

Domestic Violence & Mental Health Collaboration Project Seattle/King County, WA Collaboration Charter Draft (as of 3/21/08)

I. Representatives

The Domestic Violence and Mental Health Collaboration Project is comprised of representatives from:

- City government
- A county-wide domestic violence coalition
- A community-based domestic violence organization
- A community mental health organization
- Two organizations that provide mental health and domestic violence services, and that serve the Latino and the Lesbian, Gay, Bisexual and Transgender communities respectively.

The collaborative partners were invited to participate in this project because of their expertise in their respective fields and their leadership in addressing the mental health needs of survivors of domestic violence. The partners are:

- **City of Seattle Human Services Department, Domestic Violence and Sexual Assault Prevention Division**
The City of Seattle works to keep all adults and children safe from domestic violence and sexual assault. The City of Seattle helps victims and survivors create safe and violence-free lives, and heal from the trauma of abuse or sexual assault. The City of Seattle is represented by the Senior Planning and Development Specialist in the Domestic Violence and Sexual Assault Prevention Division of the Human Services Department.
- **Consejo Counseling and Referral Service**
Consejo Counseling and Referral Service, provides behavioral health, chemical dependency and domestic violence services including prevention, treatment, and housing to immigrants from Latin America who speak Spanish as their primary language. Consejo has its headquarters in Seattle, but provides services across the state of Washington. Consejo is represented by their Domestic Violence Programs Manager and by the Associate Clinical Director of their Adult / Older Adult and Disabilities Program.
- **King County Coalition Against Domestic Violence**
The King County Coalition Against Domestic Violence (KCCADV) works to end domestic violence by facilitating collective action for social change. In county-wide public policy and education efforts, the Coalition provides leadership on behalf of community based victim service agencies and their allies. The Coalition strives to represent the diverse interests of victims and survivors of domestic

violence. KCCADV is represented by their Executive Director and by the Project Coordinator.

- **New Beginnings**

New Beginnings provides an array of services for battered woman and their children including a 24-hour help line, advocacy-based counseling services, community-based support groups, emergency shelter and transitional housing. New Beginnings also has a chemical dependency / domestic violence support group and a social change program. New Beginnings is represented by their Executive Director and by their Program Director.

- **Seattle Counseling Service**

Seattle Counseling Service (SCS), the first and oldest community mental health agency for lesbians, gay men, bisexuals, and transgender persons in the United States, provides mental health care, chemical dependency treatment, domestic and sexual violence advocacy, and HIV/AIDS services. SCS also works with other King County providers to advocate on behalf of LGBT clients. SCS is represented by their Executive Director.

- **Sound Mental Health**

Sound Mental Health (SMH) provides a full continuum of recovery-oriented, community-based mental health and drug/alcohol treatment services including crisis intervention, rehabilitation, support, education, outpatient therapy, and residential programs. Nearly 11,000 clients throughout King County receive services each year. Sound Mental Health is represented by their Director of Counseling Services.

II. Vision

We envision that domestic violence, mental health, chemical dependency and related organizations will be able to provide quality services to survivors of domestic violence who have disabilities in a manner that embraces their diversity.

III. Mission

The mission of the Domestic Violence and Mental Health Collaboration Project is to facilitate sustainable systems change within and among the participating organizations to better meet the mental health, safety and self-determination needs of survivors of domestic violence who have been traumatized or whose existing mental health problems¹ have been exacerbated by domestic violence. The participating organizations will strive to make services more accessible, holistic, and integrated, to work more collaboratively together, and to effectively utilize reciprocal consultation.

¹ When we refer to “mental health problems” we are including struggles with chemical dependency.

IV. Values and Working Assumptions

The purpose of this collaboration is to create sustainable systems change among our partner agencies. The collaborative partners felt that it was essential to agree upon a set of value statements and working assumptions to establish a common philosophical framework for our work. They are listed below.

