

MMDI:ACCESS Collaboration Charter

MMDI:ACCESS

Metro-Milwaukee DART Initiative:
A Community Collaborative Effort
Serving Survivors
With Disabilities From Crisis to
Healing

Collaboration Charter



Metro-Milwaukee DART Initiative: A Community Collaborative Effort Serving Survivors *With Disabilities From Crisis to Healing* is being supported by Grant No 2007-FW-AX-K005 "Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program" awarded by the Office on Violence Against Women, US Department of Justice

INTRODUCTION

The Metro-Milwaukee DART Initiative: A Community Collaborative Effort Serving Survivors *with Disabilities from Crisis to Healing* (hereafter referred to as MMDI:ACCESS) was created to improve the response to survivors with disabilities who have experienced domestic and sexual violence and/or abuse.

MMDI:ACCESS is made up of four community programs: IndependenceFirst (lead agency); Task Force on Family Violence; Milwaukee County Disability Services Division; and City of Milwaukee Office on Violence Prevention. This collaboration charter provides a snapshot of the project and includes:

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1 VISION STATEMENT

Milwaukee area residents with disabilities who experience domestic and sexual violence and/or abuse will gain access to a network of interdisciplinary service providers who will assist them on their journey from crisis to healing in a timely and comprehensive manner that embodies choice, safety, and justice with the full support of the community. [↩Return](#)

2 MISSION STATEMENT

MMDI:ACCESS will build an interdisciplinary service network that offers Milwaukee area residents with disabilities, a seamless, comprehensive and timely response to their experience of domestic and sexual violence and/or abuse. This response will exemplify choice, safety, dignity and justice to empower survivors. MMDI:ACCESS will foster a culture of change within this service network and the collaborating agencies by equipping itself with the tools needed to strengthen its

relationships, improve communication and break down barriers that exist for survivors with disabilities. [↔Return](#)

3 GOVERNING VALUES

MMDI:ACCESS has outlined a group of governing values that will guide the collaborative. These values are divided into two categories: *Paramount Values*, those values that are above all other things, and *Operative Values*, the overarching and guiding principles that tell us what is always right and what is always wrong. All of the values listed below are core to the work of the collaborative and as such are each viewed with equal importance.

| | |
|--|---|
| Paramount Values | <p>The collaborative recognizes the <i>inherent worth and dignity</i> of all people regardless of their ability.</p> |
| | <p>MMDI:ACCESS believes that <i>safety is a basic human right</i> and that everyone has the right to live free of domestic and sexual violence and/or abuse.</p> |
| Operative Values | <p>The collaborative also believes that <i>freedom</i> is a basic human right, and that all people regardless of disability should have the power to act, speak or think without externally imposed restraints.</p> |
| | <p>Survivors with disabilities are the “experts” on domestic and sexual violence and/or abuse of people with disabilities. MMDI:ACCESS <i>values</i> each person’s experiences and will listen to their stories, to more fully inform the work of the collaborative.</p> |
| | <p>In order to help survivors with disabilities become <i>empowered</i>, collaboration members will give voice to their stories, and will promote change within organizations so that survivors with disabilities will have the information and resources necessary to make their own decisions and the tools to help them stand up for their rights and effect change in their lives.</p> |
| <p>MMDI:ACCESS also believes that everyone should be given the information and options needed to make <i>informed choices</i>.</p> | |
| <p>The collaboration embraces the concept of <i>self-determination</i>, which acknowledges the rights of survivors with disabilities to take charge of and responsibility for their lives. MMDI:ACCESS also acknowledges that the individual has the right to make his/her own decisions and to create his/her own opportunities.</p> | |

A **person-centered** approach will be adopted by the collaborative, making the survivor with a disability the focal point. The survivor with a disability will not need to “change” to fit into the existing service delivery system but rather the service delivery system will adapt to the survivor’s preferences, strengths, capacities, needs and desired outcomes/goals.

MMDI:ACCESS will utilize a **strength based** philosophy that focuses on a person’s existing strengths and skills, rather than on deficits, problems, and pathologies. We will also apply this philosophy to the service system in our community by focusing on each individual program’s potential and not their current level of service delivery.

MMDI:ACCESS will ensure that the information shared within the collaborative is treated as **confidential** and will restrict access to and dissemination of any personal information (see pages [14-16](#) for the complete MMDI:ACCESS Confidentiality Agreement).

MMDI:ACCESS will incorporate **people first language** when referring to people with disabilities and survivors of domestic and sexual violence and/or abuse.

Respectful and nonjudgmental communication will be utilized within the collaborative and in all communication with survivors with disabilities. Recognizing that everyone has the right to say what they want, we ask that it not be said in an abusive, bullying or harsh manner. Even though personal opinions are very important within the collaborative we will refrain from making judgments based solely on our personal opinions or standards.

MMDI:ACCESS is committed to ensuring that the survivors with disabilities represented in this project, reflect the **diversity** of the Metro-Milwaukee area and that all survivors with disabilities, regardless of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities and/or religion will be treated with respect and acceptance.

The collaboration believes that agencies, primarily serving survivors of domestic and sexual violence and/or abuse need to ensure programmatic, communication, physical and attitudinal **accessibility**; and those agencies, primarily serving people with disabilities, need to be accessible and responsive to the individuals they serve who are survivors of domestic and sexual violence and/or abuse. Both type of agencies need to also ensure that survivors with disabilities have access to community-based services, regardless of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities and/or religion. [↔Return](#)

**Operative
Values**
(continued)

4 COLLABORATION MEMBERS: ROLES & CONTRIBUTIONS

The four collaborative members are committed to enhancing service delivery within their respective programs and increasing their capacity to better serve survivors with disabilities who have experienced sexual and domestic violence and/or abuse. As the project moves from the planning phase to the implementation phase the roles and responsibilities of the partners may change, but for the initial planning phase the partner agencies have agreed to commit staff and time to:

- Attend meetings
- Communicate grant activities and cultivate interest in the project to their respective agencies and communicate agency activities to the grant partners
- Work on deliverables between meetings and participate in other activities aimed at strengthening the collaboration and assisting in identifying the focus of the collaboration
- Foster change within their respective agencies
- Collaborate with all partners to develop and implement the Collaborative Charter, the Needs Assessment and the Strategic Plan
- Commit staff and time to attend the required meetings sponsored by The Office on Violence Against Women (OVW) and the Vera Institute of Justice (Vera), the technical assistance provider
- Involve others from their organizations as needed to complete the tasks above

In addition to the tasks above Independence*First* (lead agency) will:

- Serve as the Fiscal Agent
- Provide oversight of grant activities
- Serve as the liaison between grant partners, the funding body (OVW) and the grant technical assistance provider (Vera)
- Provide staff to this grant project (Leslie Myers, Project Director) to:
 - Coordinate grant meetings and activities
 - Complete and submit required grant deliverables/products
 - Complete the reporting requirements of OVW
 - Facilitate communication between grant partners (see pages [19-24](#) for the complete MMDI:ACCESS Communication Plan)
 - Schedule and facilitate partner meetings
 - Provide meeting space, interpreters and other accommodations for meetings and other grant activities

The following pages contain information about Independence*First*, Task Force on Family Violence, Milwaukee County Disability Services Division, City of Milwaukee Office on Violence Prevention and the lead representatives from each organization. The project partners understand that they may need to involve other members of their agencies in order to complete the tasks and activities of MMDI:ACCESS.

