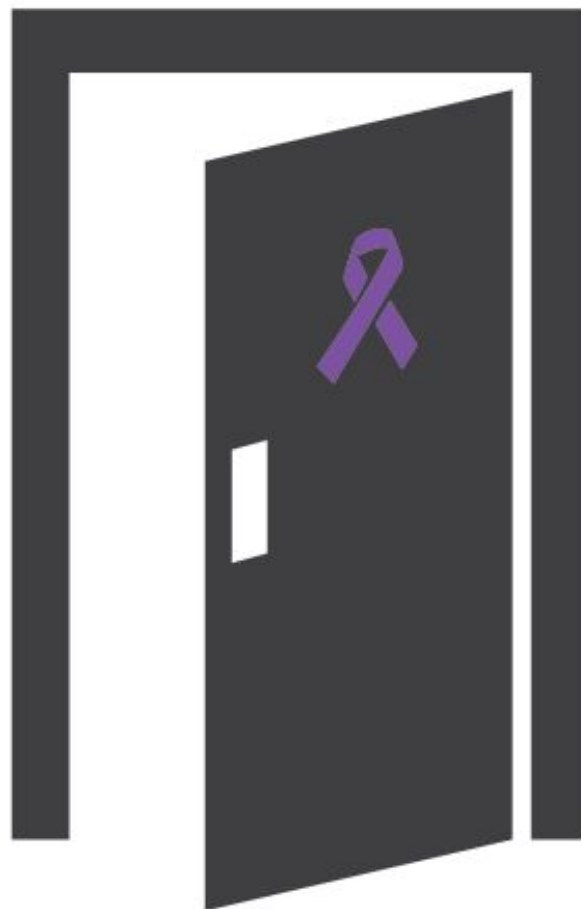


McNeff's Open Doors

FOR SURVIVORS WITH DISABILITIES



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Introduction

McNeff's Open Doors for Survivors with Disabilities ("Open Doors") reflects the commitment of five organizations who have come together to identify and address system gaps present for women with disabilities who are victims of domestic violence, sexual assault and/or stalking in Multnomah County. We focus primarily on women age 18 to 64 years old with physical disabilities, including women with physical disabilities and co-occurring mental health conditions.

While many of our agencies have relevant expertise and a rich history of working together, no previous efforts have included the development of such a comprehensive team focused exclusively on women with physical disabilities who experience domestic violence, sexual assault, and/or stalking. This grant brings together two movements, the disability rights movement and the women's movement. We are committed to learning from each other throughout this process and acknowledge our shared goals and intentions, as well as our limitations and differences.

The structure of our collaborative consists of monthly multidisciplinary team (MDT) meetings, attended by representatives from every partner agency. Additional grant work is carried out by the planning committee, a smaller team comprised of a representative from each partner agency, that meets with greater frequency.

Dedication

"Lizzi" Elizabeth Ann McNeff unexpectedly passed away on April 22, 2016 during the creation of this Charter. Lizzi was the Executive Director of Project Disability Awareness Resource Team (DART), a successful researcher and program developer, and an unparalleled advocate for people with disabilities and anyone experiencing abuse or neglect. Lizzi co-wrote the grant that will allow our community to continue this lifesaving work and we commit to doing so under her name and in honor of her immense legacy.

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Vision

A sustained collaboration entrusted with improving the system's capacity and response, existing to ensure the safety and self-empowerment of people with disabilities who have experienced domestic violence, sexual violence, and/or stalking, and insisting that all survivors deserve accessible services and resources.

Mission

To develop strategies to increase service equity based on identifying systemic gaps. Working collaboratively, we will address these disparities through a person-centered approach, focusing on increasing accessibility, provider education, utilization of survivor input, and the creation of ample opportunities for all to be respectfully and compassionately served, through any service door they enter.

Shared Values and Assumptions

Shared values that guide our collaboration

We represent an ongoing commitment to building organizational awareness and improving systemic response to create lasting and sustainable change, through which we will better serve survivors with disabilities.

We believe each person, position, and agency has an equal voice at the table.

Shared values that guide our work

We believe all people have rights to access food, shelter, safety, choice, community, recreation, and a life free from discrimination, violence, and judgement.

We believe survivors are experts in their own lives, experiences, bodies, and disabilities. Survivors stories are to be honored and validated.

We believe survivors have the right to make their own decisions regarding services, housing, relationships, lifestyle choices, finances, parenting, appearance, etc. Survivors have the right to access equitable and accessible services wherever they choose to be served. Survivors have the right to be treated with dignity and respect at all times.

We believe safety is to be determined by the survivor. We hold safety as a priority for anyone receiving or delivering services.

We believe survivors have a the right to decide who knows their stories.

We believe in the creation of space in our system for services to be delivered by those with shared life experiences.

We believe survivors with disabilities who are parenting face unique challenges and inevitably have equally unique strengths that should be considered in service navigation and delivery.

We value the lives of people with disabilities.

We value the cultural identity of all survivors.

We use person-first language to foster dignity and respect.

Shared assumptions

We understand that abuse is a pattern of coercive tactics, with a goal of establishing and maintaining power and control.

We insist people with disabilities have the right to fully participate in society.

We know survivors are best served through collaboration and a trauma-informed lens, when agencies are willing and able to have hard conversations, and transparency is a highly valued component of service delivery.

We maintain that transparency and trust are vital components of successful collaboration.