We recognize that:

- Domestic violence violates the rights and dignity of all people.
- The lack of affordable, accessible mental health services, combined with the stigma of mental illness, violates the rights and dignity of all people.
- Experiencing domestic violence is traumatic and can result in harm to a person's mental health or the exacerbation of existing mental illness.
- People who are struggling with mental health problems often have histories of exposure to trauma.
- Mental health problems and domestic violence affect people of all abilities and disabilities, ages, ethnic, religious, and socioeconomic backgrounds, all gender expressions and sexual orientations, and of any immigration status.
- Some individuals who experience domestic violence have pre-existing mental health problems which are exacerbated by the violence. Additionally, the trauma of domestic violence may cause some survivors to suffer from Post Traumatic Stress Disorder, depression, and/or other emotional or behavioral problems.
- Threats to safety and survival can be a barrier to survivors meeting their mental health needs. Mental health and chemical dependency problems can be a barrier to survival and safety.
- Historically, mental health programs have not consistently addressed the safety and self-determination needs of survivors of domestic violence, and domestic violence agencies have not consistently addressed the mental health needs of survivors experiencing significant trauma or who have mental health issues.
- As mental health and domestic violence professionals, we have an ethical responsibility to work collaboratively to change our organizations so that they can better meet the needs of survivors of domestic violence who have been traumatized and/or who are mentally ill.
- Ending domestic violence and ending the stigma related to mental illness require individual, communal and institutional changes in attitudes and practices.

We acknowledge that:

- We are accountable to those who have experienced domestic violence.
- We are accountable to those who have mental health, and/or chemical dependency problems.
- Domestic violence is rooted in oppression and that all forms of oppression are interconnected. Domestic violence is a societal problem; it is not just an individual or family problem.
- The stigma associated with survivors receiving mental health services is rooted in oppression. This barrier to survivors receiving support needs to be eliminated.
- While domestic violence is often traumatic, not all survivors experience mental distress, mental health problems or trauma reactions. Pathologizing survivors is not helpful or appropriate. Minimizing or ignoring mental distress, mental health problems and trauma reactions is also not helpful or appropriate.
- Survivors who have been emotionally harmed by the abuse need accessible and competent mental health and trauma services.
- People utilizing mental health and trauma services who have experienced domestic violence need accessible and competent domestic violence services.

We pledge to:

- Seek input from survivors of domestic violence with mental health concerns throughout the planning and implementation of this project.
- Create a collaborative structure that reflects diversity, mutual respect, equality, accessibility, participatory decision making, and collective responsibility.
- Create sustainable systems change through changing our organizations' internal policies, procedures, practices, and budgets, as well as how our organizations interact with each other.
- Support self-determination by expanding the choices available to people who have experienced domestic violence and who have mental health concerns.
- Support the emotional, physical, and sexual safety of people who have experienced domestic violence and who have mental health concerns.

V. Roles & Responsibilities

Each partner organization:

- Will allocate approximately an average of 8 hours per week for a key staff person (or persons) to participate in the collaboration.
- Agrees to actively participate in all components of the planning phase of the grant program including the development and refinement of the collaboration charter, a memo outlining the project's focus, a needs assessment proposal, a needs assessment, a report of the findings of the needs assessment, a strategic planning process, and a report of the strategic plan.
- Agrees to actively participate in the implementation phase of the grant program.
- Agrees to seek the input and participation of key members of their organizations throughout the project and to disseminate information regarding the project throughout their organizations and among their constituencies.
- Commits to examining and adapting their policies and protocols based upon the recommendations of the collaborative effort.
- Commits to contributing to sustainable systems-level change in the areas addressed by this collaborative.

The City of Seattle:

- Also commits to act as the fiscal agent for this grant program.
- To submit all necessary reports to the Office on Violence Against Women.
- Will utilize its policies and procedures in the process of contracting with partner agencies.

The King County Coalition Against Domestic Violence:

- Also commits to employ and supervise the project coordinator for this collaborative effort.
- Will utilize its connections and relationships with its diverse membership to gain wider participation in surveys, focus groups, and/or planning meetings as appropriate to the planning process.
- Will be responsible for the copying and printing of materials for meetings, training curricula and flyers, and project brochures as needed.