Lead Agency

IndependenceFirst

600 W Virginia Street, 4th Floor
Milwaukee, WI 53204.

Phone: (414) 291-7520 (V/TTY)

Website: www.independencefirst.org



Leslie Myers, Project Director

Phone: (414) 226-8381

E-Mail: lmyers@independencefirst.org

IndependenceFirst is an independent living center serving Milwaukee, Ozaukee, Washington and Waukesha Counties. Established in 1979 as Southeast Wisconsin Center for Independent Living (SEWCIL), it provides four core services: peer support, information referral, individual/system advocacy and independent living skills training. Over the years IndependenceFirst has grown substantially, offering additional programs and services including, personal care services, benefits counseling, housing advocacy, nursing home transition and domestic violence services. In 2007, IndependenceFirst was awarded the OVW Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant FY07. IndependenceFirst is a leader in issues surrounding disability, locally, state-wide and nationally. People with disabilities make up 51% of the staff and board giving the agency the capacity to offer an inside look into the experiences of people with disabilities.

Leslie Myers will serve as the project director for MMDI:ACCESS; she has been with IndependenceFirst since 1998 and is nationally recognized for her work on the issue of violence and people with disabilities. Leslie brings to this project her expertise on violence and abuse, as well as her ten plus years of experience working with people with disabilities. As a person with a disability, Leslie will also be able to provide unique insight to the collaboration. She will act as the liaison for IndependenceFirst in getting approval for and instituting changes within agency.

Partner Agencies

Task Force on Family Violence

1401 N 6th Street

Milwaukee, WI 53214

Phone: (414) 276-1911 (V), (414) 727-2342 (TTY)

Website: www.tffv.org



Lisabeth Marquardt, TFFV Lead Representative

Phone: (414) 276-1911 x 18

E-mail: lmarquardt@tffv.org

Established in 1975, the **Task Force on Family Violence (TFFV)** is a private, non-profit organization that provides services for all adult victims of abuse, children who have been abused or have witnessed domestic violence and women perpetrators of violence. TFFV has been at the forefront of fighting intimate partner and family violence in the Greater Milwaukee area. Providing advocacy, education and resources to keep people safe, the TFFV programs designed to address the needs of victims, abused children, families and batterers, include the Courthouse Advocacy Program, Legal Emergency Assistance Program, Children's Advocacy Program, Child Witness to Domestic Violence Project, Ending Violence through Education and When Violence Comes to Work. Agency services are provided in English, Spanish, and Russian. TFFV has a long history of leading change and will be committing staff to this project.

Lisabeth (Liz) Marquardt has been the Associate Executive Director at the Task Force on Family Violence since 1998 and has been working for the organization for over nineteen years. Her extensive knowledge and experience allows her to educate and collaborate with law enforcement, the courts and correctional institutions to maximize safety for victims, she also represents the TFFV in activities that effectively coordinate Milwaukee's community response to domestic violence. Liz will contribute her vast knowledge and experience to the collaborative and act as the liaison for the TFFV and assist in getting approval for and instituting changes within the agency.

**Milwaukee County Department of Health and Human Services
Disability Services Division**

1220 W. Vliet Street

Milwaukee, WI 53205

Phone: (414) 289-6660 (V), (414) 289-8559 (TTY/TDD)

Website: <http://www.milwaukeecounty.org/>



Karin Bachman, DSD Lead Representative

Phone: (414) 289-6033

E-mail: kbachman@milwcnty.com

Milwaukee County Disability Services Division (DSD) is one of seven divisions within the Department of Health and Human Services. The other six divisions are: Economic Support, Behavioral Health, Housing, Delinquency and Court Services, County Health Programs and Management Services. DSD has four bureaus: the Resource Center, the Children and Family Services Bureau*, the Developmental Disabilities Bureau and the Physical and Sensory Impairment Bureau. The Resource Center serves as the entry point for DSD. Staff provide information and assistance to callers, assess long-term support needs for consumers, investigate allegations of abuse or neglect of "adults at risk " under the age of sixty, and provides other short term services as needed. The Children and Family Services Bureau* provides a number of programs and long-term supports to children and their families. The Developmental Disabilities Bureau and Physical and Sensory Impairment Bureau fund programs and services that enable consumers with disabilities to remain as independent and fully integrated into the community as possible. These two bureaus provide services and support to adults between the ages of eighteen and fifty-nine (18-59). The participation of Milwaukee county DSD will provide the MMDI: ACCESS Project with a great deal of influence in programs throughout the county system. DSD has a direct link to County Executive Scott Walker and can pave the way to county-wide changes.

**We will not be working with the Children and Family Services Bureau, as it is outside the scope of the grant.*

Karin Bachman is the Resource Center Manager at Milwaukee County Disability Services Division. She has been with the county for the last nine years and has a long history of working with people with disabilities. As Resource Center Manager, Karin has extensive knowledge of county and community programs and will bring that knowledge and her vast experience to the project. She will also act as the liaison for Milwaukee County in getting approval for and instituting changes within the various Bureaus in DSD.