Partners and Partnership



Multnomah County –
Department of County
Human Services:

Domestic and Sexual Violence

Coordination Office: Established in 1994, the Domestic and Sexual Violence Coordination Office (DSVCO) provides leadership, consultation and technical assistance on domestic and sexual violence intervention and prevention for Multnomah County and the City of Portland. DSVCO manages county, state and federal funds for victim services including other Office on Violence Against Women grants; leads and facilitates multi-disciplinary and collaborative projects; assesses needs and gaps in local interventions; and provides extensive training and capacity-building throughout the County. DSVCO's current collaborative, multidisciplinary projects include the Domestic Violence Enhanced Response Team (DVERT), the Domestic Violence Fatality Review Team, and the Family Violence Coordinating Council. DSVCO also oversees the Defending Childhood Initiative, a federal initiative to improve responses to children exposed to violence.

Adult Protective Services (APS): APS is responsible for improving the quality of life of the county's 220,000 older adults and people with disabilities by protecting them from abuse, financial exploitation, neglect and self-neglect. APS conducts abuse investigations, provides risk management, and educates the community about abuse. APS strives to prevent further harm by linking victims of abuse to critical health, legal and human services.

Veterans Services Office (VSO): The VSO assists veterans and their families in accessing all state and federal benefits available to them. Because Oregon has no active-duty military base, VSO plays a crucial role in serving veterans directly and through collaboration with other programs such as the Oregon Department of Veterans Affairs, the US Department of Veterans Affairs and its local Center for Women Veterans' Health. Recently VSO has increased its staffing as well as its focus on the needs of women veterans, including training and outreach on trauma, military sexual trauma and domestic violence issues.



HASL Center for Independent
Living, Disability Awareness
Resource Team
(DART)—Disability
Organization

DART, a program under HASL Center for Independent Living, provides disability-specific domestic violence services to crime survivors with disabilities in Multnomah county, bring many resources and skills to the collaborative. Formed in 2005 by a group of women with disabilities, DART is a grass-roots, consumer-led effort focused on ending violence against women with disabilities by promoting women with disabilities to assume leadership positions. ALL of DART'S services are peer-based, best practice/evidence-based and in alignment with the philosophical tenants of the independent living movement: supporting peer mentoring, advocacy/co-advocacy, self-determination, sufficiency, empowerment, stewardship, and person-centered supports as means to end violence against women with disabilities.

DART is a Victim's of Crime Act (VOCA) grant-funded project that is managed by HASL Center for Independent Living in Grants Pass, Oregon. HASL's sole governing mission is to maximize the quality of life for people with disabilities and seniors by promoting a philosophy of self-respect and self-determination through equal access and equal opportunity that empowers people to live as independently as they choose. DART is physically located in Portland, Oregon at the Gateway Center. The Gateway Center strives to prevent and reduce the impact of intimate partner violence and its subsequent trauma by providing comprehensive, survivor-centered advocacy and services within a welcoming and culturally sensitive environment. We prioritize survivors' safety, promote survivors' rights and support survivors' desires to be free from violence and abuse.

DART also works closely with Oregon Health and Sciences University's School of Nursing on issues of disability, depression, abuse, and employment. DART has a strong collaborative history providing leadership and support to other community-based organizations. DART has participated in organizational assessments, assisted in creating training curriculum, provided agency training on the dynamics of domestic violence of people with disabilities and training and technical assistance on issues of disability awareness, and supported consumer participation. Elizabeth McNeff, Director, had over 30 years of experience as a trainer and consultant on disability issues, domestic violence, healthcare, employment, mental health and inclusion. Unfortunately, Ms. McNeff passed away on April 22, 2016. Her passion to serve survivors with disabilities continues in this grant.



Raphael House – Domestic Violence

Raphael House of Portland is a multi-faceted domestic violence agency serving Multnomah County dedicated to fighting the causes and effects of intimate partner violence in a variety of ways. The mission of Raphael House is to engage the entire community in non-violent living through advocacy, education, and community outreach, and by providing a safe haven from domestic violence. Raphael House has been offering survivors the tools they need to build violence-free lives since 1977. The agency offers emergency shelter in a confidential location, support on a 24-hour access line, and rental assistance, financial empowerment, and case management through its Home in Hand/Hogar en Mano Housing Program and Advocacy Center. Each year 130 adults and children are served in the emergency shelter, approximately 1,000 callers utilize the shelter access line, and an additional 400 survivors receive non-residential services. Raphael House serves a diverse community of adults and children escaping domestic violence and also works to eliminate the causes of family and intimate partner violence through educational outreach. Their Prevention Education Program provides school and community based programming to over 2,000 participants annually.

As one of the oldest domestic violence organizations in Oregon, Raphael House has a rooted history of promoting survivor-centered advocacy and decision-making, innovation, and collaboration. Past accomplishments relevant to this project include leading an emergency shelter remodel with a focus on ensuring accessibility for survivors with disabilities. More recently, Raphael House has led efforts to address survivors' co-occurring mental health needs by developing an all-volunteer program providing survivor-centered mental health support for its participants, in partnership with local universities and colleges. Raphael House's lead staff person for this grant project is Emmy Ritter, LCSW, Director of Programs. Ms. Ritter has more than 20 years in domestic violence and sexual assault services, including extensive experience developing and overseeing services and training on co-occurring domestic violence, trauma, mental health, and addictions issues.