Each organizational representative will:

- Dedicate adequate time to consistently participate in the project.
- Participate in collaborative meetings.
- Coordinate internal agency efforts to create sustainable systems change.
- Actively participate in each step of the planning and implementation phases of the project.
- Provide consultation and technical assistance within their organization and to the partner organizations.
- Participate in all required technical assistance.

The Project Coordinator will also:

- Take the lead in coordinating the work of the collaborative.
- Facilitate meetings and communication among collaborative members.
- Be the key contact person for the Accessing Safety Initiative.
- Provide staff support for all collaborative activities.
- Prepare drafts of each of the products.
- Research needs assessment tools and strategies.
- Research existing assessment tools and curricula related to domestic violence, mental health, and chemical dependency.
- Work with the City of Seattle's Senior Planning and Development Specialist to prepare and submit reports to OVW.
- Participate in ASI Project Director meetings.

The Executive Director of the KCCADV will:

- Supervise the project coordinator.
- Provide project oversight.

The Senior Planning and Development Specialist of the City of Seattle will:

- Provide OVW grant and fiscal oversight.
- Issue and monitor project-related contracts.
- Work with the Project Coordinator to prepare and submit reports to OVW.

VI. Decision Making

The collaborative will primarily utilize a consensus style of decision making where each partner organization will actively participate in discussing pertinent decisions. Decisions may be made during meetings or through email or phone contact. Decision making will be informed by our vision, mission, and values, as well as by our goal of creating sustainable systems change.

If we are not able to reach an immediate consensus, then we will check how people feel about the issue by utilizing a gradient decision making process to get a sense of how people feel about the discussion and whether or not we can reach consensus on the issue.

Each partner will be asked to rate how they feel about the proposed decision. Partners will be asked to rate the decision on the following 4-point scale:

- 1 = Not in agreement with the decision and unwilling to have it go forward
- 2 = Not in agreement with the decision, but willing to stand aside
- 3 = Need more information/would like to continue talking
- 4 = Agree with the decision

Based on the partners' ratings, we will decide whether to continue the discussion, adopt the decision, or acknowledge that we cannot come to a consensus and need to let go of making a decision until circumstances change. Once a decision is reached, it will be honored by all of the partners.

The Project Coordinator is empowered by the collaborative to make decisions about the day to day functioning and activities of the project. She will seek supervisory feedback and input from the Executive Director of KCCADV as needed. The full collaborative will make decisions regarding philosophical and policy issues, the content of all materials submitted to OVW for approval, and on any issues that directly impact the organizations they are representing (e.g., policy or protocol changes).

As the grantee, when a City of Seattle process is utilized to fulfill terms of the grant (e.g., contract awards, contracting processes, agency and travel reimbursements), the City may solicit input from the collaborative and will have the final decision making authority.

VII. Conflict Resolution

Philosophy

In the course of working collaboratively, we expect that conflicts will arise. We believe that most conflicts can be resolved through respectful, informal discussion. Each individual involved is expected to behave in a professional manner, to treat others with dignity, to be responsible for their own behaviors, and to attempt to resolve the conflict. Recognizing that project partners include highly experienced mental health and human services professionals with sophisticated communication skills, we expect that we will be able to resolve most conflicts in a manner that supports the work of our collaborative.

Process

1. If a partner feels that they cannot bring a conflict to the entire group for resolution, they may consult with the project coordinator.
2. If the conflict is with the project coordinator, then they may consult with the project coordinator's supervisor.
3. In the event that we are not able to satisfactorily resolve a conflict internally, we will request assistance from our program associate at the Vera Institute of Justice.
4. If our program associate is not able to assist us in resolving the conflict, then we will request that additional assistance be provided by the Vera Institute of Justice.

VIII. Communications Plan

Internal Communications

The project coordinator will be primarily responsible for facilitating and coordinating the communication of the collaborative. Communications may occur in meetings, via phone, and/or via email. Each member of the collaborative is committed to responding to communication from the coordinator and from the other partners in a timely fashion. The project coordinator will notify each partner of upcoming meetings. The coordinator will seek input from the partners regarding the agenda for each meeting and will distribute minutes from each meeting.

