's in Social Work. Since graduating, Chelsae has gained experience in working with many different types of disabilities. Prior to Arc Northland, she worked as a house supervisor for an adult foster care agency. Chelsae has worked for Arc Northland for 2 years, by providing advocacy and supportive services for adults with disabilities. At Arc Northland, Chelsae coordinates the adult self-advocacy program, guardianship, and conservatorship.

Lars Kuehnow is the Executive Director of Arc Northland and serves on the full collaboration. He will provide insight to the group as a parent of a child with a disability. As a parent of a child with a disability, Lars will bring a unique perspective to the group. While advocacy, support and education are his profession, his passion is driven by the needs of his son, children and adults with disabilities. Lars is the Executive Director Liaison to The Arc of Minnesota's Board of Directors, serves on the City of Duluth's Commission on Disabilities, and is an At-large Commissioner on the Arrowhead Regional Development Commission.

Domestic Abuse Intervention Programs

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domestic abuse
intervention programs



Home of The Duluth Model

Social Change to End Violence Against Women

The mission of Domestic Abuse Intervention Programs (DAIP) is to end violence against women. We give voice to diverse women who are battered by translating their experiences into innovative programs and institutional changes that centralize victim safety. We partner with communities worldwide to inspire the social and political will to eliminate violence against women and their families.

DAIP has worked to end violence against women through 30 years of social and system change, giving voice to diverse women who are battered by translating their experiences into innovative programs and institutional changes that centralize victim safety. The Duluth Model is our process for challenging community institutions to take on the responsibility of stopping men's violence against their partners.

In Duluth, DAIP operates the Duluth Family Visitation Center, conducts groups for women whose male partners are participating in our 27 week non violence class, 'Creating a Process of Change for Men Who Batter", conducts groups for women who have been arrested for assaulting their abusive partners, provides individual and system advocacy and conducts local, regional and national training through the National Training project. DAIP is the parent organization for the Battered Women's Justice Project (BWJP) located in Minneapolis. BWJP primarily conducts training and technical assistance for the Office on Violence Against Women grantees and jurisdictions. www.bwjp.org

DAIP will contribute expertise in working with and coordinating the criminal justice and civil justice systems here in Duluth which can include relationship building, system advocacy techniques, and problem solving with system partners. This expertise will be shared through both the work groups and full collaborative meetings as well as through interagency meetings and individual meetings with the project coordinator. DAIP will extend participation in all local National Training Project trainings to all collaborative partners free of charge; topics include Building a Coordinated Community Response, Creating a Process of Change for Men Who Batter, Leading Groups for Women Who Use Violence, Keeping Women Safe Post-Separation as well as trainings for probation and law enforcement responses.

Linda Riddle brings over 25 years of involvement in the battered women's movement to the Domestic Abuse Intervention Programs and serves on both the work group and full collaboration. First; as a battered mother with small children, a woman who received helping services – she became an active board member of the Women's Resource Center of Winona, MN in 1987, and then became the executive director of Houston County Women's Resources (HCWR) – a position she held from 1992 through 2006. At HCWR she developed and implemented progressive new programming in her rural community, including both resident and scattered site transitional housing for homeless victims of violence and a flexible supervised visitation and exchange program. Linda has a deep love for political and social action; and works through the MN Coalition for Battered Women and the MN Coalition for the Homeless to help shape positive legislation and funding for Minnesota organizations and the people they serve. Now beginning a fourth year in Duluth as the executive director of DAIP, Linda is moving the Duluth Model forward into a new era of social change to end violence against women and children.

PAVSA (Program for Aid to Victims of Sexual Assault)

32 E 1st Street Suite 200
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24-Hr Crisis Line: 218-726-1931
or 866-229-7425



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PAVSA is dedicated to the elimination of sexual violence in Southern St. Louis County through supporting victims, educating the community, and advocating for change. Our core values include free and accessible services that are victim-centered and victim-driven. We are committed to providing support services for victims of sexual violence, educating and building awareness in the community and advocating for social change in the many systems that interact with victims following a sexual assault.

PAVSA is a nonprofit rape crisis center in southern St. Louis County that helps area residents cope with the aftermath of sexual violence. Services include various options for people who have been victimized, ranging from immediate crisis intervention to long-term counseling. PAVSA's victim services include: immediate crisis intervention on a 24-hour crisis line, sexual assault nurse examiner (SANE) program to assist in emergency medical care, short- and long-term individual counseling with a specialized counseling staff, sexual assault therapeutic support groups to gain support amongst peers, and advocacy to assist people with the medical, legal, and personal ramifications of sexual violence. PAVSA services are free and confidential.

PAVSA provides education to the community including community awareness events, outreach to vulnerable populations, intensive educational groups for adjudicated youth and adults, and in treatment facilities. Staff provides presentations to middle schools, high schools, colleges, universities, civic and faith-based groups and other organizations throughout southern St. Louis County.

PAVSA will provide expertise in the following areas:

- Accompanying survivors of sexual assault during evidentiary exams, interviews with law enforcement, meetings with prosecutors, hearings in court, providing support and information to survivors so they are able to make the right decisions for themselves.
- Facilitating the community's SMART (Sexual Assault Multidisciplinary Action Response Team) working with community organizations and systems on the development of victim centered protocols and policies for Southern St. Louis County.
- The SANE (Sexual Assault Nurse Examiner) program. This is a joint venture of PAVSA, St. Luke's Hospital and Essentia Health in collaboration with law enforcement and prosecution providing comprehensive and compassionate sexual assault evidentiary exams for sexual assault victims.
- Providing outreach groups for at-risk populations, prevention education groups for adolescents as well as presentations in educational and community settings.
- Providing System Advocacy to survivors of sexual assault as well to ensure that the justice system provides victim centered services to meet the needs of survivors.

Susan Terry is the Criminal Justice Liaison, Victim Advocate at PAVSA since January of 2011 and serves on both work group and full collaboration. Susan also coordinates the volunteer advocate program. Prior to January 2011, she was the Program Assistant at PAVSA providing information and support for the overall organization and increasing her knowledge of sexual assault. She has direct service experience working with victims of sexual assault, as well as having worked in group homes with adults with disabilities in the Duluth area for 3 years. Susan has also gained personal experience with disabilities through close family relationships. Being a Psychology major at UMD, Susan enjoys putting her passion and interests into her work.

Candice Harshner has served as Executive Director of PAVSA in Duluth for the past twelve years and serves on the full collaboration. Ms.

Harshner has over twenty-five years of experience as a counselor, trainer and consultant in the education and human service fields and has dedicated the majority of her career to working on the issue of violence against women. In her current position, she provides professional training on sexual assault and systems issues as well as training on victimology for sexual assault crisis line advocates. In addition, Ms. Harshner is active in the nonprofit sector at the local and state level, serving as a board member of the statewide Minnesota Council of Nonprofits and the Human Development Center in Duluth. She has been a trainer for the State of Minnesota Child Welfare Training System specializing in the area of child sexual abuse. In addition, Ms. Harshner has also worked extensively with businesses, providing training in the areas of personal wellness and staff relations. Ms. Harshner holds an M.S.E. degree in Counseling and a B.S. in Communications and Secondary Education.

Safe Haven Shelter for Battered Women

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(218) 623-1000 Family Justice Center

www.safehavenshelter.org



Susan Utech

Executive Director

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sutech@safehavenshelter.org

Safe Haven Shelter for Battered Women is the largest direct service provider of services to victims of domestic violence in the city of Duluth, MN. Our mission is to provide safety for women who are battered and their children and work to end violence against women. Safe Haven was established in 1978 as a grassroots effort to help women and children who were escaping domestic violence. Providing advocacy, safety and a space to heal programs include a 24 hour crisis line, a 39 bed shelter for women and their children, community education, volunteer opportunities and legal advocacy. In January 2009, Safe Haven Shelter completed the Lake Superior Regional Family Justice Center (FJC). This building allows the Safe Haven Shelter Legal Advocacy Program to partner with other agencies in our community to provide direct services to domestic violence victims in one location.

Current Programs include a 39 bed emergency shelter for battered women & their children, meeting basic needs including— food, clothing, medication, transportation, identification. A limited transitional program with the shelter, 24 hour crisis line, support groups for residents & community women, one-on-one advocacy & safety planning, Children's Program with two children's advocates, Pathways contract incentive program, and follow-up are all services provided. Housing advocacy and Legal Advocacy including Orders for Protection, Harassment Orders, No Contact Orders, are offered at both the Shelter & Family Justice Center. The Family Justice Center is a One Stop Shop with partners who come

to the FJC to meet with women, Monthly Wellness Clinic, Child Care, and a Self- Sufficiency Advocate.

In addition, Safe Haven offers presentations & community education, and has a volunteer program in which – last year 140 people provided 10,117 hours of volunteer services.

Safe Haven will share these areas of expertise with the collaboration:

- Legal advocacy (including but not limited to Orders for Protection, Harassment Orders and No Contact Orders)
- Referrals to other shelters, both homeless and domestic violence, and transitional and permanent housing
- Community Education including but not limited to domestic violence, dating violence, campus interpersonal relationships
- Volunteerism – we have hundreds of volunteers a year who assist us with our mission.
- Knowledge of community resources to help with expenses women experience in moving into a new home and other resources to help women become self-sufficient including public benefits, employment, GED tutoring etc.

