

2019

HEAL of Tri-County Collaboration Charter



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Acronyms

ASL	American Sign Language
AT	Assistive Technology
CFS	Center For Family Services
D/HH	Deaf/Hard-of-Hearing/Hearing Loss/Late Deafened
DV	Domestic Violence
HEAL	Healing Equality for All Lives
I/DD	Intellectual and Developmental Disabilities
OVW	Office on Violence Against Women
RND	Recovery Network for Deaf, Hard-of-Hearing, Hearing Loss
SA	Sexual Assault
SERV	Service Empowering Rights of Victims Program within Center for Family Services
SV	Sexual Violence
The Arc	The Arc Gloucester
Vera	Vera Institute of Justice

Introduction

HEAL of Tri-County is a collaboration between:

- Center For Family Services, Inc. (CFS) – Services Empowering Rights of Victims (SERV) program
- Center For Family Services, Inc. (CFS) - The Recovery Network for Deaf, Hard of Hearing & Hearing Loss (RND) program
- The Arc Gloucester (The Arc)

The goal of this collaboration is to pioneer the work towards creating sustainable, systemic change within each of our agencies to provide full accessibility and support for individuals who have experienced domestic and sexual violence who are Deaf, Hard-of-Hearing or have Hearing Loss and/or are living with Intellectual and/or Developmental Disabilities. Seeking to align with a team of experts at the intersections who are passionate and motivated to improve its services, HEAL of Tri-County was formed.

According to the Bureau of Justice's 2015 report on crime against persons with disabilities, the rate of victimization against persons with disabilities between 2009 and 2015 has been consistently 2 to 2-½ times higher than the rate for persons without disabilities. We recognize that there are significant and unique barriers that these populations face in accessing healing services. Through the integration of best practices, expertise and influence within each of our respective organizations along with the clients we serve, with the support of the Office of Violence Against Women (OVW) Disabilities grant program, HEAL of Tri-County eagerly looks forward to gaining a greater understanding about the barriers our clients encounter. The knowledge we gain from the expertise of the communities within these intersections will guide us towards improving our response and services, thus helping us bridge the gaps to achieve our ultimate goal of creating fully accessible, trauma-informed, culturally appropriate support systems for those who have experienced domestic and sexual violence.

Vision

HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey.

Mission

Through this collaboration, we will transform our organizational cultures to be fully able to provide healing services that provide cultural humility, are trauma focused and empower the individual to access options and a pathway to healing with dignity and respect. We will accomplish this by:

- Practicing cultural humility by:
 - Embracing cultural differences to inform our efforts;
 - Utilizing a non-judgmental approach to create culturally responsive and inclusive support systems; and
 - Building an atmosphere of mutual trust.
- Incorporating trauma-focused practices by:
 - Treating each person as an individual and with dignity and respect;
 - Using person-first language;
 - Empowering individuals by recognizing strengths, challenges and personal abilities; and
 - Providing options for individualized paths toward recovery

HEAL of Tri-County will be responsive and accountable to the needs of each person we serve at the first point of contact. We will foster a culture of full access, supporting meaningful participation for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence.

Collaborative Members and Member Agencies

HEAL of Tri-County (also referred herein as “The Collaboration”) is comprised of the following representatives:

Maria Armstrong
Project Director
HEAL of Tri-County



Center For Family Services (CFS) is a strong and innovative non-profit organization dedicated to improving lives. With a history dating back to 1920, CFS remains committed to uplifting individuals and families through their innovative continuum of care. With over 70 programs in place, CFS has over 1,100 employees at more than 60 locations across New Jersey’s southern region. The programs available are diverse, providing services for: Addiction and Recovery, Community Connections, Counseling & Behavioral Health, Early Childhood Education, Family Support & Prevention, Safe & Supportive Housing, Victim & Trauma Services and Workforce Development.

The **Services Empowering Rights of Victims (SERV)** program within CFS focuses on providing crisis intervention, counseling and support for those who have suffered from DV, SV and human trafficking, working towards helping people begin their journey towards healing and empowerment. SERV aims to assist all victims and survivors through competence and empowerment and provides a safe space that encourages recovery and self-care. SERV offers a variety of services, including hospital, police and court accompaniments, as well as advocacy, counseling, case management, safe housing and safety planning. More recently, SERV increased its capacity to support survivors of DV and SV in lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) communities. Additionally, SERV provides education and prevention programs to enhance awareness within its local communities. In this collaboration, the SERV program within CFS anticipates enhancing its services to reach and provide fully accessible healing support to individuals who are D/HH and people living with I/DD who have experienced DV or SV.

Representatives from SERV:

Regina Ridge

Associate Vice President, Victim Services & Adult Residential Services
Center For Family Services, Inc.
Lead Agency Member of HEAL of Tri-County

Sophia Laun

Clinical Psychologist, Victim Services & Adult Residential Services
Center For Family Services, Inc.
Lead Agency Member of HEAL of Tri-County

The **Recovery Network for Deaf, Hard of Hearing and Hearing Loss (RND)** is a program within CFS that provides an outpatient services to individuals experiencing substance use disorders who are Deaf, hard of hearing or who have hearing loss. All services are provided by staff that are fluent in American Sign Language (ASL) and culturally sensitive to the Deaf community. Treatment is an outpatient level of care and includes assessments, family therapy, group and individual counseling, advocacy and education. Now, more than 30 years after its creation, RND remains the only substance use disorder program in New Jersey's southern region dedicated to providing services for the Deaf community. In this collaboration, RND is eager to provide expertise in the areas of Deaf culture and accessibility needs as well as enhance its policies and procedures to support services for individuals who are D/HH who experience substance use disorders and have experienced DV and SV.

Representative from RND:

Julie Doerrmann

Program Coordinator/Counselor, Center For Family Services, Inc.
Partner Agency Member of HEAL of Tri-County



The Arc Gloucester (The Arc) was incorporated in 1957, and its mission is to empower individuals with intellectual and developmental disabilities and their families to achieve their highest potential through advocacy, education and quality services. The Arc carefully designs programs that encourage individuals with developmental and intellectual disabilities to not only thrive but to thoroughly enjoy each day. The Arc offers residential services through its group homes, supervised apartments and supportive living programs. The Arc Gloucester's Achievement Centers offer adult services designed to foster growth and development, provide learning and work experiences, and an opportunity to discover greater independence and express personal choice in their services. Through its respite programs and Family Intervention Program (FIP), The Arc works towards strengthening and promoting the family unit. Respite services include in-home respite, Tuckahoe House respite program, Saturday Drop-Off and Camp Sun 'N Fun. The Family Intervention program provides services to families with children from birth to six years of age, first time and teen parents looking for information to assist them in becoming the best parents they can be and fathers working to take a more active role in child development. The Family Intervention program works towards developing and strengthening family life, promoting and enhancing overall child development and improving the relationship between parent and child. The Arc's Lifelong Learning program provides a wide variety of opportunities for individuals with I/DD to pursue their interests in an inclusive, fun-filled community environment. In this collaboration, The Arc anticipates enhancing its policies and practices to support individuals with I/DD who have experienced DV and SV and to provide awareness and education to the population they serve.