Native American Youth and Family Center (NAYA) – Culturally Specific Domestic Violence/Sexual Assault Organization

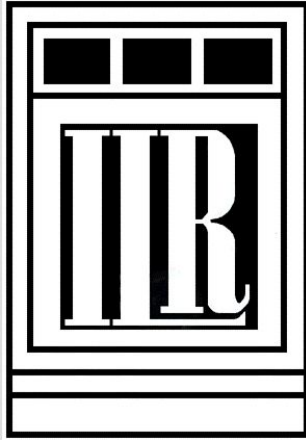
Portland, Oregon, is the 23rd largest city in the U.S., but the metro area represents the 9th largest Native American community the nation. For forty years, the Native American Youth and Family Center in Portland, Oregon, has worked to enrich the lives of Native youth and families through education, community involvement, and culturally specific programming. With a mission to enhance the diverse strengths of Native youth and families in partnership with the community through cultural identity and education, NAYA Family Center offers a holistic set of wraparound services designed to create stability in the lives of Native youth and families.

NAYA provides educational services, cultural arts programming, and direct support to reduce poverty to the Portland Metropolitan Area Native American community. Within its suite of services, NAYA offers the Healing Circle, a culturally specific domestic violence and sexual assault victim services program. The Relational Worldview Model is the fundamental lens and perspective through which NAYA provides all of its programs and services to individuals, families, and the community. NAYA has adopted the view that individuals can be assessed and treated most effectively when all the elements of their life are considered. As an integral partner in the Future Generations Collaborative, NAYA is working with local agencies in a trauma-informed collaborative process to acknowledge the role of government in contributing to the health and social inequities experienced by American Indian/Alaskan Native women in Multnomah County. This process intends to recognize how historical trauma has hindered effective partnerships between Native communities and government agencies, decreasing public service utilization by Native people.

NAYA's Director of Family Services, Tawna Sanchez, MSW, has over 25 years experience in domestic violence and sexual assault victim services. Ms. Sanchez developed and oversees NAYA's domestic violence/sexual assault victim services program, in addition to providing leadership on a wide range of issues such as domestic violence, human services, social justice, culturally appropriate services, and indigenous peoples' rights at local, state, national and international levels.

Abby Gassama, manager of NAYA's Healing Circle Program, has been working in the field of domestic and sexual violence since 2005. She began her work as a volunteer for the YWCA and was then employed as their shelter coordinator for 5 years. During her time with the YWCA she assisted with implementing a hotline for PREA (Prison Rape Elimination Act) reports as well as worked with local tribes to provide services to Native survivors. Abby has worked at the Native American Youth and Family Center

since 2010. During this time she has been a direct service advocate, group facilitator, ISRS service provider and a housing case manager. She has been in her current role as program manager since 2012.



Independent Living Resources (ILR) – Disability Organization

Independent Living Resources (ILR) is a non-profit organization dedicated to assisting people with diverse disabilities in Multnomah County. Established locally in 1957, the agency provides services using both staff and volunteers. From the early days of manually transcribing and duplicating Braille textbooks, ILR has greatly expanded its services over the years to people with *all* disabilities. As such, ILR now serves as the county's Center for Independent Living,

dedicated to assisting individuals with disabilities to maintain independent living and to maintain control over decisions and choices in their own lives. ILR's approach emphasizes consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy. ILR serves more than 3,000 people annually with its core services of advocacy, information and referral, peer counseling, and skills training.

As one of three national project sites for the Safer/ Stronger Program for Men with Disabilities, lead by Portland State University RRI, ILR was able to explore issues related to interpersonal violence against men with disabilities. Leveraging knowledge and experience from this project, ILR can provide critical information and varying perspectives to this complementary collaborative project. The Safer/Stronger Collaborative effort presents an incredible occasion to pilot these connections for possible expansion throughout the state and/or nation.

ILR's Executive Director, Barry Fox-Quamme, is an expert in the Independent Living Movement and ADRCs. He has served on numerous boards and councils advocating for the needs of people with disabilities, and was a founding member of the Oregon Health & Sciences University Community Partners Council, and the Interfaith Disabilities Network of Oregon.

Contributions and Commitments

Multnomah County:

- Serve as lead applicant and fiscal agent on all matters related to grant implementation.
- Ensure alignment and coordination of specific project goals with countywide strategic initiatives.
- Provide strategic direction and guidance on implementing organizational change to improve services and responses to women with disabilities experiencing domestic violence, sexual assault, and/or stalking.
- Dedicate program staff to coordinate grant implementation and oversight as part of the Planning Team.
- Work toward aligning policies, resources, existing initiatives/programs, and operations with plan strategies and activities.
- Assign Division management staff to serve in-kind on the Planning and Multidisciplinary Teams, including leadership from the Domestic and Sexual Violence Coordination Office, Manager of Adult Protective Services, and staff from the Veterans Services Office.
- Engage in collaboration with national and local partner agencies through participation in OVW technical assistance, cross-training, staff development, consultation and systems analysis.
- Commit grant-funded staff to coordinate project implementation, as well as in-kind additional support and coordination from DSVCO's vulnerable adults and training specialist.
- Coordinate meetings, manage communication, administer grant funds, maintain a project schedule, and provide fiscal and program accountability.
- Commit to making enhancements in administrative and programmatic support (e.g., policy, resource development, training) that improve services for women with disabilities experiencing domestic violence, sexual assault, and/or stalking.

HASL Center for Independent Living's Disability Awareness Resource Team (DART):

- Dedicate leadership team time to actively participate in all phases of the project, including all technical assistance events supported by OVW related to the grant program. The leadership team will serve as active members of the Multidisciplinary Team.
- Peer staff will be integral partners on the Planning Team.