Susan Utech is the Executive Director of Safe Haven and serves on both the work group and full collaboration. Susan graduated from the University of North Dakota, School of Law in 1981 and is an attorney licensed in Minnesota. She became the Executive Director of Safe Haven Shelter for Battered Women in October 2001. Previous to that time, she was in private practice and was a family law attorney for Legal Aid offices in Grand Forks, ND, Alexandria and Moorhead, MN. Susan has worked with hundreds of battered women securing protection orders and representing them in dissolution and custody matters. In Alexandria, she was on the board of directors of Listening Ear Crisis Center where she was instrumental in the formation of a Visitation Center. Before coming to Safe Haven, Susan was the Executive Director of Housing Access Center in Duluth.

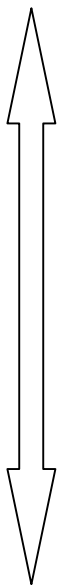
Section 8. Decision Making Process:

Connections appreciates the value of group consensus. We realize that the process of reaching consensus may take longer with a large diverse collaboration and we will follow our decision making protocol of this charter to ensure open clear communication throughout the decision making process so everyone's voice is heard.

The group will work together using a five-degree consensus scale to allow greater understanding and find a solution everyone can feel comfortable moving forward with. We may not always be in total agreement or total disagreement, but will fall along this continuum.

The sample questions to the right of the scale will be used as a starting point for discussion to work towards group consensus and greater understanding of each other's perspectives.

Five Degree Consensus Scale



1. No --- Let's do something else	Can you tell us why you feel this way? What parts of it don't you like? Is there anything you do like?
2. Wait --- Can we change it?	What further information do you need? What facts could make a difference?
3. Maybe --- I have questions	What parts do you like? What parts don't you like?
4. Ok --- It's good enough	What could make it better?
5. Yes --- Let's do it	

Steps to use a Five-Degree Consensus Scale

1. A plan of action is proposed as part of discussion.
2. The project coordinator is responsible to poll the group before moving forward on any decision or discussion. Anyone can request for a poll at any point to determine if we're on the same page moving forward.

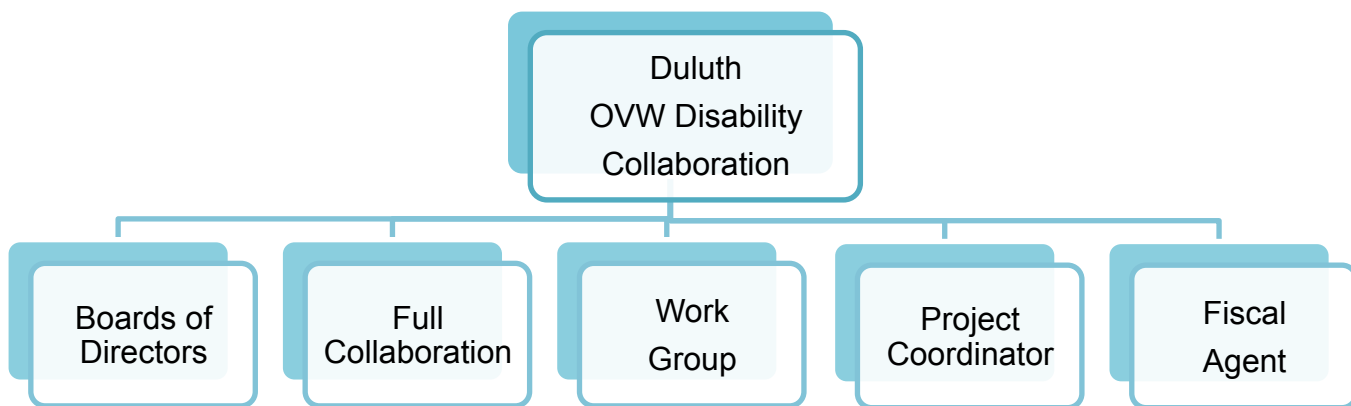
Even if it appears everyone is in agreement, we will use this method to determine if there is anything further that needs to be discussed so the group as a whole can understand and commit to the decision proposed.

3. We will repeat step 2 until consensus is reached or we are unable to move forward. We agree consensus can be reached when the poll indicates everyone is at four or five (proposal approved) or a one or two (proposal is dropped). If we are unable to move forward, we will table the discussion and give members one week to research the ideas and their position. After a second discussion, if we are unable to move forward, we will follow our Conflict Resolution Strategy.

(Adapted from Wilson Strategies (2006) Using a five-degree consensus scale to reach consensus: the cheat sheet available at <http://www.wilsonstrategies.com/consensus-cheat-sheet.pdf>)

Decision Making Authority:

Our collaboration views the decision making authority as parallel, rather than a hierarchy. Each level has a different, yet equally important role of the decision-making process. We understand and respect that within different roles we have different responsibilities within our collaboration.



Boards of Directors for each agency have authority to approve significant alterations to fiscal, services provision, and policy and/or procedure changes within each agency.

The “full collaboration” team consists of executive directors and a work group member who serves as the staff person assigned to represent their agency in this collaboration. In some situations, this person is one in the same; in others, there will be two representatives from a given agency. This full collaboration team has authority to set direction and mission of the collaboration, and their individual agency’s mission and values, finalizing documents and deliverables, and budget/fiscal changes.

The “work group” team consists of one representative, who serves as the staff person assigned to represent their agency, actively participating in both work group and full collaboration meetings. The work group has authority to make decisions on day-to-day operations of collaboration, represent their agency at Vera and OVW sponsored all site meetings, and develop products/documents to be presented to and finalized by full collaboration.

The project coordinator has authority to make decisions on day-to-day operations including meeting logistics, and conduct general business while informing and seeking input from collaboration. Project coordinator has the authority to engage Vera for technical assistance and/or OVW staff for assistance and other forms of support to meet the needs of the collaboration.

The fiscal agent, DAIP, has a unique role as the lead agent and has a contractual relationship with OVW and all partner agencies and must follow all special conditions pertaining to fiscal agent. Fiscal agent has the authority and responsibility to make decisions about budgetary modification and spending and will provide information about budgetary decisions and work to ensure collaborative support, including quarterly budget updates to full collaboration.

Section 9. Conflict Management Plan:

Connections accepts that conflict is natural and will occur.

- We commit to using non-violent and ethical communication.
- We respect the unique position each member brings.
- We will strive to use our differences to gain deeper understanding of our work together.
- We will look at conflict as an opportunity to find common ground.
- We will be mindful that members of the work group and full collaboration have multiple roles within the collaboration.
 - The Project Coordinator serves to facilitate all work group meetings. However, the Project Coordinator is an employee of Access North and will also represent the mission and values of this agency. Access North's Office Director will attend meetings where decisions need to be made that may effect the direction of the collaboration or Access North.
 - DAIP and Safe Haven's work group representatives are executive directors of their agencies and may have authority to make decisions that effect the direction of the agency during a meeting, while Arc Northland, AICHO, and PAVSA's members will voice their concerns and be able to go to their executive directors for feedback before moving forward within a work group meeting.
 - The executive director of the fiscal agent serves on both work group and full collaboration, and will be representing the agency as a partner in addition to the role of fiscal agent.

Steps to Conflict Resolution

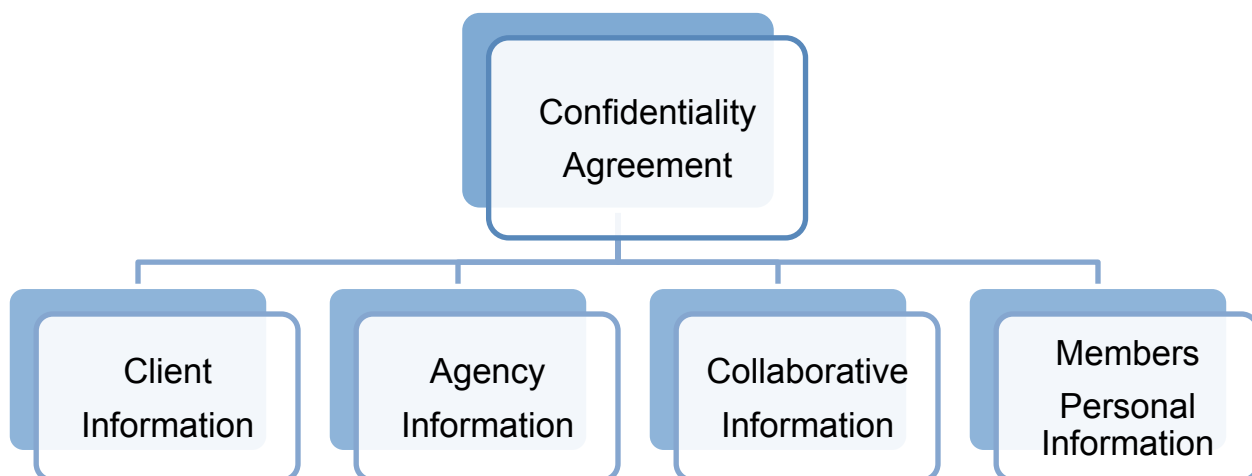
1. Follow decision making strategy using consensus scale
2. Use open and direct communication by discussing concerns
3. Table discussion for one week to allow members to research their position and talk over the issue at hand within their agency.
4. If conflict came up during work group, and is not resolved with steps 1-3, we will bring to full collaboration. Work group will decide if this can wait until next scheduled full collaboration meeting or if an ad hoc meeting needs to take place, to continue to move our work forward.