Representatives from The Arc Gloucester:

Lisa Foster
Family Intervention Program, The Arc Gloucester
Partner Agency Member of HEAL of Tri-County

Louise McCarthy
Development Specialist, The Arc Gloucester
Partner Agency Member of HEAL of Tri-County

Values

HEAL of Tri-County established its shared values which will be utilized to inform the forward movement in providing linguistically and culturally appropriate healing services to survivors of DV and SV who are D/HH and/or living with I/DD. Although the following values are in alphabetical order, all values and assumptions are of equal importance within the Collaboration and its efforts. These values will inform all of our decisions, interactions and work.

Accessibility

The Collaboration recognizes that accessibility includes a wide range of needs that vary greatly based on the individual. We commit to strengthening our resources to provide an array of linguistically and culturally appropriate tools to ensure that barrier-free healing services are available in a welcoming environment.

Accountability

The Collaboration acknowledges that each member is accountable for their actions as a member of this collaboration and within their respective organizations. We commit to facilitating a culture within our collaboration that holds our stated values as paramount assets. We have established processes in place to ensure that conflict is navigated with respect to all parties involved. We believe that all issues that arise can become learning opportunities.

Achievement Centered

The Collaboration believes that recognizing a person's achievements is essential to building self-esteem and determination, leading to empowerment.

Confidentiality

The Collaboration understands that confidentiality is paramount in the lives of the people we serve. We commit to ensuring that confidentiality is maintained within the collaboration, in its projects and in the treatment of the individuals we serve.

Cultural Humility

The Collaboration recognizes that cultural differences exist and can make up a significant part of someone's identity. We commit to a respectful, non-judgmental approach, embracing cultural differences and applying them to our services in order to create culturally relevant support systems.

Dignity and Respect

The Collaboration values the dignity of all individuals, recognizing that each person is unique and worthy. The Collaboration maintains that every individual is to be treated with dignity and respect.

Education

The Collaboration believes that education is key, within our organizations and within the communities and populations we serve. We aim to be a pioneer in educating our agencies and the people we serve about the unique signs of DV and SV towards people who are D/HH and/or people living with I/DD, the needs that are determined through the needs assessment process and the accessible healing services that will be available as a result of our efforts in this project.

Empowerment

The Collaboration values an approach where all lives feel empowered to make informed decisions about their needs and safety. We commit to working in partnership with individuals who are D/HH and/or are living with I/DD regarding the services that will affect them, providing choices, respecting their decisions and assisting in a way that fosters independence and autonomy.

Equality

The Collaboration believes that every person has the right to access healing services equally. We recognize that accomplishing this requires effort to provide linguistically and culturally supportive resources. Although the methods may be different in order to support each person's individual needs, we commit to ensuring that our organization is responsive and accessible to provide equal opportunities for healing services.

Inclusivity

The Collaboration believes strongly that each individual is the expert of his or her own experiences. We strive to ensure accessibility to allow for full participation of people who are D/HH and/or are living with I/DD and

commit to utilizing their feedback in order to successfully develop services that aid healing.

Options

The Collaboration believes that all people have the right to make informed decisions that will affect their lives. We strive to provide linguistically and culturally relevant options in order to educate and support their right to choose a path to meet their safety needs. This includes helping individuals become aware of alternatives and potential outcomes in a welcoming and judgment-free environment.

Person-First

The Collaboration believes in a person-first approach whereby individuals are not defined by their differences. Although we appreciate that these differences will help inform our work in providing accessible healing services, we recognize and value individuals for their whole selves. We will use the preferred terms of any person we are interacting with.

Safety

The Collaboration believes that everyone has a right to live without fear of emotional and physical harm. We are committed to creating safe environments that are welcoming of people who have experienced DV and/or SV who are D/HH and/or are living with I/DD.

Trauma-focused

The Collaboration believes in a trauma-focused approach, emphasizing the importance of understanding how traumatic experiences affect a person's mental, behavioral, emotional, physical and spiritual health. We acknowledge the consequences of trauma in order to facilitate healing.

Trust

The Collaboration recognizes that trust is paramount for success. Although we have formulated a team with common goals and values, we recognize that we each bring different cultures and views based on our own life experiences as well as our experiences within our organizations. We commit to working together in an honest and open manner that facilitates the building of trust as we work towards achieving our shared goals.

Assumptions

1. We fully recognize that there are significant gaps in our current services. We accept these as opportunities to provide energy, fueling our drive to accomplish the goal of mindfully and appropriately bridging the gaps that we expect will require changes to our policies and procedures as well as training of staff.
2. We acknowledge that domestic violence and sexual violence is never the fault of the survivor.
3. We acknowledge that survivors who are D/HH or are living with I/DD are more prone to be exposed to the power and control dynamics of an abusive relationship, leading to a lack of independence and safety.
4. We acknowledge that within each of these intersections, there are unique strategies and tactics that are used to commit acts of violence. We commit to increasing our knowledge of these strategies in order to inform our approach towards healing and to educate our agencies and the people we serve.
5. We acknowledge that the lack of culturally and linguistically informed services can lead to loss of hope for survivors who are D/HH and/or are living with I/DD. We commit to working towards improving our services, with a goal of instilling hope that accessibility to healing services is within reach.
6. We acknowledge that within the Deaf community, the interpretation and terms related to violence may evolve based on cultural understanding and acceptance. We strive to continue to monitor the evolution of terminology to ensure that communication promotes inclusivity.
7. We acknowledge that within these communities, a variety of linguistic and communicative tools are needed to support varying needs. We commit to providing a collection of diverse tools to support the needs of all of the people we serve.

8. We acknowledge that people who are D/HH and/or living with I/DD are prone to stigma and oppression, which can increase feelings of fear and hesitation in reaching out for support. We commit to incorporating inclusive approaches upon initial contact and establishing confidentiality measures to provide a sense of safety to all the people we serve.
9. We acknowledge that people who experience DV or SV may see themselves as a victim or survivor. With the use of person-first language, we intend to meet a person where they are and honor how they refer to themselves throughout the healing process.

