The Washington State – Sexual Assault Response Project

Collaboration Charter

September 2013

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Introduction

Disability Rights Washington (DRW), the Washington Coalition of Sexual Assault Programs (WCSAP) and the Long-term Care Ombudsman Program (LTCOP) established this collaborative partnership in 2012 as the result of a grant from the Department of Justice Office on Violence Against Women. These partnership organizations have longstanding history and expertise working with individuals who experience disability, long-term care and/or sexual violence. However, they have not worked collectively to address sexual violence against people with disabilities in long-term care settings until the creation of this collaboration.

Adults, seniors and elders with disabilities requiring long-term care may have developmental, physical, psychiatric, cognitive or sensory disabilities and may live in adult group homes, nursing homes or live in their own homes and receive supports and services. Numerous studies illustrate that this population is at a higher risk of sexual violence and recent crime surveys indicate rates of rape and sexual assault for people with disabilities were more than twice those for people without disabilities. Also, caregivers who work in long-term care service systems have not fully recognized how these environments can be disempowering and may promote abuse and violence. Caregivers are often in control of many aspects of a person's life when people with disabilities receive services, increasing the risk of abuse and violence.

The partner organizations have come together and recognize that people with disabilities requiring long-term care have increased risk of sexual abuse and may live in disempowering environments. Also recognized are the considerable complexities at the intersections of disability, long-term care and sexual violence. Although DRW, WCSAP and LTCOP each currently address components of sexual violence in long-term care, each recognize the need to work together to address significant gaps in this advocacy provision. Together, the collective wisdom, experience and thoughtful shared-learning approach of these agencies will chart a new

path to confront violence against people in long-term care settings. As a result of these efforts the collaboration partners will create new and/or enhanced systems of advocacy to responds to sexual violence. The manner in which these organizations intend to traverse the needed learning curve and work together throughout this process is mapped in the following collaboration charter.

Vision and mission

Vision

The vision of the Washington state collaboration (Disability Rights Washington, Washington Coalition of Sexual Assault Programs and Washington State Long-Term Care Ombudsman) is:

People living in long-term care settings experience safe, respectful and dignified environments over which they exert control, self-determination and independence. Long-term care environments communicate that residents are entitled to live free from violence, abuse and neglect with support to make choices about their sexuality, healing and justice pursuits. A strong system of advocacy responds to sexual violence in a trauma-informed, survivor-centered manner at every level. Care providers, organizations and public entities are self-aware of the risks of violence in long-term care settings. All are accountable to the people they serve and promote a model of non-tolerance of sexual violence.

Mission

The mission of the Washington State collaboration, Disability Rights Washington, Washington Coalition of Sexual Assault Programs and Washington State Long-term Care Ombudsman, is to:

- Create networks of providers, long-term care residents, individuals with disabilities, and anti-sexual assault, long-term care and disability advocates who have the ability to create long-term care environments which are respectful and safe, and

- Restore trust in the system through authentic long-term care system reform and transformation infused with cultural and disability humility, empowered residents and champions at every level who act against sexual violence.

The collaboration:

- Supports survivors to find their own voice, make their own choices and take action by providing advocacy training, skills and system knowledge;

- Connects residents to advocates who are trained in the needs and circumstances of survivors in long-term care settings;

- Creates platforms to expose the truth about sexual violence in long-term care settings and highlight how the current system promotes vulnerability;

- Uses our influence and expertise to provide tools for change;

- Creates models and benchmarks for achieving a violence and retaliation-free environment in long-term care settings; and

- Cultivates trauma-informed practices at our agencies and assure our statewide constituents know how to prevent violence and respond to survivors.

Values and Assumptions

The Washington state collaboration generated the following agreed-upon definitions for use in our collaborative: 1) values inherent to our work together and 2) collective assumptions we share, which shape our work, and which may or may not be challenged or redefined as our collaboration moves forward to the needs assessment, strategic planning and implementation processes. The partners will endeavor to represent these values and assumptions in our work with each other and with survivors of sexual violence in long-term care settings.

Values

Access

Full access is beyond physical and language access; the partnership meets people where they are; is intentional in thought about reaching survivors and those with increased potential for victimization; the survivors' experiences influence and infuse the work of the partnership and the partner organizations to meet the needs of the survivors.

Advocacy

Advocacy is the way survivors: 1. Assert their preferences on the systems in order to get their needs met (self-determination), 2. Navigate and eliminate barriers to their well-being when systems are inadequate or have institutional biases that are not responsive or may even foster conditions that increase the risk of victimization.

Allies

Allies are people who recognize the unearned privilege they receive from society's patterns of injustice and take responsibility for mitigating those injustices. Violence and abuse in the lives of people with disabilities is not separate from the broader community problem of violence.

Allies' actions are not driven by charity or pity. They are driven by the need to create a more just world and are part of the broader community response which recognizes that the quality of life for everyone increases when injustices and violence against people with disabilities are addressed.