5. Respect that no one is totally wrong or totally right and focus on what we agree upon.
6. If conflict is not yet resolved, any member can request that we use an outside mediator. During this three year grant collaborative, the technical assistance staff through the Vera Institute will serve as mediator.
7. If no agreement is made through this mediation process, the group will decide to continue mediation with additional Vera staff, or contact the Office on Violence against Women.

Section 10. Confidentiality Agreement:

Connections respects that each partner agency has individual policies and procedures that will be followed regarding confidentiality due to state and federal regulations specific for their entity. An overview and reference to the applicable statutes can be found in [Appendix B](#). All six partners are required to follow HIPAA regulations, and Access North, Arc Northland, and PAVSA do handle some medical documentation and are required to follow MN Medical Records Act as well.

We value the importance of confidentiality in building relationships within our collaboration as well as with people we serve. Members agree to respect the boundaries and requirements of the partner agencies and follow the confidentiality protocol of this charter while working within this collaboration.



Shared Protocol

Confidentiality of people we serve

Personal identifying information about individuals served at any of the partner agencies is considered confidential, and may only be shared with proper consent by that individual (or their guardian, if applicable). We recognize that Access North, Arc Northland, and DAIP staff are considered mandatory reporters of vulnerable adult abuse, which would be the only exception, to share confidential information without individuals' written consent, to the common entry point as required by agency policy and state law. Examples of identifying information, include but are not limited to: name of client, victim, perpetrator, family member, contact information, date of birth, what services they receive, information related to race, ethnicity, disability, or case details.

Confidentiality of partner agency information

Any information shared regarding partner agencies, within a collaborative meeting, will be considered private unless otherwise noted. Information may be shared that is relevant to the work we do together that is not to be shared with others outside the collaborative without prior approval.

Examples of confidential partner agency information may include personnel issues or changes and agency funding concerns. Exceptions to this include agency news shared with collaboration members pertaining to community events, training opportunities, or general information regarding agencies available to the public.

Confidentiality of collaborative information

Any information shared in collaborative meetings pertaining to the collaborative process may be shared with board members, directors, financial staff or others within the partner agencies when relevant to furthering the work of the collaboration. Any collaborative information including documents or products that have not been approved by the collaborative team, or budget details; will not be shared with people

outside the partner agencies, other than the talking points detailed within the communication plan.

Confidentiality of Personal Members

Members may chose to share personal information related to their disability, cultural background, life experiences, or personal history during the work we do; to greater understand each other and our perspectives. Any information provided would not be shared outside the collaboration without prior expressed permission.

Mandated Reporting

In Minnesota, any professional engaged in social services, education, care of vulnerable adults, or occupation regulated under a health related licensing board are mandated to report maltreatment of a vulnerable adult. A vulnerable adult is classified as a person age 18 or older who is a resident of a facility OR receives services from a licensed home care provider or personal care assistance OR regardless of receiving services, possesses a physical, mental, or emotional disability that impairs the person's ability to provide adequately for his/her own care without assistance AND has impaired ability to protect him/herself from maltreatment.

In Minnesota, suspected abuse, neglect, or financial exploitation are forms of maltreatment that must be reported to the local county's common entry point, which will make an assessment and involve appropriate agencies to investigate. If a mandated reporter has reason to believe maltreatment of a vulnerable adult has occurred, they must make a report within 24 hours with information related to identity of vulnerable adult and abuser if possible, nature of maltreatment, any evidence, name and contact of caller, and time/date/location of incident. Please see Appendix C for further details regarding MN Statute 626.557 regarding mandated reporting of vulnerable adult maltreatment. We agree the mandated reporting law in our state is designed to protect people who are vulnerable from perpetrators.

Throughout our work together we will continue to increase our knowledge and understanding of mandated reporting of maltreatment and how we can provide advocacy and support to people with disabilities. We understand sharing any confidential information about an incident of abuse could fall under mandatory reporting rules and will not be shared openly among our collaborative team. We agree that we will only share hypothetical examples if it is beneficial to the collaborative process and will withhold any identifying information about the person or situation.

Mandatory Reporting in Needs Assessment

We agree that we want to minimize the likelihood of uninformed disclosures of abuse during the needs assessment process. Questions will be designed to minimize disclosures. We understand that there is a possibility that disclosures of abuse may still come up. We plan to have any focus groups for vulnerable adults, facilitated by a person who is not a mandated reporter, and who does have adequate knowledge of supports available to make appropriate referrals to advocates or provide a person information and assistance with making a self-report if the person so chooses. According to current policies; AICHO, PAVSA, and Safe Haven staff are not considered mandated reporters of vulnerable adult abuse.

Partner Agency Policies

Following is a brief synopsis of each partner's policy/procedure for confidentiality. This information is provided for greater understanding and clear communication of the roles of each partner agency. We understand the current policies and procedures we have in place may be reviewed during the needs assessment process and/or implementation phase.

Access North

All consumer information is confidential and should be handled as such. Information may be discussed with Access North staff members for purposes of assuring consumer's welfare and best interest; however, no information can be shared with anyone else other than the consumer

and their guardian without a signed release of information form giving informed consent.

All staff members working within Access North programs are mandated to report any abuse or neglect of a consumer. Our policy is to inform the appropriate agency (Common Entry Point at local county human services department) of any suspected abuse or neglect. In addition, employees are encouraged to report to their supervisor so any immediate measures necessary can be taken. Access North staff inform all consumers, at the time of intake for services, of our policy related to mandated reporting to provide the opportunity for informed choice.

AICHO

AICHO's confidentiality policy applies to all staff members and volunteers who have any contact with any program participant or information regarding any program participant. All information provided by a client to any staff member or volunteer is covered by AICHO's confidentiality policy. Financial or statistical information regarding policies, procedures or methods of determining eligibility, or any other information which does not identify a woman and/or child is not considered confidential. Each staff member or volunteer shall sign an agreement on confidentiality, which will be placed in the worker's personnel file. Breach of confidentiality may be considered grounds for dismissal. No information shall be released, either over the phone or in person regarding the whereabouts of a particular woman. Exceptions may be made at the discretion of the AICHO staff, but only for the purpose of preserving the safety or well-being of the woman or AICHO. Written consent from the woman must be obtained in order for information to be released.

AICHO is required by law to reveal within 48 hours to the proper authorities any act of child abuse or suspected criminal activity that would endanger individual life, property, or physical well being. Evidence of child abuse or neglect must be reported to the Child Protective Services Division of St. Louis County Social Services or to the Duluth

Police Department. AICHO staff and volunteers are not considered mandated reporters of vulnerable adult abuse under current policies.

Arc Northland

Employees/volunteers need to know information about clients they work with. Much of this information is private or confidential and is protected by law from unauthorized disclosure. Minnesota Statutes, Section 13.08-13.09 provides for criminal penalties for unlawful disclosure of private data. In addition to the criminal penalties, it is the policy of Arc Northland that any unauthorized disclosure of private or confidential information is just cause for suspension or termination.

Employees/volunteers agree to protect all private and confidential information about clients and to refrain from discussing these clients with anyone except authorized staff of Arc Northland or those who otherwise have a legal right to such information.

Arc Northland employees/volunteers have a responsibility to report to the responsible social service agency any instances of neglect or abuse of children or vulnerable adults that they know or have reason to believe have occurred. If such a report is made by an employee to the county, they will also inform Arc Northland if the neglect or abuse concerns any client of the agency.

DAIP

Confidentiality is defined as the assurance that access to information regarding a program participant shall be strictly controlled and violation of confidentiality may result in reprimand, probation, suspension, or dismissal. The information shall not be used for purposes that were not authorized by the individual when the information was provided unless it is a mandatory reporting issue. A written release of information must be obtained for information to be disclosed.

DAIP staff are required to by law to report suspected child abuse or neglect or vulnerable adult abuse or neglect even if the information was given in confidence. DAIP staff informs clients at the time of intake of the requirement to report child abuse.

PAVSA

Our primary goal is to assure the victim/survivor of confidentiality. Names are kept strictly confidential. No details of the victim or assault will be given to law enforcement or any other agency without the expressed written consent of the victim. Circumstances of assault will not be discussed with anyone outside PAVSA. We do not disclose anything that happened locally, whether or not our services were used.

As representatives of a sexual assault agency, victim advocates are mandated reporters of children (ages 13 and younger) but not vulnerable adults. However, Sexual Assault Nurse Examiners (SANEs) and counseling staff are required to report abuse of children and vulnerable adults due to their licensure. Should a specific case require additional information or consideration, we would consult our staff attorney for clarification.