Commitments and Contributions

HEAL of Tri-County

Each organization within the Collaboration holds a wealth of knowledge and expertise in their respective areas of domestic violence, sexual violence, intellectual and developmental disabilities and Deaf culture. Each agency within the Collaboration has identified at least one person within their organization to serve on HEAL of Tri-County. Each member of HEAL of Tri-County is authorized to represent their organization in collaborative decision-making throughout this project and accepts responsibility of keeping their organization informed about the efforts of the Collaboration.

HEAL of Tri-County members agree:

1. To meet on a biweekly basis for a minimum of two hours each meeting to discuss the progress of the collaboration and establish action items to move the project forward.
2. To contribute to the development and execution of all deliverables, including but not limited to: the Collaboration Charter, Project Focus Memo, Needs Assessment Plan, Needs Assessment Report, and the Strategic Plan as required by OVW during this phase of the grant, and all deliverables that result from the Strategic Plan;
3. To keep their respective organizations apprised of all activities of the collaboration in order to ensure clear communication, understanding

and commitment of the organizations to achieve the goals of the project.

4. To ensure that other senior staff and those with decision-making authority around change within each agency be involved and informed throughout the duration of this project. The Collaboration members agree that these individuals will attend Collaboration meetings as needed in order to support the efforts of creating sustainable change to meet the needs of survivors who are living with I/DD or are D/HH.
5. To comply with OVW/Vera reporting requirements, including financial reporting, progress reporting and the performance indicators assessments. Collaboration members agree to provide the Project Director with the most updated information, policies and procedures in order to ensure accurate reporting and project monitoring.
6. To evaluate and amend, if needed, internal policies and procedures as well as organizational strategies to reflect sustainable change in successfully supporting survivors living with I/DD and/or who are D/HH as determined necessary by the findings of the needs assessment and is within agency authority.
7. To commit to attending technical assistance events supported by OVW related to the disability grant. This includes, but is not limited to, regular contact with Vera technical assistants, site visits, video conferences, webinars, tele-conferences and any other activities required by OVW.
8. To lead and support efforts to create sustainable change within each member agency.
9. To abide by scripts as developed and agreed upon by HEAL of Tri-County for all internal and external communication about the project.

Collaborative Partner Individual Role and Commitment

CFS, as the lead agency of this initiative, through the **SERV** program, commits to the following:

Project Administration and Fiscal Management. CFS will act as the administrative and fiscal agent for this grant and shall be responsible for the project's activities as well as tracking the objectives and outcomes as a result of the plan established as a result of the needs assessment. CFS also accepts responsibility for all reporting requested by OVW.

Human Resources Support. CFS accepts responsibility for all human resources support associated with hiring a project director for this initiative.

Attendance. SERV commits to attending the Collaboration's biweekly meetings, OVW/Vera webinars, trainings, conferences, site visits and any activity required by OVW pertaining to this grant.

Engagement. SERV commits to engaging with its organization on the efforts of the Collaboration in order to garner support around the collaboration's plan to achieve sustainable change. CFS commits to keeping its agency informed of the progress and needs of the Collaboration.

Consultation. SERV commits to providing the required expertise, knowledge and guidance in the areas of domestic and sexual violence to assist in the work of this project as well as to assist in policy and procedure revisions that may be required by a partner organization.

Improving Policies and Procedures. SERV commits to align with policy and procedural changes that may be required as a result of the needs assessment within the scope of this project and within agency authority to ensure accessibility to healing services.

Improving Services. SERV commits to improving its existing services to provide greater accessibility to healing resources for people who are D/HH and/or living with I/DD who have experienced DV and/or SV.

RND commits to the following during the course of this project:

Consultation. RND commits to providing expertise, guidance and consultation to its partners in the areas of Deaf culture and accessibility to assist in the work of this project as well as to assist in policy and procedure revisions that may be required by a partner organization.

Attendance. RND commits to attending the Collaboration's biweekly meetings, OVW/Vera webinars, trainings, conferences, site visits and any activity required by OVW pertaining to this grant.

Improving Policies and Procedures. RND commits to improving existing policies and procedures within agency authority that are determined as a

result of the needs assessment process and through consultation from its partners within the Collaboration.

Improving Services. RND commits to working towards identifying gaps in services and improving services within agency authority as a result of the efforts of this collaboration.

Engagement. RND commits to engaging with its organization on the efforts of the collaboration in order to garner support around the collaboration's plan to achieve sustainable change. RND commits to keeping its agency informed of the progress and needs of the Collaboration.

The Arc commits to the following during the course of this project:

Consultation. The Arc commits to providing expertise, guidance and consultation to its partners in the field of intellectual and developmental disabilities to assist in the work of this project as well as to assist in policy and procedure revisions that may be required by a partner organization.

Attendance. The Arc commits to attending the Collaboration's biweekly meetings, OVW/Vera webinars, trainings, conferences, site visits and any activity required by OVW pertaining to this grant.

Engagement. The Arc commits to engaging with its organization on the efforts of the collaboration in order to garner support around the collaboration's plan to achieve sustainable change. The Arc commits to keeping its agency informed of the progress and needs of the Collaboration.

Improving Policies and Procedures. The Arc commits to changing existing policies and procedures within agency authority as determined by the needs assessment process and through consultation from its partners within the Collaboration.

Improving Services. The Arc commits to working towards identifying gaps in services and improving services within agency authority as a result of the efforts of this collaboration.

The **Project Director** commits to:

- Planning and facilitating team meetings;
- Creating the agenda and minutes for each meeting;
- Managing the timeline of deliverables to ensure that deadlines are met;
- Preparing, finalizing and submitting all deliverables to Vera and OVW for approval, incorporating information and feedback from all team members;
- Being the liaison between the Collaboration, OVW and Vera;
- Providing guidance and leadership to the Collaboration;
- Ensuring use of the Charter for the framework of the efforts of the Collaboration;
- Initiating and facilitating the Decision Making Process and Conflict Resolution Plan as established in the Charter;
- Reminding the team of our confidentiality guidelines and mandatory reporting requirements at the start of each meeting that includes a mandatory reporter and a potential vulnerable adult;
- Building an environment conducive to equitable communication, ensuring that all members can fully participate in a safe and welcoming atmosphere;
- Maintaining regular contact with Vera technical assistants and other grantees via telephone, video conferences, site visits, email, webinars, project director calls and listserv;
- Relaying information received from Vera and OVW to the team in a timely manner.
- Assisting in the development of the budget for the Collaboration.
- Developing and maintaining a collaborative website to serve as a central repository for project related information to be shared with the Collaboration team members.