- Work to identify and include additional key stakeholders essential to the planning and implementation process, including within DART's strong network of peer mentors to facilitate critical linkages to women with disabilities not often served by traditional case management avenues.
- Promote co- and self-advocate involvement, awareness, and outreach to survivors with disabilities.
- Provide insight and guidance on co-occurring mental health conditions for women with physical disabilities.
- Assign and maintain representation to project implementation committee with the authority and/or linkages necessary to ensure relevant and timely input into emerging plan and implementation activities.
- Work toward aligning policies, resources, existing initiatives/programs, and operations with plan strategies and activities.
- Engage in collaboration with national and local partner agencies through OVW technical assistance, cross-training, staff development, consultation, and systems analysis.
- Provide expertise in domestic violence/sexual assault issues; disability accommodation for meetings, events, and activities; site accommodation and ADA access compliance (e.g., logistical arrangements), and partner agency ADA assessment and compliance
- Commit to making enhancements in administrative and programmatic support (e.g., policy, resource development, training) that improve services for women with disabilities experiencing domestic violence, sexual assault, and/or stalking.

Raphael House:

- Support overarching grant goals.
- Assign and maintain leadership representation, Director of Programs Emmy Ritter, to Multidisciplinary Team with the authority and/or linkages necessary to ensure relevant and timely input into emerging plan and implementation activities.
- Provide expertise in domestic violence issues and survivor needs.
- Provide insight and guidance on co-occurring addictions and mental health conditions for women experiencing domestic violence, sexual assault, and/or stalking.
- Engage in collaboration with national and local partner agencies through OVW technical assistance, cross-training, staff development, consultation, and systems analysis.
- Commit to making enhancements in administrative and programmatic support (e.g., policy, resource development, training) that improve services for women with disabilities experiencing domestic violence, sexual assault, and/or stalking.
- Additional Raphael House staff will support project activities as needed.

Native American Youth and Family Center (NAYA):

- Support overarching grant goals.
- Assign and maintain leadership representation, Healing Circle Program Manager Abby Gassama, to Multidisciplinary Team with the authority and/or linkages necessary to ensure relevant and timely input into emerging plan and implementation activities.
- Provide insight and guidance on culturally specific services and experiences of Native American individuals, youth, and families who have experienced domestic violence and/or sexual assault.
- Incorporate the voices of the youth and families involved in NAYA initiatives into the needs assessment, strategic plan, and resulting activities.
- Ensure alignment and coordination of specific project goals with Future Generations Collaborative.
- Engage in collaboration with national and local partner agencies through OVW technical assistance, cross-training, staff development, consultation, and systems analysis.
- Commit to making enhancements in administrative and programmatic support (e.g., policy, resource development, training) that improve services for women with disabilities experiencing domestic violence, sexual assault, and/or stalking.
- Additional NAYA staff will support project activities as needed.

Independent Living Resources (ILR):

- Support overarching grant goals.
- Provide expertise in accessibility issues as it relates to providing services to women with disabilities experiencing domestic violence and/or sexual assault.
- Provide information and/or alignment of specific project goals with the National Safer/Strong Program for Men with Disabilities.
- Assign peer counselor/advocate staff serving men and women with disabilities to the Multidisciplinary Team to support project activities as needed.
- Maintain leadership representation, Barry Fox-Quamme, to Multidisciplinary Team with the authority and/or linkages necessary to ensure relevant and timely input into emerging plan and implementation activities.
- Engage in collaboration with national and local partner agencies through OVW technical assistance, cross-training, staff development, consultation, and systems analysis.
- Commit to making enhancements in administrative and programmatic support (e.g., policy, resource development, training) that improve services for women with disabilities experiencing domestic violence, sexual assault, and/or stalking.
- Ensure additional ILR staff will support project activities as needed.

Resources Contributed:

Staff:

All agencies agree to commit leadership and staff time to the MDT team. Each agency will support subcommittee work, product development, and plan activities with staff as needed. Each agency will chair or lead in one specific activity/initiative. Additionally, Multnomah County will commit staff as Project Director.

Space:

Multnomah County will provide space for multidisciplinary team meetings. Meeting and/or training space is also provided by partners as needed.

Communications:

Multnomah County will support teleconference meeting opportunities, as needed, to facilitate participation in implementation team meetings for all partners. Videoconference capabilities will also be provided by Multnomah County, if needed.

Training:

DSVCO will provide in-kind training, technical assistance, and consultation for County staff, contracted victim services, and community partners. DART will contribute expertise and cross-training on domestic violence, sexual assault, mental health issues, and women with physical disabilities.

Cross-Disciplinary Collaboration:

All partners will identify opportunities for cross-disciplinary communication, information-sharing and problem solving to foster greater collaboration and strengthen organizational connections in order to advance and sustain the goals of this project.

Decision Making

Our collaborative will utilize a consensus model for making decisions. Consensus refers to both the process and the decision itself--creating space for the shared valuing of the overall greater good over individual or agency bias. Consensus decision-making is a process that allows group members to agree on a decision that may not be their first choice or favorite, but is the best decision for the collaborative or for the survivors we

serve. When consensus cannot be reached we will implement a gradient scale to determine the current status of each individual to assist the group in moving forward collectively and productively. The scale will be a check-in on a scale from 1-5, with one meaning full support, and five meaning a veto.

- 1: Yes, I fully support it.
2. Yes, I don't love it, but I can live with it.
- 3: I don't know, I need some more information.
- 4: No, but I'm willing to continue this discussion, and open to the possibility of changing my vote.
- 5: No way, I do not support it.