**Milwaukee Health Department
City of Milwaukee Office on Violence Prevention**

Zeidler Municipal Building
841 N. Broadway
Milwaukee, WI 53202
Phone: (414) 286-8553,
Website: <http://www.city.milwaukee.gov/health/>



Terry Perry, OVP Lead Representative

Phone: (414) 286-8553
E-mail: tperry@milwaukee.gov

Tracy Monfre, Health Department Representative

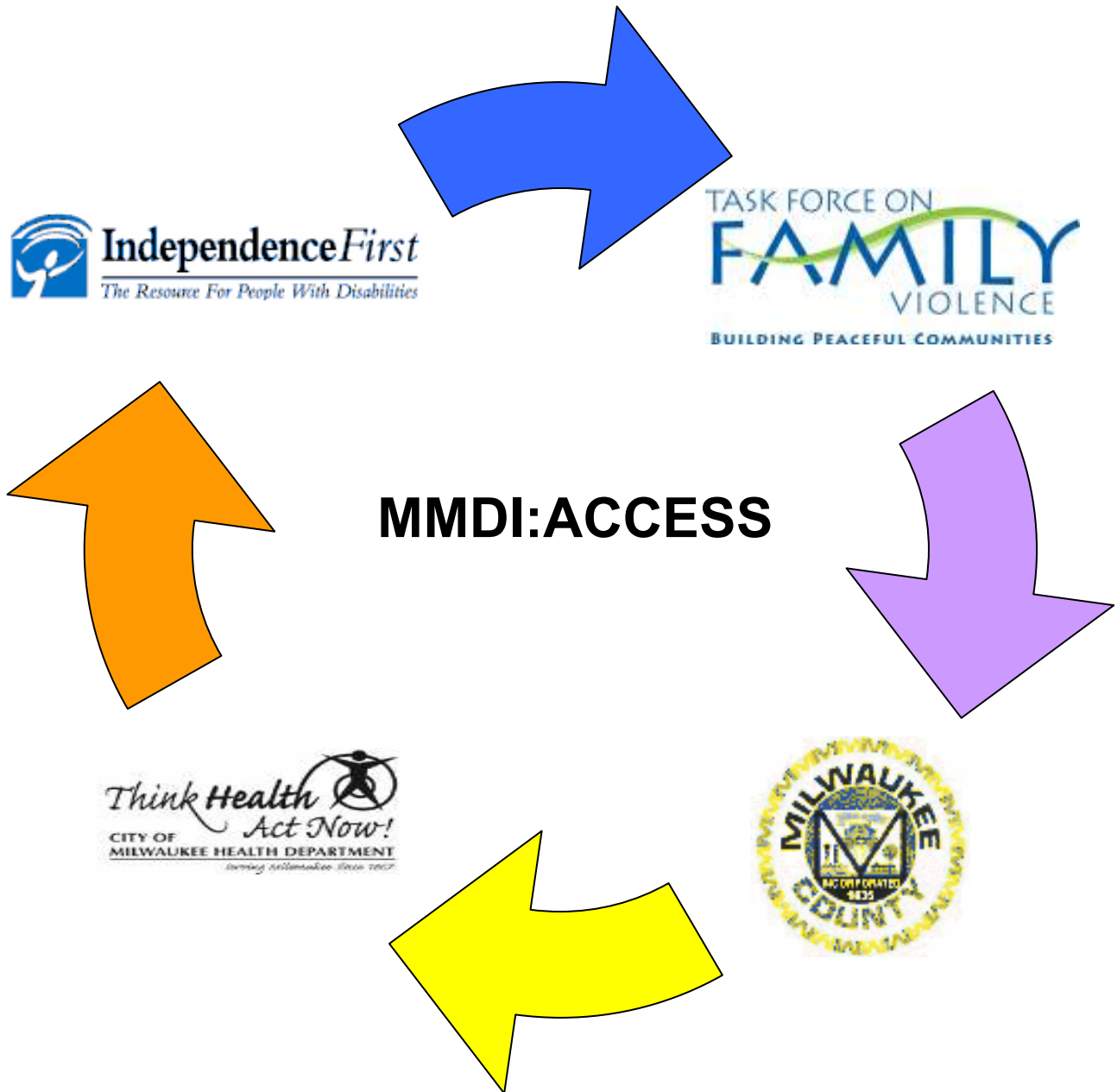
Phone: (414) 286.3798
E-mail: THEFLE@milwaukee.gov

The **City of Milwaukee Office on Violence Prevention (OVP)** was formed in January 2008 to provide strategic direction and oversight for the City of Milwaukee's effort to reduce the risk of violence through a variety of linked strategies. These include community policing, the development of a citywide comprehensive violence prevention strategic plan, and the development of community crime prevention collaborations for violence prevention. Placement of this office in the Milwaukee Health Department (MHD) supports a public health model that will link city departments, academic partners and community-based initiatives. The responsibilities of OVP include supporting the work of the Milwaukee Commission on Domestic Violence and Sexual Assault, and management of the Injury and Violence Prevention Program. MHD is responsible for the administration of a variety of health programs for the City of Milwaukee and for meeting state and federal compliance measures in delivering essential public health services to the Milwaukee community. OVP will be working on issues of violence within all of the city's departments. They bring a great many things to this project including being a direct link to Bevan Baker, Health Commissioner and Mayor Tom Barrett.

Terry Perry, Manager of the City's Office of Violence Prevention has a long history in working on issues of violence and violence prevention in the city of Milwaukee. Terry was the first full-time staff of the City's Commission on Domestic Violence and Sexual Assault and coordinated its activities for ten years. She has been influential in many citywide changes and initiatives. Terry will act as the liaison to the Mayor and Health Commissioner to secure support for changes within the various departments.

Tracy Monfre has been Interim Program Coordinator for the Milwaukee Commission on Domestic Violence and Sexual Assault for the last few years and has been actively involved in the Commission's numerous committees and has been influential in the many changes that the Commission has undergone. Tracy offers the collaboration her vast experience in collaborating with all the local domestic violence and sexual assault programs in Milwaukee County. [↔Return](#)

5 Collaborative Structure



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6 LANGUAGE/DEFINITIONS/ACRONYMS

Language

MMDI:ACCESS has outlined the following language that will be utilized in this collaborative:

“Consumers” will be used when referring to people with disabilities.

“Survivors” will be used when referring to people who have experienced domestic and sexual violence and/or abuse.

“People first language” will be used when referring to people with disabilities and survivors of domestic and sexual violence and/or abuse. People first language describes what a person HAS, not what a person IS. It puts the person before the disability (Kathy Snow, 2001. *To achieve Inclusion, Community, and Freedom for people with disabilities, we must use PEOPLE FIRST LANGUAGE*) (see Appendix 1, on page 25 for a chart of people first language).

People first language can also be applied to those individuals who have experienced domestic and violence and/or abuse; for an example *“Mary is a survivor of a sexual assault”* or *“A referral for counseling was made for Lisa, a survivor of domestic violence”*.

Definitions

MMDI:ACCESS will also employ the following definitions:

Abuse: Any treatment of an adult with a disability that places his/her life, health and/or emotional welfare in jeopardy; any treatment that is likely to result in impairment of the person’s physical or emotional health or well being. For the purpose of this collaboration MMDI:ACCESS further categorizes abuse into emotional abuse/neglect, financial exploitation, physical abuse/neglect and sexual abuse (see Appendix 2, on page 27 for additional information on these categories).

Accessibility: A term used to describe the degree to which a product, services or place can be used by as many people as possible. It is often used to describe a facility or amenity to assist people with disabilities, like “wheelchair accessible”. There are four categories of access: physical, programmatic, communication and attitudinal (see Appendix 3 on page 28 for additional information on these four categories).