Decision Making Authority and Process

HEAL of Tri-County has agreed that significant decisions regarding the collaboration will require agreement by all members.

The Collaboration will collectively have the authority to make decisions pertaining to the project, which includes but is not limited to:

- Schedule times and locations of team meetings;
- Development of the collaboration framework and processes;
- Development of all deliverables required by the project, including the Charter, Project Focus Memo, Needs Assessment Plan, Needs Assessment Report, Strategic Plan, progress reports, performance indicators assessments, and any other documentation as required by OVW within this grant;
- Initiate decision-making and conflict resolution processes;
- Development and approval of activities, tools and products as a result of the needs assessment;
- Approval of meeting agendas and minutes;
- Approval on individual membership of the Collaboration which includes adding individuals or agencies to the Collaboration or including individuals or agencies in certain aspects of the project.

The Project Director has the authority to:

- Act as liaison between the Collaboration and OVW and its technical assistants;
- Arrange and facilitate meetings as well as assign tasks to support grant related activities;
- Initiate decision-making and conflict resolution processes;
- Coordinate activities and communication among members;
- Draft, write and submit all OVW required documents and reports, with input and feedback from the Collaboration members;
- Submit draft deliverables to Vera;
- Manage the day-to-day operations of the project;
- Represent the Collaboration in any communication with OVW, Vera, other grantees as well as at events, webinars, calls and meetings.

The Lead Agency (CFS) has the authority to:

- Manage the Collaboration's budget and spending, working to ensure Collaboration members support on budgetary decisions;
- Ensure timely reporting to OVW on the Collaboration's performance and budget;
- Hire and supervise a Project Director, with input from Collaboration team members on performance and concerns.
- Terminate the Project Director and MOU partnerships in consultation with team members and OVW.

Each member agency has the authority to:

- Designate their organization's representatives to the Collaboration;
- Approve all documents and products generated by the efforts of this Collaboration pertaining to this grant prior to submission to OVW;
- Internally amend, approve or disapprove policy, procedural and budgeting changes within their agencies*;
- Approve, sign and terminate MOU's with their respective agencies.

*In some cases, involvement of The Board of Directors of each agency may be required to:

- Give final approval of policy and procedural changes within their respective agencies;
- Give final approval of budgetary issues pertaining to their respective agencies;
- Approve, sign and terminate MOU's with their respective agencies.

HEAL of Tri-County members value each other's perspectives and realize that making decisions as a team requires time and patience. The Collaboration adopts a consensus-based process for critical decisions that allow for equal input of all members and encourages open communication and exploration of options.

Gradient Scale

The Collaboration will utilize a three-point gradient scale utilizing facial expressions to decide on important issues, which is described as follows:



1 - Agree - (smiley face) indicating member's complete approval.



2 - (puzzled gesture) - Agree, but has some reservations



3 - (frown) - Disagree

Polling Process

The Project Director will typically initiate the Decision-Making Process. However, any member of the Collaboration may initiate a poll to determine the level of agreement on any discussion. When appropriate, the Project Director will remind the members to reflect on our established values when proceeding to score. The Project Director will then check-in with each member in clockwise order to obtain their score.

The Collaboration will utilize the following questions in response to their scores to encourage productive discussion:

1. (smiley face) - I agree and fully commit to the decision.
2. (puzzled gesture) - I agree, but I have some reservations.
 - a. What aspects are liked about the proposed decision?
 - b. What aspects are of concern?
 - c. What additional information is needed?
 - d. What changes are needed to gain your full approval?
3. (frown) – I disagree and cannot move forward.
 - a. What aspects are liked about the proposed decision?
 - b. What aspects are disliked?
 - c. What aspects are of concern?
 - d. What additional information is needed?
 - e. What changes are needed to gain your full approval?
 - f. What is your recommended solution?

The Collaboration agrees that consensus has been met if all members are smiling.

The Collaboration agrees that if full consensus is not met and the Collaboration members are at least smiling or puzzled, then the Collaboration will initiate a discussion around the reservations. The Collaboration may decide to table the discussion for a future, established time.

The Collaboration agrees that it will not move forward with a decision if any member is frowning. The Collaboration will initiate a healthy discussion around the reservations. The Collaboration may decide to table the decision for further discussion or, if a decision must be made, refer to the Conflict Resolution Plan.

Conflict Resolution Plan

As individuals and representatives of agencies, each member of HEAL of Tri-County brings a diversity of experiences and perspectives. We acknowledge that each member's input is of value and is respected. As in any partnership, we expect that conflicts will occur. We believe strongly that handling conflict with integrity is essential for success. We recognize that healthy conflict supports the challenging of established patterns of thinking and opinions as well as encourages the potential to gain a deeper understanding of each other. We will allow for free expression of ideas and will embrace conflicts as an opportunity for learning and growth.

HEAL of Tri-County Members commit to:

1. Referring to the charter framework agreed upon for conflict resolution;
2. Engaging in identifying, defining and clarifying a conflict that arises;
3. Keeping the collaboration's vision and values central;
4. Focusing on the issue at-hand;
5. Utilizing ethical communication practices, holding ourselves accountable for our words and actions;
6. Maintaining respect for each other and refraining from using attacking statements;
7. Incorporating active listening and reflection;
8. Refraining from discussing the conflict outside the collaboration;
9. Striving to use differences as a way to gain deeper understanding of each other and our work.

Throughout the Conflict Resolution process, the Collaboration will utilize the consensus approach to check in with the team, to determine if progress is being made and to determine next steps.

The Project Director will assist in:

- Identifying the topic and initiating open discussion;
- Ensuring productive, respectful communication;
- Mediating the conflict efficiently, ensuring that the team remains on topic and is solution oriented;
- Initiating consensus decision-making process;
- Documenting the result.

If a conflict is not resolved through the Conflict Resolution Plan, the Project Director can initiate consultation with Vera technical assistants for mediation.

If agreement is not reached through mediation, the Project Director can contact the Office on Violence against Women for further assistance.

Confidentiality

HEAL of Tri-County is committed to preserving the confidentiality practices established by the organizations we represent and the dignity of the people we serve. We recognize and agree that maintaining strict confidentiality of the people we serve is of the utmost importance as it is necessary for their safety and is paramount to building trust. We also agree that confidentiality of the Collaboration team members and the agencies we represent is essential to realize our goals of sustainable change.