Decision-making authority varies for each member of the group.

- *Multnomah County* representatives need approval from supervisors on decisions affecting the scope and/or direction of the project and any new expenditures on staff time.
- *Raphael House* representatives need approval from the Executive Director and/or board on decisions affecting their home agency and any new expenditures.
- *NAYA* representatives need approval from the Executive Director and/or board on decisions affecting their home agency and any new expenditures.
- *DART* staff may choose to run decisions by other team members to ensure consensus. Expenditures and programmatic changes may require approval from leadership.
- *ILR* representatives need approval from the Executive Director and/or board on decisions affecting their home agency and any new expenditures.

All decisions affecting the operations or direction of the collaborative should be presented to, and agreed upon by, the monthly multidisciplinary meeting group. The weekly planning committee may make decisions regarding recommendations to the MDT group and may make day-to-day decisions regarding projects or tasks they have been assigned, but will always report back to the MDT meeting.

Any decisions that may impact the programmatic and/or fiscal operations of the individual agencies making up the collaborative will need ample time to receive approval from fellow staff, supervisors, executive directors, and/or boards. Decisions affecting the scope or direction of the project may also need express permission from OVW.

The Project Director has day-to-day authority to make decisions for the good of the collaborative regarding meetings, communication, contracts, and other emergent issues as they should arise. Every effort should be made to gather input and/or feedback for decisions affecting the long-term work of the collaborative.

Decisions that have been made will be documented in the meeting notes.

Conflict Resolution

The following Ethical Communication guidelines are provided for the purpose of managing conflicts and focuses on direct and respectful communication in order to maintain and build healthy working relationships.

When consensus cannot be reached, or conflict occurs, we will return to the following values to ground ourselves in our intents for working together:

- We understand that conflict is not bad.
- We assume best intent.
- We utilize ethical communication, with thoughtful use of language.
- We have a right to disagree--without being disagreeable.
- We each have a right to be heard.
- We have a right to process conflict differently.

When faced with an issue, concern, or disagreement with a collaboration member the following steps can guide one through the ethical communication expected. First, ask yourself, "Is this something I can let go of?". If so, you are done. If it is something you feel you cannot let go of, then consider these options:

- Approach the other person immediately and ask to have a conversation to express your concern/issue. If both parties have an agreement of understanding and resolution was reached, it was successful and you're done.
- Each party agrees they will actively participate and problem solve to reach resolution. At this point the Principled Problem Solving (see page 16) method can guide the process.
- Each party may agree to schedule a follow-up/second meeting to ensure resolution is on-going as discussed.
- The additional intervention of consulting with the Project Director, supervisor, additional third party, or the collaborative as a whole, may be appropriate if:
 - A person feels unsafe to address the issue with the second party.

- A minimum of two meetings have occurred and resolution has not been reached.
- Conflict interferes with productivity or collaborative work.
- *If the conflict is affecting collaborative process or progress it should be addressed clearly in the appropriate collaborative arena. The conflict and resolution should be documented and monitored for success, facilitated by the Project Director but accountable to the collaborative as a whole.*

Principled Problem Solving

This method of communication can be used in daily decision making, when resolving issues, conflict, or disagreements among group members. These basic tenets of communicating ethically and respectfully should be accessed throughout all communication.

Attitude:

- Thinking well of others
- Understanding the context-background
- Aware of ambient stress
- Aware of our common goal

Listening:

- Paraphrase
- With positive intention and appreciation
- Be present, validate
- Collaborate on solutions
- Do not criticize how things are being said (not including aggression)

Expressive:

- Gentle
- Ask direct questions
- Be aware of environmental and physical surroundings, the timing and who is within earshot
- Be able to voice different opinions
- Agree to disagree, without being disagreeable
- A disagreement is not a block to moving forward
- Not talk about others behind their back- you can interrupt

Approach:

- Three steps
 - discuss event
 - ask questions

- work towards best possible solution and future resolutions.
- Curious not furious: ask many questions to find out the events or what happened with curiosity not critique.
- Accountable to be respectful to others.

Steps in Approach:

1. Agree on a problem/issue
2. Uncover interests
 - a. What is it you specifically need from me?
 - b. What's the problem we need to solve?
 - c. What does this mean for/to you?
 - d. What is behind your request?
 - e. What can I do/bring that is okay with you?
 - f. What outcome are you looking for?
3. (When you are ready to move to solutions... ask more questions!)
4. Generate possible solutions
5. Choose solution
6. If solution cannot be reached:
 - a. Consult with MOUs and Collaborative Charter
 - b. Consult with Project Director
 - i. If conflict is with Project Director, one may choose to consult with their supervisor
 - c. If conflict is affecting the collaborative, place on the agenda to address during a meeting
 - d. If still unable to resolve conflict, approach VERA/OVW and/or bring in an outside party to act as mediator

Confidentiality

Confidentiality is an imperative concept and practice for working with survivors of abuse. We acknowledge that many survivors would not seek our assistance without assurances of privacy and, as such, might find themselves in greater peril with fewer supportive services.

While our collaborative is made up of agencies with a variety of confidentiality policies and practices, we strive to maintain the highest level of confidentiality possible and will

meet the strictest standards in our group (VAWA-funded programs) whenever possible. We know that no confidentiality statement will provide all the guidance or answers necessary to work in this complex and evolving field.

Our first and foremost belief as a collaborative is that *information belongs to the survivor*. Therefore, the survivor should be free to choose what personal information is shared with the collaborative and what information is not shared. This permission should be granted through a written release of information.