The project coordinator and all partners will strive to maintain transparency of information. Whenever possible, relevant information will be shared with the whole collaborative. Exceptions to this would include information that is relevant to only one member, confidential personnel information, and conflict resolution between individuals. In all cases, the project coordinator will keep her supervisor informed.

During meetings of the collaborative and at each step of the planning and implementation phases of the project, each partner's active participation will be encouraged.

Each partner will be responsible for communicating pertinent information about the project to their own organization and for communicating pertinent information about their organization to the collaborative. When an organization is represented on the collaborative by more than one person, then the representatives will communicate with each other regarding who will be responsible for sharing information between the collaborative and their organization.

External Communications

- **Accessing Safety Initiative**

The project coordinator will be the key contact person for the Accessing Safety Initiative (ASI) and will keep all partners informed regarding communication between our collaborative and the ASI. On occasion, our program associate from the Vera Institute will participate in collaborative meetings (in person or via phone) to ensure that all collaborative members have the opportunity to communicate with her directly.

- **Office on Violence Against Women**

The project coordinator will be the key contact person for the Office on Violence Against Women regarding development and approval of products. The senior planner from the City of Seattle Human Services Department will be the key contact person for OVW regarding all grant-related reports and budget matters.

- **Media**

General talking points about the project will be developed and approved by the collaborative in preparation for potential inquiries from the media. If the media contacts any of the collaborative partners regarding the project, the media will be referred to the project's designated spokespeople, the Project Coordinator and the Executive Director of KCCADV. They may refer media to other collaborative members if they deem it appropriate. Under some circumstances, the City of Seattle may identify its own spokesperson to respond to issues that directly relate to the City's role in the project. The talking points approved by the collaborative will be utilized for any contact with the media. If it is possible, the spokespeople will consult with other collaborative partners prior to responding to the media.

If the collaborative decides to initiate contact with the media, then talking points specific to the situation will be developed and approved by the collaborative prior to the spokespeople contacting the media. The collaborative will also review and approve any press releases.

- **Others**

The collaborative will review and approve reports or other substantive communications regarding this project with the community at large. Credit will be given to the Office of Violence Against Women as the project funder on all printed materials, and acknowledgement of the City of Seattle as project grantee will also be included, using the required language as it appears at the end of this document.

IX. Confidentiality

We believe people who have experienced domestic violence and people accessing mental health services have a right to confidentiality. Therefore, when we are discussing particular situations, we will not disclose any identifying information about the people involved unless we have written permission from them to do so or unless we are discussing facts that are already in the public domain.

Privileged Information

The partners recognize that in Washington State, communication between domestic violence advocates and survivors of domestic violence, as well as between mental health treatment providers and their clients, are considered privileged communication. Partners will respect the privileged nature of these communications and will not request or expect a domestic violence advocate or a mental health treatment provider to divulge confidential information without the written consent of the individuals involved.

If in the course of the collaborative's work, a survivor chooses to disclose personal information, the survivor will be informed that disclosing personal information in the presence of more than one provider may in some cases negate the protection of privileged communication. Unless the survivor specifically requests that their personal or identifying information be shared and signs a release of information form, then the members of the collaborative will make every effort to keep her information confidential.

Politically Sensitive Information

In the process of working collaboratively together to create systems change within and among our partner organizations, partners may disclose information about their organizations that they do not wish to have repeated outside of the collaborative group. For example, an organization might share problems their staff have experienced with supporting the safety, self-determination, or emotional wellbeing of a survivor of domestic violence or they might share that there are individuals within their organization who are resistant to implementing organizational change. The partners agree to keep confidential disclosures about the organizations of the other partners when requested to do so.