Adults at Risk: An adult, between the ages of eighteen to fifty-nine (18-59), who has any physical or mental impairment that substantially restricts his or her ability

to care for his or her needs, and who has experienced or is at risk of abuse or neglect (Wisconsin Act 388, 2006).

Barriers: Structures or objects that impede free movement; any condition that makes it difficult to make progress or to achieve an objective, anything serving to maintain separation by obstructing vision or access. There are four categories of barriers: physical, communication, attitudinal and systemic. Physical barriers interfere or impede a person with a disability from accessing the particular location or service. Communication barriers make it so individuals are unable to access information in a format they can use. Attitudinal barriers are inaccurate beliefs or perceptions about a person's ability. Systemic barriers occur when practices of an organization discriminate individuals by screening them out from participation. (From: <http://www.gwbarrierfree.org/barriers.htm>)

Collaboration: A mutually beneficial and well-defined relationship entered into by two or more organizations that are more likely to achieve the desired results together than alone.

Continuum of Care: The process of coordinating and linking resources to avoid duplication of services and to facilitate seamless and timely movement among care settings and services.

Culture: The attitudes and behavior that is characteristic of a particular social group or organization.

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

1. Has a physical or mental impairment that **substantially** limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment

Domestic Violence and/or Domestic Abuse: A pattern of abusive behavior in any relationship in which one person gains or maintains power and control over another person. It can take many forms, including physical abuse, sexual abuse, financial abuse and/or emotional/psychological abuse. Domestic violence can occur between husbands, wives, ex-husbands, ex-wives, partners, ex-partners, brothers, sisters, mothers, fathers, children, people who are dating or have dated in the past, people who have lived together, extended family members and personal care attendants and/or caregivers.

Justice: What is right, fair, appropriate and deserved; justice is achieved when an unjust act is redressed and the survivor feels whole again. Justice also means the offender is held accountable for his behavior.

Least Restrictive Environment: The setting that least restricts opportunities for persons with disabilities.

Mandated Reporter: In Wisconsin mandated reporters for “adults at risk” include an employee of any entity that is licensed, certified or approved by or registered with DHFS; a health care provider, a social worker, professional counselor and marriage and family therapists. Mandated reporters must make a report when asked to by the “adult at risk”; when there is reasonable cause to believe that the “adult at risk” is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk; and/or when there are other “adults at risk” that are at imminent risk of serious bodily harm, death, sexual assault or significant property loss inflicted by the suspected perpetrator.

Neglect: The failure of an individual to provide treatment or services necessary to maintain the health or safety and basic needs of the individual in their care.

Self-Sufficiency: Not requiring any outside aid, support, or interaction, for survival.

Sexual Violence, Sexual Assault and/or Sexual Abuse: A verbal or physical act that is sexual in nature and violates a person’s sense of trust and/or feeling of safety. Sexual violence includes rape or other sexual assault/abuse by a date or acquaintance, a partner, a caregiver, a family member or a stranger. It also includes any sexual activity with an adult or child with a disability by a caregiver, either while providing a service for which he/she receives financial compensation or at a care giving facility or program. Sexual assault occurs when the person does not give consent, is unable to give consent or when the sexual conduct is occurring with a licensed professional or service provider. Sexual violence, sexual assault and/or sexual abuse includes covert offenses (Hands-Off), Overt Offenses (Hands-On) and harmful genital practices (see Appendix 4 on page 29 for additional information).

Social Change: Change in the nature, the social institutions, the social behavior or the social relations of a society, community of people, or other social structures.

Survivor: Anyone who has experienced violence and/or abuse, and embodies strength, experience, wisdom, hope and empowerment.

Stakeholders: The individuals or organizations that stand to gain or lose from the success or failure of MMDI:ACCESS.

Systems Change: Creating meaningful and long term changes that are not dependent on special initiatives or funding to be sustained and which become integrated into the system and organizations.

Universal Design: The design of products, environments to be usable by all people, to the greatest extent possible, without adaptation or specialized design. Universal design benefits people of all ages and abilities.

Acronyms

MMDI:ACCESS agrees to the use of the following acronyms:

| | |
|--------------------|---|
| ADA | Americans with Disability Act, 1990 law that provides comprehensive civil rights protections to individuals with disabilities in the areas of employment, state and local government services, public accommodations, transportation, and telecommunications. |
| CIL | Center for Independent Living |
| Commission | Milwaukee Commission on Domestic Violence and Sexual Assault |
| DART | Disability Abuse Response Team |
| DSD | Milwaukee County Disability Services Division |
| MMDI:ACCESS | Metro-Milwaukee DART Initiative: A Community Collaborative Effort Serving Survivors <i>with Disabilities from Crisis to Healing</i> |
| OVP | City of Milwaukee Office on Violence Prevention |
| OVW | Office on Violence Against Women |
| SART | Sexual Assault Response Team |
| TFFV | Task Force on Family Violence |
| Vera | Vera Institute of Justice ↩Return |

7 CONFIDENTIALITY AGREEMENT

This agreement between MMDI:ACCESS members will address confidentiality in three distinct areas:

1. Confidentiality of the Individuals We Serve
2. Confidentiality of Information/Disclosures about Collaborative Agencies
3. Confidentiality of Personal Disclosures Made by Collaboration Members

Each of the collaborating agencies that make up MMDI:ACCESS have written policies regarding confidentiality, each of the representatives from these agencies are aware of these policies and will continue to follow them during the course of their regular duties but while participating in the tasks and activities of this collaboration, representatives will follow this confidentiality agreement.

This confidentiality statement is being implemented by MMDI:ACCESS in order to create a safe exchange of ideas and to generate an atmosphere of trust that is needed in order to accomplish our mission, vision and goals. Separate more comprehensive confidentiality policies will be written to address information gained during the needs assessment and when we enter the implementation phase.

Confidentiality of the Individuals We Serve

Collaboration members understand that providing individual case management is outside the scope of this grant, yet to keep our collaboration moving towards system change, we will be utilizing the experiences of and stories from survivors with disabilities. Information will be shared anecdotally and will omit any identifying information. Information about survivors with disabilities will be kept confidential and not shared outside of the collaborative.

Confidentiality of Information/Disclosures about Collaborative Agencies

Collaboration members understand that any information/disclosures made by representatives about their respective agencies is being done so to improve our system's response to domestic and sexual violence and/or abuse, this information will be treated as confidential and will not be shared outside of the collaborative. Information about agency policies, procedures, actions or inaction of agency staff or management, etc. is being gathered for the purpose of improving service delivery and accessibility; it is not meant to be used for punitive purposes.