Safe Haven

All staff and volunteers review and sign a statement of confidentiality before beginning work. Client names or any information about a client can not be given out at any time unless client has signed a release of information form releasing us from confidentiality or has given verbal agreement to staff to release the fact that she is in the shelter to specific people. Staff shall not refer to anyone presently or formerly residing at the shelter by name or description of a situation by association or any way other than in appropriate work-related discussions.

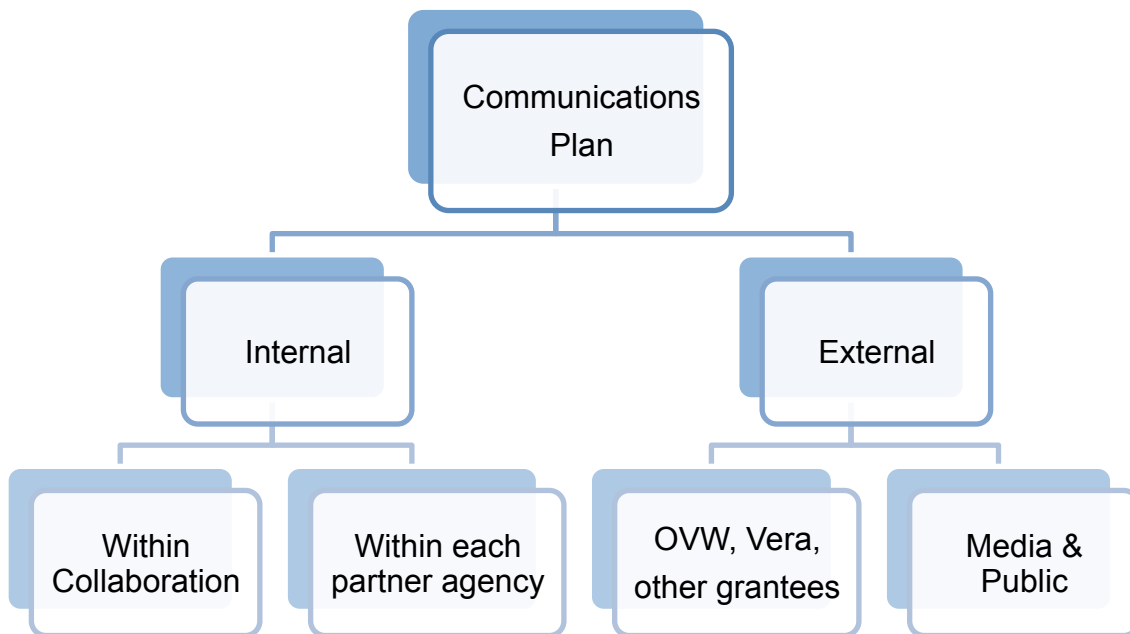
Client files are strictly confidential and only current resident files may be read by staff for purposes of becoming familiar with the client's needs. Clients should be informed that their files are available for them to read upon request. Personal staff information is not to be given out to clients at any time. The address of the shelter is also to remain confidential, only to be revealed to authorized persons including emergency contact of police/ambulance, women wanting immediate shelter or to attend educational group, or other persons listed within Safe Haven's confidentiality policy. Safe Haven's policies state that all staff and volunteers are mandated reporters of child abuse and inform all

clients at the time of intake. However, Safe Haven does not currently address this issue for vulnerable adults.

Section 11. Communications Plan:

Connections recognizes that we will work best together by maintaining direct and transparent communication with each other.

The following represent clear guidelines we've developed for representing our collaboration appropriately and consistently.



Internal Communication within collaboration

In person meetings

- Work group meets weekly for two hours
- Full collaboration meets monthly for two hours
- Additional Ad Hoc meetings or extended meeting times will take place as needed for approval of documents and decision making.
- Agendas will be sent by project coordinator, at least 2 days prior to each meeting along with documents to review and minutes from previous meeting. At the end of each meeting members will be asked if they have any agenda items to add, and have an opportunity at any time to send agenda items to project coordinator to be added.

- Project Coordinator is responsible for note taking and meeting minutes sent to full collaboration, within 5 business days following each meeting.
- Prior to next scheduled meeting, members are responsible for reviewing agenda and documents, and coming prepared for discussions.
- There may be times when we choose not to meet at a scheduled time. Whenever possible, this will be a group consensus, and all members will be given advanced notice. Major decisions that could impact the direction of the collaboration will not be made without all members present.

Email communication

- Updates and minor decisions may be communicated by email through Project Coordinator or other members.
- Members will acknowledge receipt of email, as soon as received, with a “got it” reply, and will provide any additions or corrections as needed.
- Members will be given a time frame to know when feedback is requested, and should be, if at all possible, given five business days to reply.

Phone communication

- Members may choose to attend a meeting via conference call, if unable to be present.
- Informal updates from meetings, or clarification on what information is to be brought to the next meeting, arrangements for training and travel, and sharing of resources may be provided among collaboration members between in-person meetings; however any discussions that may impact the collaboration will follow our collaboration’s decision making process.

Internal communications within each partner agency

We understand each partner agency is structured in its own way. Access North, AICHO, Arc Northland, and PAVSA have two staff working within this project, one being an agency director who is part of

the full collaboration. DAIP and Safe Haven's executive directors are a part of both the work group and full collaboration teams.

- Work group members will maintain regular weekly communication with their agency director on progress of collaboration, and providing an overview of documents at any time the agency director is not at the table for a regular meeting.
- Work group members will gain approval from agency director for any decisions that may impact the agency and/or direction of the project.
- Full Collaboration members will gain support and organizational commitment among partner agency staff by providing updates in staff meetings and/or via email to coworkers on progress of the grant at key points during planning and development phase, and throughout implementation phase as determined by collaboration during strategic planning.

External communications

Vera

- Project Coordinator is the primary contact person for communication to and from Vera staff for technical assistance and will have regular contact with assigned staff person at Vera, including but not limited to, weekly scheduled phone meetings, coordinating site visits, and updates on progress of deliverables.
- All members are approved to contact Vera directly, and will do so with transparent communication and seek input from the collaboration first when possible.
- Work group and full collaboration will invite Vera to participate in any meetings by phone conference or video conference when in need of technical assistance or mediation.
- Vera will participate as a facilitator for site visits, for each phase of the project and when needed as determined by full collaboration and Vera.

OVW

- Financial Director at DAIP is the primary contact with OVW for:

- Financial reports, budget modification, grant adjustment modifications, or any changes to the collaboration.
- Project Coordinator is the primary contact with OVW for:
 - Submitting semi-annual reports and collaboration deliverable products and communication regarding approval of these documents.
- In project coordinator's absence the executive director of DAIP, fiscal agent, will serve as primary contact for Vera, OVW, and the community until the coordinator returns or the position is refilled.

Other OVW Grantees and Community Members

- Project Coordinator is the primary contact for communication with other OVW Disability Grant Collaboratives.
- Project Coordinator is responsible for bringing back information or request for information to collaboration team to refer to most appropriate collaboration member for specific need.

External Communications

Media and Public Communications

Connections purpose is to build long-term systems change within and among our partner agencies to meet the shared vision, mission, and values of this collaboration. We realize there is substantial community interest in the work we are doing, and strive for clear consistent communication on the purpose and scope of this project.

All work group and full collaboration members will follow these guidelines and talking points which have been reviewed and approved by the full collaboration.

Guidelines:

The Project Coordinator serves as the primary media point of contact for **Connections** collaboration. We will maintain clear communication within the collaboration to have consensus before any proactive public communications are made.

Proactive public communications may occur in multiple forms, including but not limited to: newsletters, presentations, announcements, training programs, press releases, mass emails, and website content. Any proactive communication will be sent out for preview and feedback to the full collaboration via email.

If a partner agency is contacted regarding the grant project, collaboration members may share agreed upon talking points detailed in this plan and will refer to primary media contact when needed. Member will inform the full collaboration via email and provide an update during the next collaboration meeting of any media contacts to maintain clear communication. If a member is being asked questions that are outside of their expertise they will refer to the primary media contact or most appropriate member within the collaboration rather than trying to provide information and maintain clear communication with the collaboration.

Talking points:

This is a three year collaborative grant funded through the Office on Violence Against Women, Department of Justice. Between October 2010 and September 2013 the collaborative will go through two phases. First, there is a planning and development phase consisting of cross training, developing a charter, developing needs assessment tools and plan, conducting needs assessment of partner agencies and creating a strategic plan. The second phase is an implementation phase, designed to put the findings of the needs assessment into practice within our collaboration and our partner agencies.

Connections Collaboration is made up of six partners; Domestic Abuse Intervention Programs (DAIP), American Indian Community Housing Organization (AICHO), Arc Northland, Access North Center for Independent Living, Program for Aid to Victims of Sexual Assault (PAVSA), and Safe Haven Shelter.

The purpose of this project is not to provide direct service or community education. However, it is to create sustainable and systemic changes within and among partner organization, to result in safe, accessible, and

responsive services for people with disabilities experiencing domestic violence and/or sexual assault.