Mandatory Reporting

Some members of the collaborative are mandatory reporters of child abuse and of abuse of vulnerable adults as specified by Washington State law. We recognize that mandatory reporting requirements may eliminate or compromise some choices a survivor may choose to make. Therefore, prior to engaging in any discussion of domestic violence when a survivor who may be a parent or a vulnerable adult is present, the collaborative will take the following steps:

1. The survivor shall be made aware of mandatory reporting requirements and potential implications.
2. This communication shall be conducted in a manner ensuring that the individual understands the law and its implications, and has an opportunity to decide whether to continue the conversation and/or request that mandatory reporters not be present during the discussion.

X. Work Plan

The collaboration will seek to follow the timeline outlined below in 2008. Each step of the work plan will be carried out with consultation from the Accessing Safety Initiative and each product will be submitted for approval to OVW.

January 1	Begin development of collaboration charter
March 21	Submit collaboration charter to OVW
March 10	Begin development of memo narrowing our focus
April 7	Submit memo to OVW
April 7	Begin development of needs assessment proposal
June 6	Submit needs assessment proposal to OVW
July 21	Begin conducting needs assessment
September 8	Begin development of needs assessment findings report
October 10	Submit needs assessment findings report to OVW
October 10	Begin preparation for strategic plan
November 17	Begin development of strategic plan
December 12	Submit strategic plan to OVW

After the successful conclusion of our planning phase and with the approval of OVW, the collaborative will begin the implementation phase. The goal is to begin implementation in January 2009. During this phase, the collaborative will implement our strategic plan, foster an environment that will sustain our systems change, and evaluate our actions.

XI. Glossary of Key Terms

For the purpose of our project and our ongoing work together, we believe it is important to create a common understanding of some of the frequently used terms in the domestic violence and mental health professions by defining them in the glossary below. We have also defined terms that are less common in the domestic violence and mental health fields, but which we will be using in our collaborative work.

Accessibility

Usability or ease of access by as diverse a group of people as possible. The dimensions of accessibility include attitudinal, financial, and physical accessibility, as well as accessibility related to communication. Attitudinal accessibility refers to providing services in a manner that is open, welcoming and culturally appropriate. Financial accessibility refers to providing affordable services and may encompass issues of transportation and childcare availability in addition to fee scales. Physical accessibility refers to ease of maneuverability in getting to, entering, and moving around the space where services are provided. Accessibility related to communication refers to ensuring that as diverse a group of people as possible can communicate with service providers. This may mean providing written materials in multiple formats (e.g., large print) and offering interpreter services.

Advocacy-Based Counseling

Advocacy-Based Counseling means the involvement of a client with an advocate counselor in an individual, family or group session with the primary focus on safety planning and on empowerment of the client through reinforcing the client's autonomy and self-determination. Advocacy-Based Counseling uses non-victim blaming problem-solving methods that include:

1. Identifying the barriers to safety;
2. Developing safety checking and planning skills;
3. Clarifying issues;
4. Providing options;
5. Solving problems;
6. Increasing self-esteem and self-awareness; and
Improving and implementing skills in decision making, parenting, self-help, and self-care.

(From the Washington Administrative Code regulating state funded domestic violence advocacy programs)

Collaboration

A working partnership between organizations for the purpose of accomplishing common goals. Partners all have a stake in the success of the collaboration and have a high level of interactivity. The partnership includes the sharing of information, resources and effort, as well as sharing the benefits of achieving the goals.

Competency

Competency is being well qualified for one's specific role and having the necessary skills, knowledge and abilities to provide quality services. Cultural competency, the ability to provide culturally appropriate services, is an essential component of basic competency.

Competency also means knowing one's limitations and how to obtain consultation when needed, knowing when it is necessary to refer someone elsewhere for assistance and when it is most helpful to provide the assistance yourself or in collaboration with someone else. Experience and advanced training can lead to providers having more sophisticated levels of competency.

Disabilities

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. (From the Accessing Safety Initiative Website)

Domestic Violence

Domestic violence is a pattern of assaultive and coercive behaviors that an adult or adolescent uses to gain and maintain power and control over an intimate partner. The behaviors can be physical, sexual, psychological, and/or economic. Domestic Violence is a learned pattern of behaviors.