Confidentiality of Personal Disclosures Made by Collaboration Members

Collaboration members also understand that any personal information/disclosures shared by the individual representatives of MMDI:ACCESS will be treated as confidential and will not be shared outside of the collaborative.

Information/disclosures shared about personal experiences of abuse, job related problems, experiences with other MMDI:ACCESS partner agencies, etc. are being shared for the purpose of moving the collaboration towards system change.

This confidentiality agreement acknowledges that the *Nondisclosure Law: Sec. 995.67, Wis. Stats* and *905.045 (2) General rule of privilege* (see Appendix 5 on page 30 for additional information) will impact the information that can be shared within the collaborative.

Mandated Reporting

Collaborative members acknowledge that this agreement does not negate their responsibility as a mandated reporter. In Wisconsin anyone can report domestic and sexual violence and/or abuse of an “adult at risk” and certain individuals who are considered mandated reporters, include:

- An employee of any entity that is licensed, certified or approved by or registered with DHFS
- Health care providers
- Social workers
- Professional counselors
- Marriage and family therapists

An individual who is a mandated reporter must make a report when:

- The “adult at risk” asks them to
- There is reasonable cause to believe that the “adult at risk” is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk
- There are other “adults at risk” that are at imminent risk of serious bodily harm, death, sexual assault or significant property loss inflicted by the suspected perpetrator

The experiences of survivors with disabilities, who are also “adults at risk”, are essential to move the collaboration towards system change. MMDI:ACCESS agrees that these experiences may be shared freely, without threat of repercussion. We feel confident that safeguards are in place that decreases the likelihood that mandated reporting requirements will be triggered by the information shared. However, should the need occur, cases that require a report to adult protective services from a collaborative member, who is a mandated reporter, will be done outside of the collaborative and in compliance with the mandated reporting statute. [↔Return](#)

8 DECISION MAKING STRATEGY


MMDI:ACCESS will adopt a consensus decision-making strategy for use within the collaboration. The following is an outline of how this strategy will be utilized.

Consensus Decision Making

Consensus is a general agreement among the members of a team or group. Consensus decision making is the process used to reach this agreement, it includes all persons making the decision. The group is committed to finding solutions that everyone can live with. It is more than a compromise; it’s a process that can result in solutions, often better than the original suggestions. People are not always in total agreement or total disagreement, but rather fall along a

continuum. How close the group is to reaching consensus depends on where the members fall along this continuum.

Five-Degree Consensus Scale

| | | | | | |
|---|---|---|--------------|-------------------------|---|
|  | 1 | — | No | Let's do something else | <ul style="list-style-type: none"> ▪ Can you tell us why you feel this way? ▪ What parts of it don't you like? ▪ Is there anything you like? |
| | 2 | — | Wait | Can we change it? | <ul style="list-style-type: none"> ▪ What additional information do you need? ▪ What facts would make a difference? |
| | 3 | — | Maybe | I have questions | <ul style="list-style-type: none"> ▪ What parts of this proposal do you like? ▪ What parts of it don't you like? |
| | 4 | — | Ok | It's good enough | <ul style="list-style-type: none"> ▪ What would make it better? |
| | 5 | — | Yes | Let's do it | |

Steps to Consensus: Using the Five-Degree Consensus Scale

Step 1: A proposed course of action is made

Step 2: Members ask questions and facilitator will take polls. We will do this even if everyone is already in agreement. MMDI:ACCESS believes that continued discussion will increase the quality of the proposal and the groups understanding and commitment to the proposal. The members of the collaborative are polled to find out where they stand on the proposal, using the scale above.

Step 3: Repeating Step 2 until consensus is reached or there is a deadlock.

Consensus is reached when the poll indicates that everyone is either a four or a five (proposal is approved); or a one or a two (proposal is dropped). When there is a deadlock, MMDI:ACCESS has agreed to table the decision until members have the opportunity to research the idea and their position. **Silence or inaction** will not be taken as an indication of agreement or disagreement. (Adapted from Wilson Strategies (2006) Using a five-degree consensus scale to reach consensus: the cheat sheet available at <http://www.wilsonstrategies.com/consensus-cheat-sheet.pdf>)

Decision Makers

The agency representatives who sit on MMDI:ACCESS have the authority to agree to regular day-to-day decisions of the collaboration, such as development of the deliverables, meeting times/dates, as well as the decisions that are outlined in the roles section of this charter and any additional items outlined in the memorandum of understanding between MMDI:ACCESS partner agencies. There are decisions that fall outside the authority of collaboration representatives, such as fiscal decisions related to this grant, which are made by the IndependenceFirst Comptroller; protocol, practice, policy, budget and other decisions that affect agency business, outside of the collaboration, will be made according to the existing protocols within the respective agencies. The type of decision to be made will determine who needs to be involved in the decision making process.

Each agency in the collaborative has a decision making hierarchy and a different decision making process. IndependenceFirst and the Task Force on Family Violence are non-profit agencies, whose decision makers include general staff, department heads, associate and executive directors and a Board of Directors. The Office on Violence Prevention is seated in the City of Milwaukee Health Department and is a governmental body that has a very different decision making hierarchy that includes the Health Commissioner, the Common Council, and the City of Milwaukee Mayor. Similarly Milwaukee County Disability Services Division is a governmental body that has division heads, a division administrator, a department director, a county board and a county board supervisor. MMDI:ACCESS recognizes and honors each agency's decision making process and will work with these different processes to enact systems change.

Resolving Conflict

To resolve conflicts successfully there needs to be opportunities for members to speak up about their concerns, to listen to and address these concerns and to try to meet the needs of the entire group so that everyone is satisfied with the outcome. MMDI:ACCESS will first attempt to informally use the consensus decision making strategy outlined above to resolve any conflicts; should this not work we will move to the more formal process listed in the next section. [↩Return](#)

9 CONFLICT RESOLUTION STRATEGY

MMDI:ACCESS is aware that conflict does occur and agree to follow the informal conflict resolution process listed below before in initiating the formal process.

Informal Conflict Resolution

The informal conflict resolution process is similar to the consensus decision making strategy listed above and we feel that this will likely be sufficient to address the majority of conflicts that may arise. The objective of this type of conflict

resolution is to reach consensus, and by using this approach it will help build a commitment within the group and reduce bad feelings.