A valid release must:

- Be in writing and signed by the survivor.
- Identify the person to whom the information is being provided.
- Identify the specific information to be released.
- State the purpose for the release.
- Identify the time period (or event) during which the release is valid.

Our value of obtaining survivor permission may delay access to information.

Collaboration members should understand that staff may not be able to confirm or deny working with a survivor—even if they were referred by a partner agency. In the event that a partner requests contact or relaying of information through another partner agency:

- The collaboration member should attempt to contact the survivor to inform them of the request.
- The survivor should have the option to rescind the release (or sign a new release).
- The survivor should be informed they can specify exactly what information can be shared, and what cannot.
- The partner should be clear about what type of information can be released and to whom, as well as the implications of releasing information.
- The partner should honor the verified release if time is of the essence, even if they were unable to contact the survivor.

Information shared through the course of collaboration should be kept within the confines of the collaborative. Confidential client information should be shared only in the best interests of the survivor and/or system.

Limits of confidentiality may include:

- Duty to warn of imminent threats of bodily harm or that a violent crime is to be committed.

- Suspected child abuse, vulnerable adult abuse, or neglect (*mandatory reporting, see page 19*).
- Presence of another when the communication occurs.
- Written release from the survivor.
- Court-ordered releases (subpoenas).

Sensitive political, personal, or organizational information will be treated with highest regard and used only for the improvement of the collaborative process. Information that is sensitive in nature is never to be shared outside the collaborative.

Mandatory Reporting

Mandatory reporting must occur in one of the following two situations:

1. Collaborative member is mandatory reporter due to position or licensure and becomes aware of abuse of a vulnerable adult* or child (see ORS 419B.005 for complete list of mandatory reporters)
2. Clear and immediate danger that is viewed as life-threatening or will result in serious bodily harm comes to the attention of a collaborative member

Any abuse reports will follow existing agency policies and protocols and in accordance with all state and federal laws, and/or funding requirements, guiding abuse report expectations.

Advocate privilege may exist between a survivor and a member of our collaborative. In that case the survivor's right to privacy is protected and the advocate is not a mandated reporter, unless by licensure and/or outside employment.

Mandatory reporting requirements by agency and representatives are as follows:

- *Multnomah County* all staff are mandatory reporters of child and vulnerable adult abuse at all times.
 - *Adult Protective Services* staff are mandatory reporters of any suspected abuse, including that learned of through third party sources. Due to this more broad interpretation APS staff may have to leave the room if cases are being staffed or there is a possibility of abuse being disclosed, unless a release of information allows their presence. APS staff would not participate in focus groups or other interactions directly with survivors.

- NAYA Healing Circle staff are protected by advocate privilege unless otherwise delineated by licensure and/or other employment. All NAYA staff are mandatory reporters for all disclosures of child abuse at all times.
- *Raphael House* all staff are protected by advocate privilege unless otherwise delineated by licensure and/or other employment. Mandatory reporters on staff are mandated to report only imminent danger to self or others and suspected child abuse.
- *ILR* and its employees, volunteers, trainees, and contractors who have direct contact with consumers are mandatory reporters, and required to report incidents of abuse when in contact with and have reasonable cause to believe that a consumer has suffered abuse. Any questions regarding *ILR* mandatory reporting policies and procedures shall be referred to the Executive Director.
- *Project DART* staff are protected by advocate privilege. All staff are mandatory reporters for all disclosures of child abuse at all times.

Decisions regarding mandatory reporting in the context of the collaborative should be made with at least two members and in consultation with the Project Director whenever possible. If a mandatory report is to be made, every effort should be exercised to contact the survivor and make the report with their full understanding and, ideally, support and presence.

**The term “vulnerable adult” is a legal term described on page 28 in our Key Terms section. Open Doors’ understanding of this statute is that it does not apply to persons with physical disabilities unless there is a co-occurring condition that affects mental capacity or the person is over the age of sixty-five. Therefore, we will not mandatory report abuse revealed by anyone solely with a physical disability.*

Communications

Internal:

Internal communication is preferred through email and in-person at collaborative meetings. Notes will be taken at all meetings and distributed via email afterward by the Project Director. Communication between the collaborative and the individual agencies will be ensured via the liaison role of each agency representative. Liaisons will bring information on agency updates to the collaborative in an effort to keep our system

well-informed. Liaisons are expected to keep staff informed of collaborative progress, barriers, resource needs, and other updates or news as it arises. The Project Director will compile a quarterly “Executive Director Summary Report” to aid collaboration members in updating their agencies and boards.

External:

External communication should be reported to, and approved by, the MDT meeting whenever possible. If a timeline is too tight, the group should be informed--and ideally offered an opportunity for feedback--via email. Quarterly Executive Director Summary Reports may be used liberally to inform key stakeholders and the community at large.

If media requests arise, the response should be guided by the group for each individual situation. The first step should be to slow down the story and meet as a group to craft a message, determine talking points, and which team members should be in attendance. This approach is due to the complex nature of media inquiries and the intersections of domestic violence and disability work. We are a collaborative made up of agencies with a wide variety of strategies for handling media. For this reason, each agency will bring media interest back to their home organization to ensure that participation is in-line with their own agency mission and long-term strategy. If each agency has approved their representatives involvement with a media story, the collaborative will then strategize moving forward, utilizing agreed upon talking points and highlighting collaborative efforts and successes thus far.