The Collaboration understands that there may be limitations to confidentiality due to state laws regarding mandatory reporting. We recognize that our goal is to create sustainable change to better serve people who are D/HH and/or are living with I/DD who have experienced domestic or sexual violence. The Collaboration understands that mandatory reporting may adversely affect the relationships established and has the potential to create fear, lack of trust and barriers to seeking support.

We agree to the following guidelines while we continue our work together for the purpose of building sustainable change within our organizations:

- Members will honor the confidentiality policies and practices required by federal and state laws and their respective agencies.
- During the course of the grant, team members may disclose information about their organizations or themselves that they do not wish to have repeated outside of the collaborative group. HEAL of Tri-County members agree to keep such information confidential.

- The terms of the Collaboration’s confidentiality agreement extends to any sensitive agency information that may be obtained or observed through experiences at each partner agency. [This is especially true during the needs assessment process, where each organization may become aware of critical feedback of the others’ services and possibly leadership team.]
- Guest participants in team meetings of HEAL of Tri-County will be informed of the confidentiality requirements of the Collaboration and will be required to sign the collaboration’s confidentiality form.
- Within collaboration meetings, members agree not to discuss confidential survivor information. Case examples may be used for education purposes but will never include survivor’s names or identifying markers.
- At the start of each Collaboration meeting or focus group, members and participants will be reminded of our confidentiality guidelines and mandatory reporting requirements.
- At any point during any Collaboration meeting, a participant can request to share information “off the record” which will not be included in meeting minutes and will be kept confidential within the Collaboration.
- During the needs assessment process, participants will be required to sign an agreement which will clearly define the parameters of the data that is being collected, how it will be used and how it will be destroyed. This will be expanded on during the development of the Needs Assessment Plan.
- ASL interpreters working with our team will be required to uphold the Code of Professional Conduct of the National Association of the Deaf (NAD) and Registry of Interpreters for the Deaf (RID).

Mandatory Reporting

Although each organization within the Collaboration has their own mandatory reporting procedure, HEAL of Tri-County will refer to and abide by the definitions and reporting requirements of New Jersey law for the work of this project, which states the following:

Title 52:27D-409 Report of suspected abuse, neglect, exploitation.
(L.1993, c.249, s.4; amended 2009, c.276, s.2.)

4. a. (1) A health care professional, law enforcement officer, firefighter, paramedic or emergency medical technician who has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation shall report the information to the county adult protective services provider.

(2) Any other person who has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation may report the information to the county adult protective services provider.

b. The report, if possible, shall contain the name and address of the vulnerable adult; the name and address of the caretaker, if any; the nature and possible extent of the vulnerable adult's injury or condition as a result of abuse, neglect or exploitation; and any other information that the person reporting believes may be helpful.

c. A person who reports information pursuant to this act, or provides information concerning the abuse of a vulnerable adult to the county adult protective services provider, or testifies at a grand jury, judicial or administrative proceeding resulting from the report, is immune from civil and criminal liability arising from the report, information, or testimony, unless the person acts in bad faith or with malicious purpose.

d. An employer or any other person shall not take any discriminatory or retaliatory action against an individual who reports abuse, neglect or exploitation pursuant to this act. An employer or any other person shall not discharge, demote or reduce the salary of an employee because the employee reported information in good faith pursuant to this act. A person who violates this subsection is liable for a fine of up to \$1,000.

e. A county adult protective services provider and its employees are immune from criminal and civil liability when acting in the performance of their official duties, unless their conduct is outside the scope of their employment, or constitutes a crime, actual fraud, actual malice, or willful misconduct.

Title 52:27D-407 Definitions.

2. As used in this act:

"Abuse" means the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation of services which are necessary to maintain a person's physical and mental health.

"Caretaker" means a person who has assumed the responsibility for the care of a vulnerable adult as a result of family relationship or who has assumed responsibility for the care of a vulnerable adult voluntarily, by contract, or by order of a court of competent jurisdiction, whether or not they reside together.

"Commissioner" means the Commissioner of Human Services.

"Community setting" means a private residence or any noninstitutional setting in which a person may reside alone or with others, but shall not include residential health care facilities, rooming houses or boarding homes or any other facility or living arrangement subject to licensure by, operated by, or under contract with, a State department or agency.

"County adult protective services provider" means a county Board of Social Services or other public or nonprofit agency with experience as a New Jersey provider of protective services for adults, designated by the county and approved by the commissioner. The county adult protective services provider receives reports made pursuant to this act, maintains pertinent records and provides, arranges, or recommends protective services.

"County director" means the director of a county adult protective services provider.

"Department" means the Department of Human Services.

"Emergency medical technician" means a person trained in basic life support services as defined in section 1 of P.L.1985, c.351 (C.26:2K-21) and who is certified by the Department of Health to provide that level of care.

"Exploitation" means the act or process of illegally or improperly using a person or his resources for another person's profit or advantage.

"Firefighter" means a paid or volunteer firefighter.

"Health care professional" means a health care professional who is licensed or otherwise authorized, pursuant to Title 45 or Title 52 of the Revised Statutes, to practice a health care profession that is regulated by one of the following boards or by the Director of the Division of Consumer Affairs: the State Board of Medical Examiners, the New Jersey Board of Nursing, the New Jersey State Board of Dentistry, the New Jersey State Board of Optometrists, the New Jersey State Board of Pharmacy, the State Board of Chiropractic Examiners, the Acupuncture Examining Board, the State Board of Physical Therapy, the State Board of Respiratory Care, the Orthotics and Prosthetics Board of Examiners, the State Board of Psychological Examiners, the State Board of Social Work Examiners, the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians, the Audiology and Speech-Language Pathology Advisory Committee, the State Board of Marriage and Family Therapy Examiners, the Occupational Therapy Advisory Council, the Certified Psychoanalysts Advisory Committee, and the State Board of Polysomnography. "Health care professional" also means a nurse aide or personal care assistant who is certified by the Department of Health.

"Neglect" means an act or failure to act by a vulnerable adult or his caretaker which results in the inadequate provision of care or services necessary to maintain the physical and mental health of the vulnerable adult, and which places the vulnerable adult in a situation which can result in serious injury or which is life-threatening.

"Protective services" means voluntary or court-ordered social, legal, financial, medical or psychiatric services necessary to safeguard a vulnerable adult's rights and resources, and to protect a vulnerable adult from abuse, neglect or exploitation. Protective services include, but are not limited to: evaluating the need for services, providing or arranging for

appropriate services, obtaining financial benefits to which a person is entitled, and arranging for guardianship and other legal actions.