Connection's vision is:

We envision an informed community where people with disabilities who have experienced domestic violence and/or sexual assault are empowered by a system of inclusive, accessible, and self-determined services, resulting in equal access to safety and justice.

Connection's mission statement is:

The mission of Connections is to join disability, domestic violence, and sexual assault programs to create a seamless approach to providing safe accessible services to people with disabilities. We will:

- Listen to and validate the experiences of people with disabilities.
- Foster relationships among partners and fully utilize their resources and expertise.
- Remove physical, programmatic, communication, and attitudinal barriers to services.
- Enhance and promote safe and responsive services.
- Adopt policies and practices to instill safety and accessibility into each partner agency.
- Increase knowledge of domestic violence, sexual assault, and disability issues and their intersections among staff, people with disabilities, and the community to create long term social change.

Section 12. Work Plan:

This timeline will guide the key activities of the collaboration and will be reviewed and revised by consensus as needed by the members of the full collaboration.

Key Activity	Timeframe
Collaboration receives OVW Disability grant	October 2010
Attend New Grantee Orientation and Project Directors Meeting	November 2010
Collaboration Charter Retreat/ Vera Site Visit	February 2011
Collaboration Building and Charter Development	February 2011-May 2011
Deliverable: Collaboration Charter Submitted to OVW	June 2011
Attend Vera/OVW All Site Meeting/Training and Project Directors Meeting	June 2011
Development of needs assessment plan and tools	July- September 2011
Deliverable: Submit needs assessment plan and tools to OVW	October 2011
Conduct Needs Assessment	October 2011-January 2012
Attend Vera/OVW All site Meeting/Training And Project Directors Meeting	November 2011
Write Needs assessment Report	January 2012-February 2012
Deliverable: Submit Needs Assessment Report to OVW	February 2012
Development of Strategic Plan	March 2012-May 2012
Deliverable: Submit Strategic Plan to OVW	May 2012
Attend Vera/OVW All Site Meeting/Training and Project Directors Meeting	May 2012
Implement Strategic Plan	June 2012-September 2013

Appendix A. PEOPLE FIRST LANGUAGE

People First Language puts the person before the disability, and it describes what a person has, not who a person is.

SAY

**People with disabilities/
Person with a disability**

Uses a wheelchair

Person has...

Has a physical disability

**Has a mental health
condition or diagnosis**

**Person with an intellectual
disability is preferred.
Person with cognitive or
developmental disability
is also acceptable.**

**People who are blind/
visually impaired**

She needs... or she uses...

Accessible parking

People without disabilities

INSTEAD OF

**disabled people
handicapped people**

**Confined to a wheelchair
or wheelchair bound**

Person suffers from...

Crippled/paralyzed

Insane, crazy, mentally ill

mentally retarded

The blind

**She has a problem...
She has special needs.**

Handicapped parking

Normal or healthy

Appendix B. Laws pertaining to confidentiality in Minnesota

Health Insurance Portability and Accountability Act (HIPAA)

The federal Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts [160](#), [162](#), and [164](#), along with Minnesota Statute [§§ 13.384](#) and [144.335](#), govern “medical data” and “individually identifiable health information.”

Health or Medical Information and Records

Minnesota Statute [§§ 13.384](#) and [144.335](#) and the federal Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts [160](#), [162](#), and [164](#), govern “medical data” and “individually identifiable health information.” Pursuant to [§ 13.385](#), medical data shall not be disclosed to others except: (a) pursuant to [§ 13.05](#), (b) pursuant to section [253B.0921](#); (c) pursuant to a valid court order; (d) to administer federal funds or programs; (e) to the surviving spouse, parents, children, and siblings of a deceased patient or client or, if there are no surviving spouse, parents, children, or siblings, to the surviving heirs of the nearest degree of kindred; (f) to communicate a patient's or client's condition to a family member or other appropriate person in accordance with acceptable medical practice, unless the patient or client directs otherwise; or (g) as otherwise required by law.

Minnesota Government Data Practices Act

The Minnesota Government Data Practices Act (MGDPA – Minnesota Statutes [Chapter 13](#)) governs the collection, creation, storage, maintenance, dissemination, and access to government data in state agencies, statewide systems, and political subdivisions which includes counties and municipalities.

Minnesota Medical Records Act

The Minnesota Medical Records Act (Minnesota Statutes [§ 144.335](#)), along with the federal Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts [160](#), [162](#), and [164](#), and Minnesota Statute [§ 13.384](#), govern “medical data” and “individually identifiable health information.”

Appendix C. Mandated Reporting of Vulnerable Adults in Minnesota.
626.557 REPORTING OF MALTREATMENT OF VULNERABLE ADULTS.
<https://www.revisor.mn.gov/statutes/?id=626.557&format=pdf>

Subdivision 1. Public policy.

The legislature declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated.

In addition, it is the policy of this state to require the reporting of suspected maltreatment of vulnerable adults, to provide for the voluntary reporting of maltreatment of vulnerable adults, to require the investigation of the reports, and to provide protective and counseling services in appropriate cases.

Subd. 2.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 3. Timing of report.

(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:

(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or

(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section [626.5572, subdivision 21](#), paragraph (a), clause (4).

(b) A person not required to report under the provisions of this section may voluntarily report as described above.

(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.

(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.

(e) A mandated reporter who knows or has reason to believe that an error under section [626.5572, subdivision 17](#), paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section [626.5572, subdivision 17](#), paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section [626.5572, subdivision 17](#), paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.

Subd. 3a. Report not required.

The following events are not required to be reported under this section:

(1) A circumstance where federal law specifically prohibits a person from disclosing patient identifying information in connection with a report of suspected maltreatment, unless the vulnerable adult, or the vulnerable adult's guardian, conservator, or legal representative, has consented to disclosure in a manner which conforms to federal requirements. Facilities whose patients or residents are covered by such a federal law shall seek consent to the disclosure of suspected maltreatment from each patient or resident, or a guardian, conservator, or legal representative, upon the patient's or resident's admission to the facility. Persons who are prohibited by federal law from reporting an incident of suspected maltreatment shall immediately seek consent to make a report.

(2) Verbal or physical aggression occurring between patients, residents, or clients of a facility, or self-abusive behavior by these persons does not constitute abuse unless the behavior causes serious harm. The operator of the facility or a designee shall record incidents of aggression and self-abusive behavior to facilitate review by licensing agencies and county and local welfare agencies.

(3) Accidents as defined in section [626.5572, subdivision 3](#).

(4) Events occurring in a facility that result from an individual's error in the provision of therapeutic conduct to a vulnerable adult, as provided in section [626.5572, subdivision 17](#), paragraph (c), clause (4).

(5) Nothing in this section shall be construed to require a report of financial exploitation, as defined in section [626.5572, subdivision 9](#), solely on the basis of the transfer of money or property by gift or as compensation for services rendered.

Subd. 4. Reporting.

(a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section [13.02](#), and medical records under sections [144.291](#) to 144.298, to the extent necessary to comply with this subdivision.

(b) A boarding care home that is licensed under sections [144.50](#) to [144.58](#) and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section [144A.02](#) and certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections [144.50](#) to [144.58](#) and has swing beds certified under Code of Federal Regulations, title 42, section [482.66](#), may submit a report electronically to the common entry point instead of submitting an oral report. The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section [483.13](#). The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.

Subd. 4a. Internal reporting of maltreatment.

(a) Each facility shall establish and enforce an ongoing written procedure in compliance with applicable licensing rules to ensure that all cases of suspected maltreatment are reported. If a facility has an internal reporting procedure, a mandated reporter may meet the reporting requirements of this section by reporting internally. However, the facility remains responsible for complying with the immediate reporting requirements of this section.

(b) A facility with an internal reporting procedure that receives an internal report by a mandated reporter shall give the mandated reporter a written notice stating whether the facility has reported the incident to the common entry point. The written notice must be provided within two working days and in a manner that protects the confidentiality of the reporter.

(c) The written response to the mandated reporter shall note that if the mandated reporter is not satisfied with the action taken by the facility on

whether to report the incident to the common entry point, then the mandated reporter may report externally.

(d) A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.

Subd. 5. Immunity; protection for reporters.

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

(b) A person employed by a lead agency or a state licensing agency who is conducting or supervising an investigation or enforcing the law in compliance with this section or any related rule or provision of law is immune from any civil or criminal liability that might otherwise result from the person's actions, if the person is acting in good faith and exercising due care.

(c) A person who knows or has reason to know a report has been made to a common entry point and who in good faith participates in an investigation of alleged maltreatment is immune from civil or criminal liability that otherwise might result from making the report, or from failure to comply with the reporting obligation or from participating in the investigation.

(d) The identity of any reporter may not be disclosed, except as provided in subdivision 12b.

(e) For purposes of this subdivision, "person" includes a natural person or any form of a business or legal entity.

Subd. 5a. Financial institution cooperation.

Financial institutions shall cooperate with a lead agency, law enforcement, or prosecuting authority that is investigating maltreatment of a vulnerable adult and comply with reasonable requests for the production of financial records as authorized under section [13A.02, subdivision 1](#). Financial institutions are immune from any civil or criminal liability that might otherwise result from complying with this subdivision.