Formal Conflict Resolution

If we find ourselves in a situation where serious conflict is apparent and our informal strategy is not working, MMDI:ACCESS will follow the following formal conflict resolution strategy:

1. Discuss the problem
2. Table the problem until members have time to research their position and talk over the problem with their agency
3. Look for the two degrees of truth...no one totally wrong or totally right and instead focus on those things we agree on.
4. Move to mediation

Mediation Process

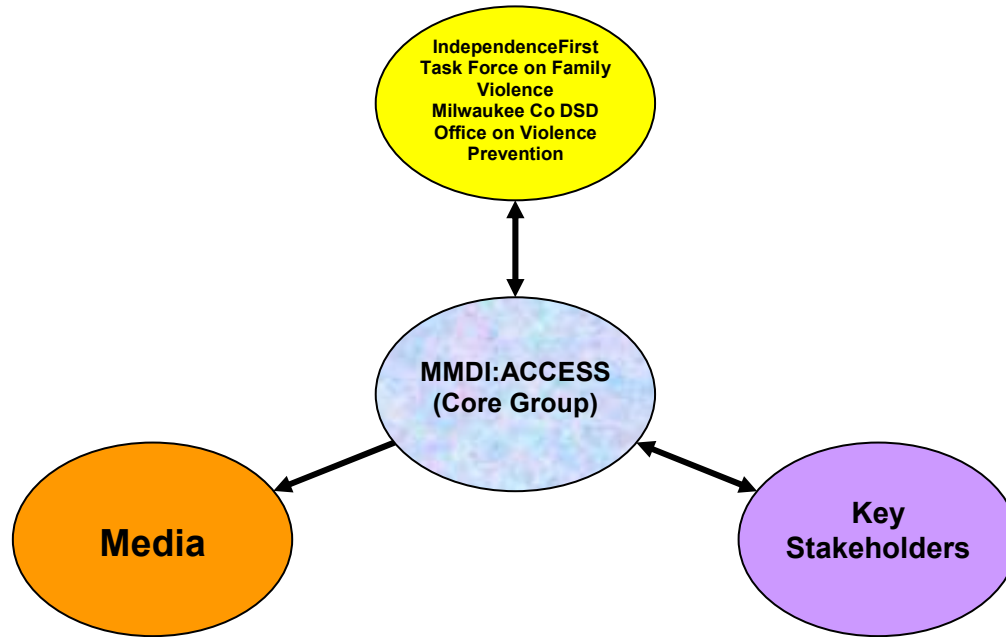
Any member of MMDI:ACCESS can request that we use an outside mediator to help the collaboration resolve an issue. During this grant period, Vera will act as the mediator, their contact information is:

Jacki Chernicoff, Senior Program Associate
(212) 376-3145 or jchernicoff@Vera.org

If no agreement is made after the mediation is concluded, the Vera Associate will decide if another Vera staff member is needed or if the Office on Violence Against Women needs to be contacted. [↔Return](#)

10 COMMUNICATION PLAN

MMDI:ACCESS agree that effective communication is key to building and maintaining a successful collaboration and as such has developed a four tiered communication plan that addresses communication between the core group of representatives; communication between the core group and their respective agencies; communication between MMDI:ACCESS and key stakeholders; and communicating with members of the media. Information about MMDI:ACCESS will either be initiated by or filtered through the core group.



Internal Communication

The MMDI:ACCESS core group (Project Director and agency liaisons) meet twice a month, during the planning phase, to work on deliverables, such as this charter; needs assessment tools and plan; and strategic plan. This schedule is subject to change as the tasks of phase one are completed and we move into the implementation phase (phase two) of this project. The core group uses e-mail and the MMDI:ACCESS list serve to maintain regular contact about the activities and deliverables of the collaboration. We have also set up a password protected online site through Microsoft Office Live Workspace, which enables easy access to shared documents, including but not limited to the drafts of the collaborative charter; background and supplemental information; meeting schedules and messages. Additional communication is accomplished through phone contact and meeting one-on-one. When needed the core group will utilize additional agency representatives to lend their expertise in collaboration activities (i.e. the media plan was developed with the help of each agency's public relations specialist, who will continue to work in collaboration, with the core group and each other, throughout the remainder of the grant period).

The core group is also responsible for communicating MMDI:ACCESS activities back to their respective agencies. Each core group member relays this information to their supervisors on a regular basis (at least twice a month), via e-mail and/or in-person one-on-one meetings. The information shared with supervisors may include minutes from collaboration meetings, drafts of deliverables, and/or general

updates on collaboration activities. The core group members relay relevant information back to other agency staff/management, via internal list serves, and through the following avenues:

- Independence *First* has monthly meetings for coordinators, staff and managers, information about MMDI:ACCESS activities are shared regularly at the coordinators meetings and at all-staff meetings. The managers meetings serve as a forum to discuss system change issues. “First News” is the monthly internal newsletter that is sent out via e-mail to all in-house staff; this is an additional tool that can be used to disseminate information to the entire agency and is often used to send out education pieces cross training and also as a way to send out announcements about upcoming events of MMDI:ACCESS and the collaborating partners.
- The Task Force on Family Violence creates a monthly written report on all agency activities, including MMDI:ACCESS. This monthly report which provides an update on the progress and activities of MMDI:ACCESS, is sent to both TTFV staff and the board of directors.
- Milwaukee County Disability Service Division is part of a larger department and includes four bureaus, information on MMDI:ACCESS is offered at division staff meetings, or less formally throughout the four bureaus on a one-on-one basis. Information can also be shared as part of the larger division report to the Department of Health and Family Services. Since DSD it is part of the larger Milwaukee County government system, any information or proposals on potential system change from MMDI:ACCESS will need to be reported to the County Board of Supervisors and County Executive.
- The Office on Violence Prevention can share information about MMDI:ACCESS activities to the City of Milwaukee Health Department through their internal list serves and at department staff meetings. OVP will also have the opportunity to share information and updates across all city departments. Like the County any information or proposals on potential system change from MMDI:ACCESS will need to be reported to the Health commissioner, Mayor and Common Council.

An additional method for getting information on MMDI:ACCESS activities to the collaborating agencies, is to have one or more members of the core group meet with agency staff or management, assist in writing internal reports or articles and/or providing cross training on their respective agencies.