"Vulnerable adult" means a person 18 years of age or older who resides in a community setting and who, because of a physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his well-being and is the subject of abuse, neglect or exploitation. A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person's established religious tradition. (L.1993, c.249, s.2; amended 2009, c.276, s.1; 2012, c.17, s.424.)

HEAL of Tri-County understands and agrees to create an atmosphere that limits the potential for triggering a mandatory report. Our intention is to gain insight into the needs of the communities we serve in order to improve the services of each of our organizations without exposing anyone to system involvement without their consent.

Within the HEAL of Tri-County collaboration, there are currently no members that qualify as vulnerable adults according to the above stated law. However, at least one member of the Collaboration is a mandated reporter as defined by the above stated law. As a Collaboration, we will adhere to the following guidelines with regards to mandatory reporting:

- Guest participants in team meetings of HEAL of Tri-County will be informed of the mandatory reporting requirements of the Collaboration. While current members do not qualify as vulnerable adults, we cannot know if a guest will be (nor would we inquire). Therefore, we will embed the practice of informing all guests of the requirements every time to allow for guests to make empowered decisions.
- Mandated reporters will be identified as such to guests prior to the start of a meeting.
- If a discussion arises that is determined a risk of triggering a mandatory report, the Collaboration will ask all mandated reporters to remove themselves from the meeting.

- If a change in membership or agencies occurs that leads to the inclusion of a vulnerable adult to the Collaboration, the Collaboration will revisit this section of the Charter.

In addition to our process to maintain confidentiality, we understand that possible aspects of the needs assessment may evoke discussion around past and current trauma related to abuse. To preempt this, we will:

- Explain our confidentiality and mandated reporting policies prior to each survey, interview and focus group;
- Create processes and scripts during the needs assessment planning phase of the project that are explicit in defining the intent of the focus group or meeting - emphasizing that the focus is on systems and services, not personal information or stories;
- Utilize experienced facilitators who are not mandatory reporters who can navigate the direction of the conversations within specific higher risk focus groups to avoid stories of abuse;
- Be considerate and intentional in determining who will be invited to participate in focus groups.

If a mandatory report is triggered, the team member who witnessed the disclosure will initiate the process of reporting. The Collaboration recognizes that there are risks involved in mandatory reporting. Every effort will be made to include the individual in the process of reporting. The Collaboration agrees to the following steps:

- Informing the individual if a report needs to be made;
- Offering the individual the opportunity to be involved in the reporting process;
- Explaining possible events that may occur following the report;
- Processing the implications of the report with the individual;
- Establishing a safety plan, if needed.

Communications Plan

HEAL of Tri-County members have committed to open and regular communication throughout the duration of this grant period. We agree to the following communications plan.

Internal Communications within HEAL of Tri-County

Internal communications within HEAL of Tri-County is defined as communication that takes place within the Collaboration. The Collaboration agrees to the following internal communication practices:

- In-person team meetings will be held bi-weekly for a minimum of two hours. These meetings are preferred for substantive discussions and decisions regarding our philosophies, the direction of our work, the development of deliverables, decision-making, and the finalizing of products to be submitted to OVW for approval.
- The Collaboration may utilize alternate technologies to meet (ie. Zoom, Adobe Connect or another platform) when in-person meetings are not feasible. The Collaboration will decide this on an as-needed basis.
- The frequency of in-person team meetings may change in order to support the needs of a particular phase of the project, which will be decided by consensus on an as-needed basis.
- The RND partner member will schedule interpreters for in-person meetings, with the support of the Project Director if needed. Any additional resources needed for in-person meetings will be coordinated through the Project Director and carried out by any member of the Collaboration as decided on an as-needed basis.
- The Collaboration will also communicate via email, phone or other means of communication as decided by the team between meetings. All team members are expected to respond within 48 hours when information or feedback is requested, unless otherwise noted.

- The Project Director will prepare and distribute an agenda which will be sent to all team members by email at least one business day prior to the team meeting. However, any team member can request that an item for discussion be added to the next agenda during a team meeting or by contacting the Project Director by email at any time prior to the day of the meeting.
- The Project Director will send documents in advance for review when available. If documents are attached and expected to be reviewed, the Project Director will send out the agenda and documents at least two days prior to the meeting. It is the responsibility of each team member to review the agenda and any documents prior to the team meeting and to come to team meetings prepared.
- The Project Director will be responsible for taking notes and preparing minutes of the team meetings. The minutes will include highlights of the discussion as well as any action items that come as a result of the discussions. Minutes will be sent to the team within three business days after the meeting and will allow another three business days for members to provide further comments or amendments. It is the responsibility of the collaboration members to confirm receipt of the meeting minutes and to send the required amendments within the timeframe allotted. Approval of the final meeting minutes will be achieved using consensus decision making at the start of the following meeting.
- In the event that a team member is unable to attend a scheduled team meeting due to an unexpected conflict or personal time off, the meeting will continue as scheduled as long as there is at least one representative from each agency within the Collaboration in attendance. Members unable to attend will be kept apprised via the meeting minutes. If additional information or clarification is needed, the Project Director will meet with the member in person or by phone. Significant decisions that affect the direction of the work of the Collaboration requires full team attendance.
- If the Project Director is unable to attend a scheduled team meeting, the meeting will be cancelled.

- The Project Director will meet with individual team members or agencies on an as-needed basis to allow time for tasks that do not require full participation of the Collaboration. The Project Director will provide highlights of such meetings to the team within 3 business days of the meeting.
- All documents will be maintained by the Project Director and made available to all members through a HEAL of Tri-County collaboration/project management google site.
- It is the responsibility of each team member to keep their organization apprised of the work of the collaboration.
- Each member of the Collaboration will be responsible for providing the Project Director with the most up-to-date policies and procedures for their respective agencies as well as any information that may result in a change in the Performance Indicators Assessment.

Internal Communications within Member Organizations

Internal communications within Member Organizations is defined as communication that takes place outside of HEAL of Tri-County but within our respective agencies. The Collaboration agrees to the following communication practices:

- Collaboration members will communicate information regarding the project and its progress to key members of their organizations, including senior management and their respective Board of Directors.
- Collaboration members will provide an overview of the purpose of this project to members of their respective agencies, including the project status as well as vision, mission, goals of the Collaboration. This also applies to cross-communication between member agencies.
- Information requests that fall outside of the above mentioned parameters will be discussed and decided on by the Collaboration on an as-needed basis. In the case of time sensitive requests, Collaboration members may consult with the Project Director in order to formulate an appropriate response.