Subd. 6. Falsified reports.

A person or facility who intentionally makes a false report under the provisions of this section shall be liable in a civil suit for any actual damages

suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

Subd. 7. Failure to report.

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

Subd. 8. Evidence not privileged.

No evidence regarding the maltreatment of the vulnerable adult shall be excluded in any proceeding arising out of the alleged maltreatment on the grounds of lack of competency under section [595.02](#).

Subd. 9. Common entry point designation.

(a) Each county board shall designate a common entry point for reports of suspected maltreatment. Two or more county boards may jointly designate a single common entry point. The common entry point is the unit responsible for receiving the report of suspected maltreatment under this section.

(b) The common entry point must be available 24 hours per day to take calls from reporters of suspected maltreatment. The common entry point shall use a standard intake form that includes:

- (1) the time and date of the report;
- (2) the name, address, and telephone number of the person reporting;
- (3) the time, date, and location of the incident;
- (4) the names of the persons involved, including but not limited to, perpetrators, alleged victims, and witnesses;
- (5) whether there was a risk of imminent danger to the alleged victim;
- (6) a description of the suspected maltreatment;
- (7) the disability, if any, of the alleged victim;
- (8) the relationship of the alleged perpetrator to the alleged victim;
- (9) whether a facility was involved and, if so, which agency licenses the facility;
- (10) any action taken by the common entry point;
- (11) whether law enforcement has been notified;
- (12) whether the reporter wishes to receive notification of the initial and final reports; and

(13) if the report is from a facility with an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally.

(c) The common entry point is not required to complete each item on the form prior to dispatching the report to the appropriate investigative agency.

(d) The common entry point shall immediately report to a law enforcement agency any incident in which there is reason to believe a crime has been committed.

(e) If a report is initially made to a law enforcement agency or a lead agency, those agencies shall take the report on the appropriate common entry point intake forms and immediately forward a copy to the common entry point.

(f) The common entry point staff must receive training on how to screen and dispatch reports efficiently and in accordance with this section.

(g) When a centralized database is available, the common entry point has access to the centralized database and must log the reports in on the database.

Subd. 9a. Evaluation and referral of reports made to common entry point unit.

The common entry point must screen the reports of alleged or suspected maltreatment for immediate risk and make all necessary referrals as follows:

(1) if the common entry point determines that there is an immediate need for adult protective services, the common entry point agency shall immediately notify the appropriate county agency;

(2) if the report contains suspected criminal activity against a vulnerable adult, the common entry point shall immediately notify the appropriate law enforcement agency;

(3) the common entry point shall refer all reports of alleged or suspected maltreatment to the appropriate lead agency as soon as possible, but in any event no longer than two working days; and

(4) if the report contains information about a suspicious death, the common entry point shall immediately notify the appropriate law enforcement agencies, the local medical examiner, and the ombudsman established under section [245.92](#). Law enforcement agencies shall coordinate with the local medical examiner and the ombudsman as provided by law.

Subd. 9b. Response to reports.

Law enforcement is the primary agency to conduct investigations of any incident in which there is reason to believe a crime has been committed. Law

enforcement shall initiate a response immediately. If the common entry point notified a county agency for adult protective services, law enforcement shall cooperate with that county agency when both agencies are involved and shall exchange data to the extent authorized in subdivision 12b, paragraph (g). County adult protection shall initiate a response immediately. Each lead agency shall complete the investigative process for reports within its jurisdiction. A lead agency, county, adult protective agency, licensed facility, or law enforcement agency shall cooperate in coordinating its investigation with other agencies and may assist another agency upon request within the limits of its resources and expertise and shall exchange data to the extent authorized in subdivision 12b, paragraph (g). The lead agency shall obtain the results of any investigation conducted by law enforcement officials. The lead agency has the right to enter facilities and inspect and copy records as part of investigations. The lead agency has access to not public data, as defined in section [13.02](#), and medical records under sections [144.291](#) to 144.298, that are maintained by facilities to the extent necessary to conduct its investigation. Each lead agency shall develop guidelines for prioritizing reports for investigation.

Subd. 9c. Lead agency; notifications, dispositions, determinations.

(a) Upon request of the reporter, the lead agency shall notify the reporter that it has received the report, and provide information on the initial disposition of the report within five business days of receipt of the report, provided that the notification will not endanger the vulnerable adult or hamper the investigation.

(b) Upon conclusion of every investigation it conducts, the lead agency shall make a final disposition as defined in section [626.5572, subdivision 8](#).

(c) When determining whether the facility or individual is the responsible party for substantiated maltreatment or whether both the facility and the individual are responsible for substantiated maltreatment, the lead agency shall consider at least the following mitigating factors:

(1) whether the actions of the facility or the individual caregivers were in accordance with, and followed the terms of, an erroneous physician order, prescription, resident care plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible for the issuance of the erroneous order, prescription, plan, or directive or knows or should have known of the errors and took no reasonable measures to correct the defect before administering care;

(2) the comparative responsibility between the facility, other caregivers, and requirements placed upon the employee, including but not limited to, the facility's compliance with related regulatory standards and factors such as the

adequacy of facility policies and procedures, the adequacy of facility training, the adequacy of an individual's participation in the training, the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a consideration of the scope of the individual employee's authority; and

(3) whether the facility or individual followed professional standards in exercising professional judgment.

(d) When substantiated maltreatment is determined to have been committed by an individual who is also the facility license holder, both the individual and the facility must be determined responsible for the maltreatment, and both the background study disqualification standards under section [245C.15, subdivision 4](#), and the licensing actions under section [245A.06](#) or [245A.07](#) apply.

(e) The lead agency shall complete its final disposition within 60 calendar days. If the lead agency is unable to complete its final disposition within 60 calendar days, the lead agency shall notify the following persons provided that the notification will not endanger the vulnerable adult or hamper the investigation: (1) the vulnerable adult or the vulnerable adult's legal guardian, when known, if the lead agency knows them to be aware of the investigation; and (2) the facility, where applicable. The notice shall contain the reason for the delay and the projected completion date. If the lead agency is unable to complete its final disposition by a subsequent projected completion date, the lead agency shall again notify the vulnerable adult or the vulnerable adult's legal guardian, when known if the lead agency knows them to be aware of the investigation, and the facility, where applicable, of the reason for the delay and the revised projected completion date provided that the notification will not endanger the vulnerable adult or hamper the investigation. A lead agency's inability to complete the final disposition within 60 calendar days or by any projected completion date does not invalidate the final disposition.

(f) Within ten calendar days of completing the final disposition, the lead agency shall provide a copy of the public investigation memorandum under subdivision 12b, paragraph (b), clause (1), when required to be completed under this section, to the following persons: (1) the vulnerable adult, or the vulnerable adult's legal guardian, if known unless the lead agency knows that the notification would endanger the well-being of the vulnerable adult; (2) the reporter, if the reporter requested notification when making the report, provided this notification would not endanger the well-being of the vulnerable adult; (3) the alleged perpetrator, if known; (4) the facility; and (5) the ombudsman for long-term care, or the ombudsman for mental health and developmental disabilities, as appropriate.

(g) The lead agency shall notify the vulnerable adult who is the subject of the report or the vulnerable adult's legal guardian, if known, and any person or facility determined to have maltreated a vulnerable adult, of their appeal or review rights under this section or section [256.021](#).

(h) The lead agency shall routinely provide investigation memoranda for substantiated reports to the appropriate licensing boards. These reports must include the names of substantiated perpetrators. The lead agency may not provide investigative memoranda for inconclusive or false reports to the appropriate licensing boards unless the lead agency's investigation gives reason to believe that there may have been a violation of the applicable professional practice laws. If the investigation memorandum is provided to a licensing board, the subject of the investigation memorandum shall be notified and receive a summary of the investigative findings.

(i) In order to avoid duplication, licensing boards shall consider the findings of the lead agency in their investigations if they choose to investigate. This does not preclude licensing boards from considering other information.

(j) The lead agency must provide to the commissioner of human services its final dispositions, including the names of all substantiated perpetrators. The commissioner of human services shall establish records to retain the names of substantiated perpetrators.

Subd. 9d. Administrative reconsideration; review panel.

(a) Except as provided under paragraph (e), any individual or facility which a lead agency determines has maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf of the vulnerable adult, regardless of the lead agency's determination, who contests the lead agency's final disposition of an allegation of maltreatment, may request the lead agency to reconsider its final disposition. The request for reconsideration must be submitted in writing to the lead agency within 15 calendar days after receipt of notice of final disposition or, if the request is made by an interested person who is not entitled to notice, within 15 days after receipt of the notice by the vulnerable adult or the vulnerable adult's legal guardian. If mailed, the request for reconsideration must be postmarked and sent to the lead agency within 15 calendar days of the individual's or facility's receipt of the final disposition. If the request for reconsideration is made by personal service, it must be received by the lead agency within 15 calendar days of the individual's or facility's receipt of the final disposition. An individual who was determined to have maltreated a vulnerable adult under this section and who was disqualified on the basis of serious or recurring maltreatment under sections [245C.14](#) and [245C.15](#), may request reconsideration of the maltreatment determination and the disqualification. The request for reconsideration of the maltreatment

determination and the disqualification must be submitted in writing within 30 calendar days of the individual's receipt of the notice of disqualification under sections [245C.16](#) and [245C.17](#). If mailed, the request for reconsideration of the maltreatment determination and the disqualification must be postmarked and sent to the lead agency within 30 calendar days of the individual's receipt of the notice of disqualification. If the request for reconsideration is made by personal service, it must be received by the lead agency within 30 calendar days after the individual's receipt of the notice of disqualification.