Talking Points

Collaboration members are encouraged to engage in outside communication with all parties utilizing the following information:

- Vision
- Mission
- Program partners and commitments
- Collaborative Info Sheet (appendix A - page 29)
- Executive Director Summary Reports (appendix B - page 30)

The Project Director shall act as the conduit to VERA and OVW.

Work Plan

Activity	Timeframe	Target Completion Date
OVW Grant Awarded	October 1, 2015	October 1, 2015
New Grantee Orientation	December 2015	December 2015
Project Director Hired	February 10, 2016	February 2016
Monthly Meeting Began	March 30, 2016	March 2016
Performance Indicator Tools	April 2016 - May 2016	June 2016
Collaborative Charter	April - July 2016	July 2016
Statement of Focus	Summer 2016	August 2016
Needs Assessment	August 2016 - January 2017	February 2017
Performance Indicator Tools	October 2016	October 2016
Needs Assessment Summary Report	February 2017 - March 2017	Spring 2017
Performance Indicator Tools	April 2017	April 2017
On-site Strategic Planning Event	May - June 2017	June 2017
Create Strategic Plan	June 2017 - July 2017	July 2017
Implement Strategic Plan	September 2017 - September 2018	Fall 2017
Performance Indicator Tools	October 2017	October 2017
Performance Indicator Tools	April 2018	April 2018

Key Terms

Ableism - the overarching orientation of our society to give preference to persons without disabilities through policies, protocols, privilege, practices, and/or physical environments

Abuse – physical, emotional, sexual, spiritual, psychological, and/or financial tactics that harm, or threaten to harm, another person’s well-being

Abuser – the perpetrator of abuse or person causing harm

Accessibility – ability to utilize a service, location, person, program, or opportunity

Advocacy – leveraging resources, abilities, and relationships in the best interests of a person or cause

Advocate Privilege - confidentiality within the relationship between a survivor and a domestic or sexual violence advocate (like with a counselor or lawyer). Privilege is extended only to community-based advocates having received mandatory training and other requirements for proper credentialing

Caregiver - person providing assistance to another with the completion of daily living tasks

Caregiver Abuse - when a person providing assistance is engaging in a pattern of abuse tactics against the person they are caring for; may include abuse by an intimate partner

Centers for Independent Living – a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by persons with disabilities and provides an array of independent living services, including five core services: information and referral, independent living skills training, peer counseling, advocacy, and life transition assistance. (www.ilru.org)

Choice – the ability to decide between multiple options or on a particular outcome

Collaboration – leveraging individual or organizational resources and relationships for a collective goal or desired outcome; working with versus alongside

Confidentiality – a person’s right to their personal information and/or narrative; usually guided by agency policies regarding disclosure of information

Coordinated Access – Multnomah County descriptor for the housing system serving those experiencing domestic violence

Criminal Justice System – the sector of services comprised by law enforcement, courts, corrections, and/or legal services that are responsible for the enforcement of laws

Culture - a set of basic assumptions and values, orientations to life, beliefs, policies and behavioral conventions that influence--but do not determine--each member’s behavior and his/her interpretations of the ‘meaning’ of other people’s behavior (Spencer/Oatley, 2008)

Culturally Specific Services – services designed and delivered with a consistent focus on a particular cultural heritage or identification

disAbility – a self-defined functional limitation or barrier in a key life area

Disability Resources - community resources that are culturally relevant to people with disabilities, such as accessible transportation, telephone relay services, vocational services, and Social Security Disability Insurance (SSDI)

Disclosure – an admission that abuse or neglect is, or may be, present in someone’s life

Discrimination – differential treatment that creates inequity, derived from a specific aspect of a person’s identity

Domestic Violence – the systematic use of abuse tactics to gain and maintain power and control in an intimate relationship

Empowerment – creating a space or situation that allows for growth and/or experiencing a sense of internal power and control

Equality – being treated the same; having resources divided equally

Equity – everyone has access to opportunities necessary to satisfy essential needs, advance their well-being, and achieve their full potential (portlandoregon.gov)

Functional - medical term affecting the way a part of one's body works; pertains to a person with a disability

Identity-first Language - positions the disability-identity first in a phrase, according to the individual or specific disability-community preference

Intimate Partner Violence (IPV) – a pattern of coercive, controlling, or abusive behavior used by one person to gain and maintain power and control in an intimate partner relationship

Intimate Relationship - romantic relationship between two people

Independent Living – a philosophy and movement of people with disabilities that supports self-determination, choice, equal opportunity, and self-respect.

Intellectual Disability /Developmental Disability (I/DD)- a severe, chronic disability that (a) creates physical or mental impairment (or combination of), (b) manifests before the age of 22, (c) is expected to continue indefinitely, and (d) results in limitations of three of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency

Housing – typically refers to the provision of services related to housing needs; where one lives

Liaison - conduit between two parties

Mental Health – the general well-being of a person in a mental/emotional sense. Mental health struggles may include: depression, anxiety, post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), bipolar disorder, schizophrenia, other personality disorders

Mandatory Reporter - staff or layperson mandated by law, or position, to report abuse of children and vulnerable adults

Mandatory Reporting – providing information to protective services or law enforcement that abuse may have occurred

Medical Model of Disability – disability is a disease to be cured

Mission – the approaches that will be used to complete the work necessary to achieve an identified vision

Offender Accountability - generally refers to a system of services creating civil or criminal penalties, often coupled with opportunities to explore change for perpetrators of abuse

Peer - an advocate who shares equal status with people served. A peer belongs to a societal group that shared certain characteristics, such as a disability. Peers often have shared life experiences. Even in varied experiences, peers empathize with challenges and triumphs associated with identifying as a member of a marginalized group.