External Communication

The MMDI:ACCESS collaboration is made up of agencies that are both private non-profit agencies or part of the larger government (county and city) system; the individuals served are both people with disabilities and persons who are survivors

of violence; this means that a significant portion of the Milwaukee community make up our pool of potential stakeholders. The four agencies involved in MMDI:ACCESS have numerous ways to keep key stakeholders abreast of collaboration activities including:

- **Websites:** Each agency has its own website (see below), where newsletter articles can be viewed, activities can be posted and other information can be shared. The following are the websites of collaboration agencies:
 - IndependenceFirst: <http://www.independencefirst.org>
 - Task Force on Family Violence: <http://www.tffv.org/>
 - Milwaukee County Disabilities Services: <http://www.milwaukeecounty.org/>
 - Milwaukee Health Department: <http://www.city.milwaukee.gov/Welcome401.htm>

- **Newsletters:** Each agency also has its own newsletter that it sent out through their agency mailing list. These newsletters go out to both service users and service providers, and can be used to inform the reader of the activities of the collaborative, make announcements about upcoming collaboration events, and inform readers of collaborating agency activities and events. The Project Director will write up an ongoing piece for the IndependenceFirst newsletters related to violence and abuse of persons with disabilities and include any information on MMDI:ACCESS activities that are needed for distribution. This article will be forwarded to the other three partners for use as they deem fit (including but not limited to inclusion in their respective newsletters). Collaborative partners will be encouraged to submit agency information and or updates to the other partners. The following is a list of the newsletters distributed by MMDI:ACCESS agencies:
 - IndependenceFirst: "Breaking Away" and "Advocacy News"
 - Task Force on Family Violence: "Family Matters"
 - Milwaukee County Disabilities Services: "Handi-News and Notes"
 - Milwaukee Health Department: "Healthy Times"

- **Commission and sub-committee meetings:** DART (Disability Abuse Response Team) is a subcommittee of the Milwaukee Commission on Domestic Violence and Sexual Assault and all four partner agencies are part of DART. The Commission and DART are key stakeholders and will play a major role in the activities of the collaboration. Regular updates on collaboration activities are provided to DART members through their list serve and get passed on through the Commission's list serve when needed. Both groups will receive formal reports of the progress and activities of MMDI:ACCESS at their monthly meetings. These reports will be made by one or more of the core group members.

- Stakeholders may also be informed about collaboration activities through external newsletters (i.e. universities, religious groups, other community programs, etc.), and external list serves and mailings.

Media Plan

In order to avoid any problems in the future MMDI:ACCESS chose to take a proactive, rather than a reactive approach to the development of this media plan. Each of our respective agencies have personnel whose primary function is public relations. These individuals joined the core group in making a plan that addresses four specific situations: (1) media request about an agency as a whole, with the MMDI:ACCESS project being one component; (2) media request about MMDI:ACCESS; (3) media request or a formal response to a current event (i.e. crime committed against a person with a disability); and (4) media request or a formal response to a current event that involves one of the collaboration partners.

As part of this proactive plan, an agreement was reached that the public relations staff that took part in this plan development would become the MMDI:ACCESS Media Committee:

Carol Pritzlaff Voss, MS, OT
Public Relations and Marketing Manager at Independence*First*
(414) 226-8305 Direct (V/Relay)
(414) 3390-3045 Cell (V/Relay)
cvoss@independencefirst.org

Heather Tate
Director of Marketing and Public Relations at Task Force on Family Violence
(414) 276-1911
htate@tffv.org

Raquel Filmanowicz
Health Operations Administrator at the City of Milwaukee Health Department
(414) 286-3175
(414) 397-1614 Cell
RFILMA@milwaukee.gov

Karen Bachman*, Resource Center Manager
(414) 289-6033
E-mail: kbachman@milwcnty.com

*Currently Milwaukee County Department of Health and Human Services does not have a designated staff person who serves as the media liaison.

As lead agency, IndependenceFirst staff will lead this media committee. MMDI:ACCESS will also develop a media kit that each of the committee members can use when addressing the aforementioned situations:

- (1) When there are media requests about an agency as a whole, with the MMDI:ACCESS project being one component, the media committee member from the agency can address the request, without prior approval from IndependenceFirst. Media committee members can use the talking points in Appendix 6 for background information on MMDI:ACCESS (see Appendix 6 on pages [31-32](#) for MMDI:ACCESS Talking Points).
- (2) All media requests about MMDI:ACCESS will be forwarded or passed on to Carol Voss at IndependenceFirst, she will then contact the Project Director to either act as, or assign one of the other core members to act as the spokesperson for the request, using the talking points in Appendix 6 (see Appendix 6 on pages [31-32](#) for MMDI:ACCESS Talking Points).
- (3) All media requests or formal responses to a current event (i.e. crime committed against a person with a disability) will be handled by the media committee in a timely manner. They will work together on an appropriate response and use the core members as resources. Once a media kit is developed they will have another tool to use when these incidents occur. MMDI:ACCESS wants the media to see them as the experts on violence against people with disabilities, to do this the media committee will initiate responses when a current/local event warrants a response.
- (4) All media requests or formal responses to a current event that involves one of the collaboration partners will be handled by the media committee and the core group. In order to ensure that the response is handled appropriately and to show solidarity, all partner agencies will respond to this type of incident jointly. [↩Return](#)

11 WORK PLAN

| Date/Timeframe | Key Activities | Deliverable |
|------------------------------|--|-------------------------------------|
| October 2007 | IndependenceFirst receives DOJ/OVW Grant | N/A |
| November 2007 | Project Directors and New Grantee Orientation meeting in St Louis, MO | N/A |
| January 2008 | Added two partners, DSD and MHD-OVP | N/A |
| January-February 2008 | Vera/OVW Site Visit | N/A |
| February-April 2008 | Collaboration Building: <ul style="list-style-type: none"> Learn about members and their agencies Develop vision, mission, and goals Decide how to work together | Collaboration Charter |
| April 2008 | Collaboration Charter to Vera and to OVW | N/A |
| May 2008 | Project Director and All Site meeting in Louisville, KY | N/A |
| May 2008* | Identifying Focus: <ul style="list-style-type: none"> Explore collaboration's interests, expertise, and influence Identify agencies that will be site of change Identify target population, if any | Memo-Focus |
| June 2008 | Vera/OVW Site Visit (TBA) | N/A |
| June-November 2008* | Needs Assessment, Plan and Implementation: <ul style="list-style-type: none"> Develop a methodology for needs assessment Conduct needs assessment with collaboration, service providers, people with disabilities, and survivors | Needs Assessment Proposal and Tools |
| November 2008 | Project Director and All Site meeting (TBA) | N/A |
| November-December 2008* | Needs Assessment Report: <ul style="list-style-type: none"> Analyze data and write up findings | Needs Assessment Report |
| December 2008-January 2009* | Strategic Plan: <ul style="list-style-type: none"> Review findings from needs assessment Agree upon priority areas Develop strategies for change Draft and finalize plan | Strategic Plan |
| January 2009-September 2010* | Implementation Phase | N/A Return |

* After approval of deliverable by OVW

APPENDIX 1

**Examples of People First Language
By Kathie Snow**

VISIT WWW.DISABILITYISNATURAL.COM TO SEE THE COMPLETE ARTICLE

| Say: | Instead of: |
|---|--|
| People with disabilities. | The handicapped or disabled. |
| He has a cognitive disability/diagnosis. | He's mentally retarded. |
| She has autism (or a diagnosis of...). | She's autistic. |
| He has Down syndrome (or a diagnosis of...) | He's Down's; a mongoloid. |
| She has a learning disability (diagnosis). | She's learning disabled. |
| He has a physical disability (diagnosis). | He's a quadriplegic/is crippled. |
| She's of short stature/she's a little person. | She's a dwarf/midget. |
| He has a mental health condition/diagnosis. | He's emotionally disturbed/mentally ill. |
| She uses a wheelchair/mobility chair. | She's confined to/is wheelchair bound. |
| He receives special ed services. | He's in special ed. |
| She has a developmental delay. | She's developmentally delayed. |
| Children without disabilities. | Normal or healthy kids. |
| Communicates with her eyes/device/etc. | Is non-verbal. |
| Customer | Client, consumer, recipient, etc. |
| Congenital disability | Birth defect |
| Brain injury | Brain damaged |
| Accessible parking, hotel room, etc. | Handicapped parking, hotel room, etc. |
| She needs . . . or she uses . . . | She has a problem...She has special needs. |

Keep thinking—there are many other descriptors we need to change!