(b) Except as provided under paragraphs (e) and (f), if the lead agency denies the request or fails to act upon the request within 15 working days after receiving the request for reconsideration, the person or facility entitled to a fair hearing under section [256.045](#), may submit to the commissioner of human services a written request for a hearing under that statute. The vulnerable adult, or an interested person acting on behalf of the vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel under section [256.021](#) if the lead agency denies the request or fails to act upon the request, or if the vulnerable adult or interested person contests a reconsidered disposition. The lead agency shall notify persons who request reconsideration of their rights under this paragraph. The request must be submitted in writing to the review panel and a copy sent to the lead agency within 30 calendar days of receipt of notice of a denial of a request for reconsideration or of a reconsidered disposition. The request must specifically identify the aspects of the agency determination with which the person is dissatisfied.

(c) If, as a result of a reconsideration or review, the lead agency changes the final disposition, it shall notify the parties specified in subdivision 9c, paragraph (d).

(d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable adult" means a person designated in writing by the vulnerable adult to act on behalf of the vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy or health care agent appointed under chapter 145B or 145C, or an individual who is related to the vulnerable adult, as defined in section [245A.02, subdivision 13](#).

(e) If an individual was disqualified under sections [245C.14](#) and [245C.15](#), on the basis of a determination of maltreatment, which was serious or recurring, and the individual has requested reconsideration of the maltreatment determination under paragraph (a) and reconsideration of the disqualification under sections [245C.21](#) to [245C.27](#), reconsideration of the maltreatment determination and requested reconsideration of the disqualification shall be consolidated into a single reconsideration. If reconsideration of the maltreatment determination is denied and the individual

remains disqualified following a reconsideration decision, the individual may request a fair hearing under section [256.045](#). If an individual requests a fair hearing on the maltreatment determination and the disqualification, the scope of the fair hearing shall include both the maltreatment determination and the disqualification.

(f) If a maltreatment determination or a disqualification based on serious or recurring maltreatment is the basis for a denial of a license under section [245A.05](#) or a licensing sanction under section [245A.07](#), the license holder has the right to a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for under section [245A.08](#), the scope of the contested case hearing must include the maltreatment determination, disqualification, and licensing sanction or denial of a license. In such cases, a fair hearing must not be conducted under section [256.045](#). Except for family child care and child foster care, reconsideration of a maltreatment determination under this subdivision, and reconsideration of a disqualification under section [245C.22](#), must not be conducted when:

(1) a denial of a license under section [245A.05](#), or a licensing sanction under section [245A.07](#), is based on a determination that the license holder is responsible for maltreatment or the disqualification of a license holder based on serious or recurring maltreatment;

(2) the denial of a license or licensing sanction is issued at the same time as the maltreatment determination or disqualification; and

(3) the license holder appeals the maltreatment determination or disqualification, and denial of a license or licensing sanction.

Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment determination or disqualification, but does not appeal the denial of a license or a licensing sanction, reconsideration of the maltreatment determination shall be conducted under sections [626.556, subdivision 10j](#), and [626.557, subdivision 9d](#), and reconsideration of the disqualification shall be conducted under section [245C.22](#). In such cases, a fair hearing shall also be conducted as provided under sections [245C.27](#), [626.556, subdivision 10i](#), and [626.557, subdivision 9d](#).

If the disqualified subject is an individual other than the license holder and upon whom a background study must be conducted under chapter 245C, the hearings of all parties may be consolidated into a single contested case hearing upon consent of all parties and the administrative law judge.

(g) Until August 1, 2002, an individual or facility that was determined by the commissioner of human services or the commissioner of health to be responsible for neglect under section [626.5572, subdivision 17](#), after October

1, 1995, and before August 1, 2001, that believes that the finding of neglect does not meet an amended definition of neglect may request a reconsideration of the determination of neglect. The commissioner of human services or the commissioner of health shall mail a notice to the last known address of individuals who are eligible to seek this reconsideration. The request for reconsideration must state how the established findings no longer meet the elements of the definition of neglect. The commissioner shall review the request for reconsideration and make a determination within 15 calendar days. The commissioner's decision on this reconsideration is the final agency action.

(1) For purposes of compliance with the data destruction schedule under subdivision 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, the date of the original finding of a substantiated maltreatment must be used to calculate the destruction date.

(2) For purposes of any background studies under chapter 245C, when a determination of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, any prior disqualification of the individual under chapter 245C that was based on this determination of maltreatment shall be rescinded, and for future background studies under chapter 245C the commissioner must not use the previous determination of substantiated maltreatment as a basis for disqualification or as a basis for referring the individual's maltreatment history to a health-related licensing board under section [245C.31](#).

Subd. 9e. Education requirements.

(a) The commissioners of health, human services, and public safety shall cooperate in the development of a joint program for education of lead agency investigators in the appropriate techniques for investigation of complaints of maltreatment. This program must be developed by July 1, 1996. The program must include but need not be limited to the following areas: (1) information collection and preservation; (2) analysis of facts; (3) levels of evidence; (4) conclusions based on evidence; (5) interviewing skills, including specialized training to interview people with unique needs; (6) report writing; (7) coordination and referral to other necessary agencies such as law enforcement and judicial agencies; (8) human relations and cultural diversity; (9) the dynamics of adult abuse and neglect within family systems and the appropriate methods for interviewing relatives in the course of the assessment or investigation; (10) the protective social services that are available to protect alleged victims from further abuse, neglect, or financial exploitation; (11) the methods by which lead agency investigators and law enforcement workers cooperate in conducting assessments and investigations in order to avoid

duplication of efforts; and (12) data practices laws and procedures, including provisions for sharing data.

(b) The commissioners of health, human services, and public safety shall offer at least annual education to others on the requirements of this section, on how this section is implemented, and investigation techniques.

(c) The commissioner of human services, in coordination with the commissioner of public safety shall provide training for the common entry point staff as required in this subdivision and the program courses described in this subdivision, at least four times per year. At a minimum, the training shall be held twice annually in the seven-county metropolitan area and twice annually outside the seven-county metropolitan area. The commissioners shall give priority in the program areas cited in paragraph (a) to persons currently performing assessments and investigations pursuant to this section.

(d) The commissioner of public safety shall notify in writing law enforcement personnel of any new requirements under this section. The commissioner of public safety shall conduct regional training for law enforcement personnel regarding their responsibility under this section.

(e) Each lead agency investigator must complete the education program specified by this subdivision within the first 12 months of work as a lead agency investigator.

A lead agency investigator employed when these requirements take effect must complete the program within the first year after training is available or as soon as training is available.

All lead agency investigators having responsibility for investigation duties under this section must receive a minimum of eight hours of continuing education or in-service training each year specific to their duties under this section.

Subd. 10. Duties of county social service agency.

(a) Upon receipt of a report from the common entry point staff, the county social service agency shall immediately assess and offer emergency and continuing protective social services for purposes of preventing further maltreatment and for safeguarding the welfare of the maltreated vulnerable adult. In cases of suspected sexual abuse, the county social service agency shall immediately arrange for and make available to the vulnerable adult appropriate medical examination and treatment. When necessary in order to protect the vulnerable adult from further harm, the county social service agency shall seek authority to remove the vulnerable adult from the situation in which the maltreatment occurred. The county social service agency may also investigate to determine whether the conditions which resulted in the reported

maltreatment place other vulnerable adults in jeopardy of being maltreated and offer protective social services that are called for by its determination.

(b) County social service agencies may enter facilities and inspect and copy records as part of an investigation. The county social service agency has access to not public data, as defined in section [13.02](#), and medical records under sections [144.291](#) to 144.298, that are maintained by facilities to the extent necessary to conduct its investigation. The inquiry is not limited to the written records of the facility, but may include every other available source of information.

(c) When necessary in order to protect a vulnerable adult from serious harm, the county social service agency shall immediately intervene on behalf of that adult to help the family, vulnerable adult, or other interested person by seeking any of the following:

(1) a restraining order or a court order for removal of the perpetrator from the residence of the vulnerable adult pursuant to section [518B.01](#);

(2) the appointment of a guardian or conservator pursuant to sections [524.5-101](#) to [524.5-502](#), or guardianship or conservatorship pursuant to chapter 252A;

(3) replacement of a guardian or conservator suspected of maltreatment and appointment of a suitable person as guardian or conservator, pursuant to sections [524.5-101](#) to [524.5-502](#); or

(4) a referral to the prosecuting attorney for possible criminal prosecution of the perpetrator under chapter 609.

The expenses of legal intervention must be paid by the county in the case of indigent persons, under section [524.5-502](#) and chapter 563.