Peer-based Services – peers serving peers (i.e. people with disabilities serving people with disabilities; domestic violence survivors serving survivors)

Person-centered - the individual's experiences, desires, and rights to safety, accessibility and choice are paramount

People First Language - emphasizes the person before the disability in order to draw focus to the person's humanity. People First Language uses such phrases as *person with a disability*, *individuals with disabilities*, and *children with disabilities*

Personal Assistant (PA) - an individual providing personal care assistance to someone with a disability

Physical Disability - a self-defined limitation in a person's body, relating to function, mobility, dexterity, and/or stamina

Reasonable Accommodation - a request for assistance that a person makes to minimize or eliminate potential barriers so they can more fully participate. The accommodation needs to be based on the person's disability, be reasonable and without significant cost to the program.

Respect – treating someone as if they have inherent worth and with unconditional positive regard

Safety - freedom from harm, danger, or the fear of either

Sexual Violence – use of sexual abuse tactics to gain or maintain power and control

Self-advocate - a person making their own choices and getting their unique needs met within the context of a system

Self-determination – a person's right to make decisions regarding their well-being and overall lifestyle

Sensory Disability – person experiencing impairment in one or more of the five senses: sight, sound, smell, taste, touch

Service Animal - a guide dog, signal dog or other animal trained to provide assistance to a person with a disability. Service animals perform task(s) or function(s) to assist a person with a disability. (Americans with Disability Act of 1990)

Service Door – entry point to an agency providing a service

Shelter – housing provided to multiple people or families at once. May come with other supportive services such as systems navigation, advocacy, counseling, etc.

Social Model of Disability – disability is caused by the way that society is structured, not from within people. It seeks to remove system barriers and negative attitudes within society so people can fully participate

Social Justice – justice in terms of the distribution of wealth, opportunities, and privilege within a society

Stakeholder – person with an interest in the outcome or process of a project, program, or decision; often with significant power or access to power

Stalking – unwanted monitoring of another person's movements, actions, interactions, choices, patterns and/or lifestyle

Survivor – a person who has lived through an abuse experience

System- continuum of services and support available for individuals

Trauma – a deeply distressing or disturbing experience that overwhelms a person’s ability to cope

Trauma Informed Care (TIC) - a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk, & Olivet, 2010)

Trust - having faith and/or confidence

Veteran – any person who served in the active military, naval, or air services who were discharged or released under conditions other than dishonorable

Victim – person who has experienced abuse and/or had a crime committed against them

Vision – the overarching goal leading this group’s work

Voluntary – by choice; not mandated

Vulnerable Adult – a legal term referring to persons over the age of sixty-five or with a disability who is susceptible to force, threat, duress, coercion, persuasion or physical or emotional injury because of the person’s physical or mental impairment (www.oregonlaws.org)

Work Plan – document guiding the timeline of future collaboration focus and efforts

OVW Disabilities Collaborative

In October of 2015 the Multnomah County Domestic and Sexual Violence Coordination Office received a three-year grant from the Office on Violence Against Women to improve our system of service for abuse survivors with physical disabilities.

Project Partners:

Independent Living Resources

Multnomah County – Department of County Human Services (DCHS)

- Adult Protective Services
- Domestic and Sexual Violence Coordination Office
- Veteran's Services

Native American Youth and Family Center (NAYA)

Project Disability Awareness Resource Team (DART)

Raphael House

Project Timeline:

Phase I: Planning and Development

1. Creation of a collaborative charter guiding operations
2. In-depth Needs Assessment evaluating the current capacity of each partner agency to effectively and inclusively respond to people with disabilities who have experienced abuse
3. Utilization of Needs Assessment findings to produce a Strategic Plan with a focus on specific initiatives for systemic improvement

Phase II: Implementation

4. Leverage collaborative resources and grant funds to update policies and procedures, facilitate agency cross-trainings, increase service accessibility, and improve systems gaps as identified through the Needs Assessment process.

Domestic and Sexual Violence Coordination Office

OVW Disabilities Collaborative Quarterly Executive Director Summary Report

July 2016 - Volume 1

This is the first in a quarterly correspondence meant to update agency leadership and staff on the progress of the Disability grant from the Office on Violence Against Women awarded to Multnomah County in October of 2015 in partnership with Independent Living Resources, Native American Youth and Family Services (NAYA), Project Disability Awareness Resources Team (DART), and Raphael House.

February:

- The Multnomah County Domestic and Sexual Violence Coordination Office (DSVCO) hired Ashley Carroll as Project Coordinator. Ashley has a background in domestic and sexual violence systems coordination in Clackamas County, as well as extensive experience with previous OVW grants. Ashley was Project Coordinator in Clackamas for a grant uniting the domestic and sexual violence and aging fields in an effort to improve the systemic response to elder abuse.

March:

- Monthly multidisciplinary (MDT) meetings began. These meetings are made up of representatives from each partner organization and form the oversight body for the life of the grant.
- The group decided to initially rotate meeting locations through the partner agencies so we can learn about each location, agency services and meet staff.

April:

- In April we met at the Family Services Division where Adult Protective Services has an outstationed protective services worker.
- The four non-profit partners completed their first round with the *Performance Indicator* (PI) tool. Each agency utilizes a tool created for the specifics of their own agency (i.e. domestic violence or disability, with a shelter or without). The PI tool measures accessibility factors for domestic violence agencies and safety considerations for disability agencies. Once the questions are answered an overall