Intimate partners include people who are currently or formerly in dating, sexual, marital, or domestic partner relationships or who otherwise define themselves as being in an intimate relationship.

This behavioral definition differs from the legal definition of domestic violence in Washington State (RCW26.50 and RCW 10.99). For the purposes of our collaborative project, it can be assumed that when we use the term "domestic violence" we are referring to the above behavioral definition.

Mental Health / Mental Illness

"Mental health" and "mental illness" are not polar opposites, but may be thought of as points on a continuum. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and

the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society... What it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures. (From Mental Health: A Report of the Surgeon General)

Mental Health Counseling

Mental health counseling is the provision of professional counseling services including the application of principles of psychotherapy, human development, learning theory, and group dynamics. Mental health counseling addresses the etiology of mental health problems and dysfunctional behavior with individuals, couples, families, and groups for the purposes of promoting optimal mental health, dealing with normal problems of living, and treating psychopathology. (Adapted from the American Mental Health Counselors Association)

Reciprocal Consultation

Domestic violence, chemical dependency, and mental health service providers can strengthen their ability to meet the needs of survivors of domestic violence by receiving and providing consultation from their colleagues in the other two fields. Reciprocal consultation enables providers to expand their knowledge, skills, and understanding of each other's fields of expertise and to address the needs of the people they are serving rather than merely referring them elsewhere. Reciprocal consultation may take place between providers working for the same organization or between providers from different organizations.

Resilience

Resilience describes the process and outcome of successfully adapting to difficult or challenging life experiences, especially highly stressful or traumatic events. Resilience is an interactive product of beliefs, attitudes, approaches, behaviors, and, perhaps, physiology that help people fare better during adversity and recover more quickly following it. ... Being resilient does not mean that life's major hardships are not difficult and upsetting. Instead, it means that these events, though difficult and upsetting, are ultimately surmountable. (From American Psychological Association's Task Force on Resilience in Response to Terrorism)

Secondary (or Vicarious) Traumatization

The impact of trauma not experienced directly, but, rather, through contact with, including caring for, someone who has directly experienced trauma or crime victimization or even through hearing about a traumatic event. (Adapted from After the Crisis Initiative: Healing from Trauma after Disasters)

Secondary trauma is prevalent among domestic violence & mental health professionals and can negatively impact their ability to provide effective services. It contributes to staff turnover and low morale.

Self-Determination

People having the degree of control they desire over those aspects of life that are important to them. (From the Research and Training Center on Community Living) For people who have abusive partners who have imposed decisions on them, it means reclaiming their right to make choices for themselves.

Stigma

Stigmatization of people with mental health problems has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental health problems, especially severe disorders such as schizophrenia. It reduces access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters people from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society....Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment (adapted from Mental Health: A Report of the Surgeon General)

Sustainable Systems Change

Systems change refers to alterations to internal organizational policies, procedures, practices, and budgets, as well as how the organization interacts with other organizations. Sustainable systems changes are changes that can be maintained over time with few new resources or without new funding. Sustainable systems changes do not rely on the preferences or motivations of individuals.

Trauma

Trauma is the impact on the individual of experiencing an event that involves the threat of death or serious injury and an emotional response of fear, helplessness, or horror. It is different from other painful and stressful events that constitute the normal vicissitudes of life, such as divorce, loss, serious illness, and financial misfortune. Examples of traumatic events include domestic violence, stalking, child abuse, sexual assault and witnessing interpersonal violence. (Adapted from After the Crisis Initiative: Healing from Trauma after Disasters)

Trauma-Informed Care

Trauma-Informed Care (TIC) provides a new paradigm under which the basic premise for organizing services is transformed from “what is wrong with you?” to “what has happened to you?” TIC is initiated through an organizational shift from a traditional “top-down” environment to one that is based on collaboration with consumers and survivors. (From the National Center for Trauma-Informed Care)

This project is sponsored by the Seattle Human Services Department, Domestic Violence and Sexual Assault Prevention Division.

This project is supported by Grant No. 2007-FW-AX-K001 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.