External Communications

External communication is defined as any communication that takes place outside of the Collaboration or its member organizations. The Collaboration agrees that there are specific categories of external communication which may be handled differently. The Collaboration agrees to the following external communication practices:

- The Project Director will be the main point of contact for all communication with Vera, the Technical Assistance provider designated by the Office on Violence Against Women to its grantees. Communication with Vera will include contact at least twice a month to discuss project activities as well as receive guidance and support with the project. Communication with Vera will also include requests for technical assistance, conflict resolution and site visits.
- The Project Director will participate in regular, ongoing communication with other project directors, including but not limited to one scheduled call each month.
- The Collaboration members will participate in OVW/Vera webinars, trainings, conferences and site visits.
- The Fiscal Agent (CFS) will be the primary contact for communication with OVW regarding budgetary, contractual and other fiscal issues. Such communication may include budget modifications and updates, grant reports and other communication related to the contractual obligations of the grant.
- The Project Director will be the point of contact with OVW for documents and works submitted for final approval, conflict resolution assistance and other communication deemed necessary to meet the needs of the project.
- The Project Director is the main point of contact for incoming communication with the community and outside organizations. When a contact request is received, the Project Director will abide by the Talking Points (see Appendix A) document developed by the team.
- When information requested is outside of the scope of the developed Talking Points document, the Project Director will collect the

requested information and contact information of the requestor. The Project Director will address it with the Collaboration in order to determine appropriate next steps or formulate a response.

- Collaboration team members will assist in developing scripts regarding specific topics and issues and will be decided on by consensus, taking into consideration the policies and procedures related to outside communication of the agencies comprised in HEAL of Tri-County.

Media and Press Releases

Each respective agency requires approval for any content related to media or public events. Unless such content is approved by each member agency, none of the partner agencies are able to communicate any information pertaining to the collaboration.

CFS's and RND's media policy requires that staff must follow an established media protocol. In reactive situations, staff is required to obtain the reporter or media contact's name, phone number and where they work. Staff is required to let the person know that we will be happy to have someone from CFS's Public Relations Department call them back. Staff is then required to contact the Associate Vice President of Development and Public Relations immediately after receiving the phone call to share the caller's information. For proactive media situations, CFS requires that any requests need to be vetted through the Public Relations Department to determine if and how it will be shared with media contacts.

The Arc's media is handled by their Director of Public Affairs.

HEAL of Tri-County's Project Director shall be the designated contact for the Collaboration in navigating media and press release events as well as the main point of contact to facilitate incoming requests. The Project Director will facilitate the process by involving the public relations departments of each member agency in formulating a response. All press releases will be submitted to OVW for approval prior to being released.

Work Plan

Deliverable	Action Items	Timeframe
Collaboration Charter	Development, Internal Review & Team Approval	April & May 2019
	Submit to Vera for Review & Approval	May 2019
	Submit to OVW for Approval	June 2019
Statement of Focus	Development, Internal Review & Team Approval	June 2019
	Submit to Vera for Review & Approval	June 2019
	Submit to OVW for Approval	June 2019
Progress Report	Complete Progress Report and Submit	July 2019
Needs Assessment Plan	Development, Internal Review & Team Approval	July & August 2019
	Submit to OVW for Approval	September 2019
Performance Indicators	Complete Performance Indicators & Submit	September 2019
Needs Assessment	Conduct Needs Assessment	October - December 2019
Needs Assessment Report	Develop Findings Report, Internal Review & Team Approval	December - January 2020
	Submit to Vera for Review & Approval	January 2020
	Submit to OVW for Approval	January 2020
Progress Report	Complete Progress Report and Submit	January 2020
Strategic Plan	Develop Strategic Plan, Internal Review & Team Approval	February - April 2020
	Submit to Vera for Review & Approval	April 2020
	Submit to OVW for Approval	April 2020
Performance Indicators	Complete Performance Indicators & Submit	March 2020
Implementation		June 2020-October 2021

Glossary of Key Terms & Definitions

HEAL of Tri-County acknowledges that individuals may have different interpretations of the meaning of terms and definitions used, based on the setting, organizational usage, cultural influence and other factors. Therefore, the Collaboration developed the following list of key terms and definitions of which we have a shared understanding.

Ableism

Ableism is a set of practices that discriminates against people with intellectual, developmental and other disabilities. Ableism is often associated with types of harm including denial of accessibility, unequal treatment and violence.

Abuse

Abuse is behavior exhibited by a person or institution that causes emotional, physical or other harm with the intention of gaining power and control.

Accessibility

Accessibility refers to the basic right to an environment that supports an individual's ability to move, communicate and participate in activities, services and employment.

Accommodations

Accommodations are actions taken to ensure that services are responsive to a person's needs in order to allow for equal access.

Advocate

An advocate is a person who acts in support of an individual. In the areas of domestic and sexual violence, an advocate provides emotional support, maintains confidentiality, offers safety planning and informs the individual of all the processes, options and available resources. Court advocates assist individuals in obtaining restraining orders (Orders of Protection) and provide information about options, offer support and accompaniment through court proceedings.

American Sign Language (ASL)

The Collaboration uses the National Association of the Deaf's definition of American Sign Language (ASL), which is as follows: American Sign Language is a visual language. With signing, the brain processes linguistic information through the eyes. The shape, placement, and movement of the hands, as well as facial expressions and body movements, all play important parts in conveying information. Sign language is not a universal language — each country has its own sign language, and regions have dialects, much like the many languages spoken all over the world. Like any spoken language, ASL is a language with its own unique rules of grammar and syntax. Like all languages, ASL is a living language that grows and changes over time.

Assistive Technology/Device

Assistive Technology/Device is any item or piece of equipment used to assist an individual in performing a particular task or function.

Audism

Audism is a form of discrimination when a person who is Deaf or experienced hearing loss is judged as incapable due to their lack of hearing.

Caregiver

A person who has assumed the responsibility for the direct care, protection, supervision and needs of another person.

CODA

An acronym for “child of a deaf adult” and typically refers to a hearing child(ren) born to one or more deaf adults.

Consensus

Agreement among the members of a group of which each person has an equal right and responsibility to decision-making.

Cultural Humility

Cultural humility is the active, ongoing process of understanding and appreciating cultural differences and similarities. It is a process where we must acknowledge the limitations of our cultural perspectives, avoid generalizations and maintain a willingness to be open in order to provide better care to the people we serve.