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Excerpted from Kathie's People First Language article

APPENDIX 2

Types of Abuse

- **Emotional Abuse:** A pattern of verbal assaults or coercive measures against a person, which is destructive to his/her self-esteem. Emotional abuse is always a component of the other types of abuse. **Emotional Neglect** is the failure to provide the nurturing or stimulation needed for social, intellectual and emotional growth.
- **Financial Exploitation:** Someone takes or misuses another person's money or property; it often goes along with physical and emotional neglect.
- **Physical Abuse:** Any non-accidental physical injury or injuries.
- **Physical Neglect:** The failure to provide adequate food, shelter, clothing, protection, supervision and medical and dental care.
- **Sexual Abuse:** A verbal or physical act that is sexual in nature and violates a person's sense of trust and/or feeling of safety. A verbal or physical act that is sexual in nature without consent. Abusing a position of trust, power or authority to rob a person of free will. [↩Return](#)

APPENDIX 3

Four Categories of Access

| Four Categories Of Access | |
|----------------------------------|--|
| Physical Access | Ramps, curb cuts, elevators, automatic doors, designated parking spaces, etc. |
| Programmatic Access | Rule and procedural changes, etc. that allow individuals with disabilities to benefit from the services and programs available to the public |
| Communication Access | TTYs, sign language interpreter; written material in Braille, on audio tape, CD and/or large print etc. |
| Attitudinal Access | Behavior, attitude, actions, etc. toward people with disabilities by people without disabilities |

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APPENDIX 4

Sexual Violence, Assault and/or Abuse

Sexual violence, sexual assault and/or sexual abuse include:

- **Hands-Off or Covert Offenses** do not involve physical contact, but does include voyeurism, exhibitionism, forced viewing of pornography, sexual harassment and threats.
- **Hands-On or Overt Offenses** involve physical contact and can include genital contact with or without penetration. This contact might be to the victim's vagina, penis, breast, anus or mouth. The perpetrator might be making contact orally, genitally, digitally or with objects.
- **Harmful Genital Practices**, unnecessary and unwarranted or excessive personal care to a person's genitals, breast or anus (Adapted from Ramsey-Klawnsnik, Holly (1998). *Widening The Circle: Sexual Assault/Abuse and People with Disabilities and the Elderly*, Wisconsin Coalition Against Sexual Assault). [⇨Return](#)

APPENDIX 5

Wisconsin Laws

Nondisclosure Law: Sec. 995.67, Wis. Stats.

(2) (a) No employee or agent of a domestic abuse services organization who provides domestic abuse services to a service recipient may intentionally disclose to any person the location of any of the following persons without the informed, written consent of the service recipient:

1. The service recipient.
2. Any minor child of the service recipient.
3. Any minor child in the care or custody of the service recipient.
4. Any minor child who accompanies the service recipient when the service recipient receives domestic abuse services.

Chapter 905: Evidence Privileges

905.045 (1) Definitions (c) A communication or information is "confidential" if not intended to be disclosed to 3rd persons other than persons present to further the interest of the person receiving counseling, assistance, or support services, persons reasonably necessary for the transmission of the communication or information, and persons who are participating in providing counseling, assistance, or support services under the direction of an advocate, including family members of the person receiving counseling, assistance, or support services and members of any group of individuals with whom the person receives counseling, assistance, or support services.

905.045 (2) General rule of privilege. A victim has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made or information obtained or disseminated among the victim, an advocate who is acting in the scope of his or her duties as an advocate, and persons who are participating in providing counseling, assistance, or support services under the direction of an advocate, if the communication was made or the information was obtained or disseminated for the purpose of providing counseling, assistance, or support services to the victim. [↩Return](#)

APPENDIX 6

Media Talking Points*

*These talking points are works in progress and will be adapted and edited as appropriate and additional points will be developed as the collaboration moves through the phases of this grant.

Talking Points: MMDI:ACCESS

- Collaborative made up of four partners, IndependenceFirst, Task Force on Family Violence, Milwaukee Health Department, Office on Violence Prevention and Milwaukee County Disability Services Division.
- Funded through a grant from the US Department of Justice, Office on Violence Against Women.
- Systems change grant, with two phases: the planning phase, which includes collaboration building, needs assessment and strategic plan; and the implementation phase, in which we will implement the changes identified during the planning phase.
- **Vision Statement:** Milwaukee area residents with disabilities who experience domestic and sexual violence and/or abuse will gain access to a network of interdisciplinary service providers who will assist them on their journey from crisis to healing in a timely and comprehensive manner that embodies choice, safety, and justice with the full support of the community.
- **Mission Statement:** MMDI:ACCESS will build an interdisciplinary service network that offers Milwaukee area residents with disabilities, a seamless, comprehensive and timely response to their experience of domestic and sexual violence and/or abuse. This response will exemplify choice, safety, dignity and justice to empower survivors. MMDI:ACCESS will foster a culture of change within this service network and the collaborating agencies by equipping itself with the tools needed to strengthen its relationships, improve communication and break down barriers that exist for survivors with disabilities.

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Talking Points: Violence Against Women with Disabilities

- Violence against women is a major public health issue in the United States, affecting the physical and emotional health of millions of women, children and men. Women with disabilities experience violence at extremely high rates and while their experiences are similar to women without disabilities there are some ways in which their experience is different (i.e. access to safety and support services, dependence on abuser, social stigma, etc.).
- People with disabilities who have experience violence/abuse have the right to equal justice and the right to services.
- Isolation, waiting list, limited access and potential of not being believed make it difficult for people with disabilities experiencing violence/abuse to leave or seek help.
- MMDI:ACCESS hopes to address these issues in Milwaukee County and to create a seamless delivery system that will offer comprehensive victim services to persons with disabilities in Milwaukee.

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