In proceedings under sections [524.5-101](#) to [524.5-502](#), if a suitable relative or other person is not available to petition for guardianship or conservatorship, a county employee shall present the petition with representation by the county attorney. The county shall contract with or arrange for a suitable person or organization to provide ongoing guardianship services. If the county presents evidence to the court exercising probate jurisdiction that it has made a diligent effort and no other suitable person can be found, a county employee may serve as guardian or conservator. The county shall not retaliate against the employee for any action taken on behalf of the ward or protected person even if the action is adverse to the county's interest. Any person retaliated against in violation of this subdivision shall have a cause of action against the county and shall be entitled to reasonable attorney fees and costs of the action if the action is upheld by the court.

Subd. 10a.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 10b.**Investigations; guidelines.**

Each lead agency shall develop guidelines for prioritizing reports for investigation. When investigating a report, the lead agency shall conduct the following activities, as appropriate:

- (1) interview of the alleged victim;
- (2) interview of the reporter and others who may have relevant information;
- (3) interview of the alleged perpetrator;
- (4) examination of the environment surrounding the alleged incident;
- (5) review of pertinent documentation of the alleged incident; and
- (6) consultation with professionals.

Subd. 11.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 11a.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 12.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 12a.

[Repealed, [1983 c 273 s 8](#)]

Subd. 12b.**Data management.**

(a) In performing any of the duties of this section as a lead agency, the county social service agency shall maintain appropriate records. Data collected by the county social service agency under this section are welfare data under section [13.46](#). Notwithstanding section [13.46, subdivision 1](#), paragraph (a), data under this paragraph that are inactive investigative data on an individual who is a vendor of services are private data on individuals, as defined in section [13.02](#). The identity of the reporter may only be disclosed as provided in paragraph (c).

Data maintained by the common entry point are confidential data on individuals or protected nonpublic data as defined in section [13.02](#). Notwithstanding section [138.163](#), the common entry point shall maintain data for three calendar years after date of receipt and then destroy the data unless otherwise directed by federal requirements.

(b) The commissioners of health and human services shall prepare an investigation memorandum for each report alleging maltreatment investigated under this section. County social service agencies must maintain private data on individuals but are not required to prepare an investigation memorandum. During an investigation by the commissioner of health or the commissioner of human services, data collected under this section are confidential data on individuals or protected nonpublic data as defined in section [13.02](#). Upon completion of the investigation, the data are classified as provided in clauses (1) to (3) and paragraph (c).

(1) The investigation memorandum must contain the following data, which are public:

- (i) the name of the facility investigated;
- (ii) a statement of the nature of the alleged maltreatment;
- (iii) pertinent information obtained from medical or other records reviewed;
- (iv) the identity of the investigator;
- (v) a summary of the investigation's findings;
- (vi) statement of whether the report was found to be substantiated, inconclusive, false, or that no determination will be made;
- (vii) a statement of any action taken by the facility;
- (viii) a statement of any action taken by the lead agency; and
- (ix) when a lead agency's determination has substantiated maltreatment, a statement of whether an individual, individuals, or a facility were responsible for the substantiated maltreatment, if known.

The investigation memorandum must be written in a manner which protects the identity of the reporter and of the vulnerable adult and may not contain the names or, to the extent possible, data on individuals or private data listed in clause (2).

(2) Data on individuals collected and maintained in the investigation memorandum are private data, including:

- (i) the name of the vulnerable adult;
- (ii) the identity of the individual alleged to be the perpetrator;
- (iii) the identity of the individual substantiated as the perpetrator; and
- (iv) the identity of all individuals interviewed as part of the investigation.

(3) Other data on individuals maintained as part of an investigation under this section are private data on individuals upon completion of the investigation.

(c) After the assessment or investigation is completed, the name of the reporter must be confidential. The subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith. This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal prosecution, the district court shall do an in-camera review prior to determining whether to order disclosure of the identity of the reporter.

(d) Notwithstanding section [138.163](#), data maintained under this section by the commissioners of health and human services must be maintained under the following schedule and then destroyed unless otherwise directed by federal requirements:

(1) data from reports determined to be false, maintained for three years after the finding was made;

(2) data from reports determined to be inconclusive, maintained for four years after the finding was made;

(3) data from reports determined to be substantiated, maintained for seven years after the finding was made; and

(4) data from reports which were not investigated by a lead agency and for which there is no final disposition, maintained for three years from the date of the report.

(e) The commissioners of health and human services shall each annually report to the legislature and the governor on the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigation under this section, and the resolution of those investigations. The report shall identify:

(1) whether and where backlogs of cases result in a failure to conform with statutory time frames;

(2) where adequate coverage requires additional appropriations and staffing; and

(3) any other trends that affect the safety of vulnerable adults.

(f) Each lead agency must have a record retention policy.

(g) Lead agencies, prosecuting authorities, and law enforcement agencies may exchange not public data, as defined in section [13.02](#), if the agency or authority requesting the data determines that the data are pertinent and necessary to the requesting agency in initiating, furthering, or completing an investigation under this section. Data collected under this section must be made available to prosecuting authorities and law enforcement officials, local county agencies, and licensing agencies investigating the alleged maltreatment under this section. The lead agency shall exchange not public data with the vulnerable adult maltreatment review panel established in section [256.021](#) if the data are pertinent and necessary for a review requested under that section. Upon completion of the review, not public data received by the review panel must be returned to the lead agency.

(h) Each lead agency shall keep records of the length of time it takes to complete its investigations.

(i) A lead agency may notify other affected parties and their authorized representative if the agency has reason to believe maltreatment has occurred and determines the information will safeguard the well-being of the affected parties or dispel widespread rumor or unrest in the affected facility.

(j) Under any notification provision of this section, where federal law specifically prohibits the disclosure of patient identifying information, a lead agency may not provide any notice unless the vulnerable adult has consented to disclosure in a manner which conforms to federal requirements.

Subd. 13.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 14. **Abuse prevention plans.**

(a) Each facility, except home health agencies and personal care attendant services providers, shall establish and enforce an ongoing written abuse prevention plan. The plan shall contain an assessment of the physical plant, its environment, and its population identifying factors which may encourage or permit abuse, and a statement of specific measures to be taken to minimize the risk of abuse. The plan shall comply with any rules governing the plan promulgated by the licensing agency.

(b) Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person

and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

(c) If the facility, except home health agencies and personal care attendant services providers, knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Subd. 15.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 16. **Implementation authority.**

(a) By September 1, 1995, the attorney general and the commissioners of health and human services, in coordination with representatives of other entities that receive or investigate maltreatment reports, shall develop the common report form described in subdivision 9. The form may be used by mandated reporters, county social service agencies, law enforcement entities, licensing agencies, or ombudsman offices.

(b) The commissioners of health and human services shall as soon as possible promulgate rules necessary to implement the requirements of this section.

(c) By December 31, 1995, the commissioners of health, human services, and public safety shall develop criteria for the design of a statewide database utilizing data collected on the common intake form of the common entry point. The statewide database must be accessible to all entities required to conduct investigations under this section, and must be accessible to ombudsman and advocacy programs.

(d) By September 1, 1995, each lead agency shall develop the guidelines required in subdivision 9b.

Subd. 17. **Retaliation prohibited.**

(a) A facility or person shall not retaliate against any person who reports in good faith suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report.

(b) In addition to any remedies allowed under sections [181.931](#) to [181.935](#), any facility or person which retaliates against any person because of a report

of suspected maltreatment is liable to that person for actual damages, punitive damages up to \$10,000, and attorney fees.

(c) There shall be a rebuttable presumption that any adverse action, as defined below, within 90 days of a report, is retaliatory. For purposes of this clause, the term "adverse action" refers to action taken by a facility or person involved in a report against the person making the report or the person with respect to whom the report was made because of the report, and includes, but is not limited to:

- (1) discharge or transfer from the facility;
- (2) discharge from or termination of employment;
- (3) demotion or reduction in remuneration for services;
- (4) restriction or prohibition of access to the facility or its residents; or
- (5) any restriction of rights set forth in section [144.651](#).

Subd. 18. Outreach.

The commissioner of human services shall maintain an aggressive program to educate those required to report, as well as the general public, about the requirements of this section using a variety of media. The commissioner of human services shall print and make available the form developed under subdivision 9.

Subd. 19.

[Repealed, [1995 c 229 art 1 s 24](#)]

Subd. 20. Cause of action for financial exploitation; damages.

(a) A vulnerable adult who is a victim of financial exploitation as defined in section [626.5572](#), subdivision 9, has a cause of action against a person who committed the financial exploitation. In an action under this subdivision, the vulnerable adult is entitled to recover damages equal to three times the amount of compensatory damages or \$10,000, whichever is greater.

(b) In addition to damages under paragraph (a), the vulnerable adult is entitled to recover reasonable attorney fees and costs, including reasonable fees for the services of a guardian or conservator or guardian ad litem incurred in connection with a claim under this subdivision.

(c) An action may be brought under this subdivision regardless of whether there has been a report or final disposition under this section or a criminal complaint or conviction related to the financial exploitation.

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