Deaf (D)

Deaf is used to describe people who identify as culturally Deaf and are actively engaged with the Deaf community.

deaf (d)

The use of “deaf” with a lower case “d” generally refers to the inability to hear or hearing loss. It is typically not associated with cultural identity or language.

Disability

A disability is a physical or mental condition that substantially limits one or more major life activities.

Domestic Violence

Domestic violence is a pattern of intimidation, coercion, and violence. It is used to achieve power and control over a partner. Over time, this pattern often increases in frequency and severity. Abuse can be verbal, physical, emotional, sexual, or economic. Domestic violence does not discriminate. An abused person can be of any age, race, class, culture, religion, occupation, or sexual orientation. Domestic violence can include, but is not limited to, physical assault, sexual assault, intimidation, isolation, verbal abuse or harassment, including disrespectful or demeaning comments, threats against you or another family member, creating disturbances at your place of work, economic control, harassing telephone calls, stalking behaviors, child abuse, destruction of property or harm to pets.

Empowerment

Empowerment refers to the enhancing of one’s ability to increase their autonomy and self-determination with the power and confidence to represent their interests and act on their own authority.

Intellectual and Developmental Disability

The Collaboration uses the definition established by the American Association on Intellectual and Developmental Disabilities, which is as follows, “intellectual disability is one type of a larger universe of many types of developmental disabilities. Developmental disabilities are defined as severe chronic disabilities that can be cognitive or physical or both. Intellectual disability encompasses the ‘cognitive’ part of this definition that is a disability that is broadly related to thought processes. Because

intellectual and other developmental disabilities often co-occur, intellectual disability professionals often work with people who have both types of disabilities.”

Sexual Assault

In New Jersey, the law defines sexual assault as "the penetration, no matter how slight, in which physical force or coercion is used or in which the victim is physically or mentally incapacitated". For the complete definition of sexual assault in New Jersey, refer to NJSA 2C:14-1.

Sexual Violence

HEAL of Tri-County defines sexual violence as any unwanted sexual activity that is forced, threatened, coerced, or manipulated onto an individual. Sexual violence is motivated by the need to control, dominate, humiliate, and harm another individual. It violates a person’s feeling of trust and safety and impacts individuals, families, and communities as a whole. Sexual violence can include, but is not limited to, sexual assault/rape, child sexual abuse, incest, criminal sexual contact/unwanted touching, internet stalking to obtain sex, drug-facilitated sexual assault, sexual harassment, voyeurism, exhibitionism.

Survivor/Victim

The Collaboration recognizes that these terms are highly personal and hold different meanings to different people who have experienced violence. Utilizing a person-first approach, we honor whatever term an individual chooses to identify with.

Appendix A – Confidentiality Form

HEAL of Tri-County Confidentiality Agreement

HEAL of Tri-County holds regular meetings in order to discuss important matters pertaining to its work. It is the policy of HEAL of Tri-County to keep confidential all communications, observations and information concerning both our collaboration and our participants. Information shared will be solely used for the purpose of informing the work of HEAL of Tri-County.

Confidential Information

For the purpose of this Agreement, information shall be considered confidential if it falls under the following categories:

- 1) Information related to HEAL of Tri-County and its work;
- 2) Information related to Internal Partner Agencies;
- 3) Personal and/or sensitive information shared within the Collaborative process.

Obligations

Every participant of a HEAL of Tri-County meeting where confidential information is disclosed hereby agrees to consider such information highly confidential and shall not disclose the same. If there is doubt whether information is considered confidential, the information shall be considered confidential until it can be clearly established that such information is not confidential. Every member of HEAL of Tri-County and its guests shall use his or her best effort to maintain the confidentiality of the information disclosed during the meeting and to take reasonable action to protect such information.

By signing this Agreement, the signer acknowledges that he/she understands and agrees to HEAL of Tri-County's Confidentiality Policy.

HEAL of Tri-County - Agency Staff Member:

_____ Date: _____

HEAL of Tri-County – Project Director:

_____ Date: _____

Appendix B – Talking Points

The following talking points have been created to provide consistent communication about the information related to the work of HEAL of Tri-County. The Collaboration recognizes that this information will need to be updated as the work of the Collaboration develops.

HEAL of Tri-County Talking Points

- HEAL of Tri-County stands for Healing Equality for All Lives, a collaboration focusing its efforts in Camden, Gloucester and Cumberland counties within New Jersey.
- HEAL of Tri-County is comprised of the following organizations:
 - ◆ Center For Family Services, Inc. (CFS) - Services Empowering Rights of Victims (SERV) program
 - ◆ Center For Family Services, Inc. (CFS) – The Recovery Network for Deaf, Hard of Hearing and Hearing Loss (RND) program
 - ◆ The Arc Gloucester
- This is a 3-year grant funded by the United States Department of Justice, Office on Violence Against Women (OVW).
- The purpose of this grant is to pioneer the work towards creating sustainable, systemic change within each of our agencies to provide full accessibility and support for individuals who have experienced domestic and sexual violence who are Deaf, Hard-of-Hearing or have Hearing Loss and/or are living with Intellectual and/or Developmental Disabilities.
- The Collaboration was formed in 2018 and the initial grant period lasts until October 2021.
- The current Collaboration team members are: Maria Armstrong (Project Director), Julie Doerrmann (Partner Agency Member), Lisa Foster (Partner Agency Member), Sophia Laun (Lead Agency

Member), Louise McCarthy (Partner Agency Member), Regina Ridge (Lead Agency Member).

- The Vision of the Collaboration is as follows: HEAL of Tri-County envisions a society of seamless accessibility to healing services for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence within Camden, Gloucester and Cumberland counties of New Jersey.
- The Mission of the Collaboration is as follows: Through this collaboration, we will transform our organizational cultures to be fully able to provide healing services with cultural humility, are trauma focused, and empower the individual to access options and a pathway to healing with dignity and respect. We will accomplish this by:
 - Practicing cultural humility by:
 - Embracing cultural differences to inform our efforts;
 - Utilizing a non-judgmental approach to create culturally responsive and inclusive support systems; and
 - Building an atmosphere of mutual trust.
 - Incorporating trauma-focused practices by:
 - Treating each person as an individual and with dignity and respect;
 - Using person-first language;
 - Empowering individuals by recognizing strengths, challenges and personal abilities; and
 - Providing options for individualized paths toward recovery

HEAL of Tri-County will be responsive and accountable to the needs of each person we serve at the first point of contact. We will foster a culture of full access, supporting meaningful participation for individuals who are Deaf, hard of hearing or have hearing loss and individuals with intellectual and developmental disabilities who have experienced domestic and/or sexual violence.