Autonomy

Autonomy is an individual's inherent right to be, govern one's being and exercise one's own will in relationship to varying degrees of capacity. People who have been identified as not having capacity to make decisions retain their right to autonomy through supportive and substituted decision-makers.

Confidentiality

Keeping a person's trust or confidence with spoken, written and acted-upon information by an individual or organization(s).

Cultural and disability humility

Collaborative partners avoid an assumption of cultural competence, and work from an approach of respectful inquiry, non-judgment and support. Cultural humility is a practice of awareness of bias and oppression with respectful communication that permits exploration of similarities and differences. The collaborative acknowledges the value of approaching everything with unique perspective.

Deinstitutionalization

We, the Washington collaborative, value de-institutionalization, and bring a belief that all human beings should live where and as they chose, with autonomy to the greatest extent possible. (See institutionalization assumption, below.)

Dignity

Dignity is a term used in moral, ethical, legal, and political discussions to signify that a person has an innate human right to be valued and receive ethical treatment. The Washington collaborative operates under the assumption that all work is done in a manner to promote dignity to individuals in long-term care, especially those who have experienced sexual violence.

Disability humility

Disability humility is a practice, with awareness of disability-based bias and oppression, of respectful inquiry that permits exploration of similarities and differences. The Washington collaborative operates from openness to learning and understanding, with humility to better understand disability. The survivor with a disability is always the expert. (See also cultural humility.)

Inclusion

The intentional action or state wherein, to the greatest extent possible, the collaborative welcomes others, assures full accessibility and promotes the greatest level of autonomy and independence so all may include or be included within a long-term care setting.

No Pity

"*Pity is prejudice disguised as charity*."

Pity undermines the ability of people to exercise power and choice. This philosophy is a key tenet of the disability rights movement and a value under which the Washington collaborative operates.

Nothing about us without us

Nothing about us without us is another key tenet of the disability rights movement, which carries the notion that no decisions should be made on behalf of someone unless that individual is present in the decision-making process to the greatest extent possible. Washington partners recognize that failure to do this overrides one's will and operate under

the premise of honoring the greatest level of choice, autonomy and individual freedom possible.

People first language

This is also known as respectful language. The underlying premise is that an individual is a person first, and disability is a secondary characteristic. One's identity and being is not hinged upon disability. The way disability is described, then, is "person first," i.e.; individual with a disability, person with autism, woman with Down syndrome, etc. Labels such as autistic, mentally retarded, suffering, afflicted, handicapped, etc. are not used in people first language. There is movement to remove the 'mental retardation' label from state and federal statute. Washington has adopted a law to use respectful language. Rosa's Law does the same thing at the Federal level. The Washington collaboration use respectful language in their work.

Person directed/self-directed

Self-directed services and supports accumulate around an individual, based on one's expressed choice, with deference to one's supported decision-making. A person with a disability directs services, choosing what is most needed to attain independent living and full engagement in life, in a manner that is self-determined. The Washington collaboration recognize this as the ideal model for long-term care settings, where deference is given to individual preference.

Respect

A human right to confer, with humility, proper acceptance, courtesy and acknowledgment to each human being. Respect is a word that grants value to a people regardless of ability, race, gender, socioeconomic status, sexual identity, etc. "I respect you as an authority/expert on your experience." Respect is connected to choice, autonomy, and empowerment. Lack of respect dehumanizes an individual and fosters environments conducive to sexual violence.

Respectful language

"Once you label me, you negate me." ***Soren Kierkegaard***

Respectful language to some is synonymous with 'people first' language, wherein the individual is a person first, and disability is a secondary characteristic. One's identity and being is not hinged upon disability.

Survivors often do not use the same language that domestic violence or sexual assault advocates do to define what happened to them. Mirroring the language survivors use is also respectful language. Of significance, there are some within the disability community who do not use People First language, because disability is recognized as a core attribute, and "not something that needs to be separated from me by way of a prepositional phrase." Within the Autistic Self Advocacy Network, for example, people are proud to be "autistic," a term considered offensive among those who use People First language. These entities insist there is power and pride in claiming one's disability.

In Washington, a group of people who experience intellectual disabilities recently illustrated the problem with any label, specifically in relation to being called, "self-advocates:"

> *"Self-advocacy used to be a verb. Self-advocates became a noun used to differentiate you from me. As long as language is used to segregate us, it will become offensive. If you want to know what to call me, you can use my name."*

The Washington collaboration acknowledges all the ways in which an individual does or does not self-identify with disability, abuse and/or survivorship, and defers to individual preference when determining what constitutes "respectful."

Self-advocacy

The process of standing up for oneself and one's rights and beliefs, valued by this collaborative because every individual has a right to a self-determined, self-directed life. Self-advocacy is also considered a movement within the overarching disability rights struggle, wherein those with disabilities evolve law, public policy and systemic change to reclaim power and control over their own lives.

Self-determination

The capacity to build one's dreams and believe in and follow them is self-determination. The Washington collaboration recognizes there is no disability so severe that it could impede one's self-determination.

Social justice

Social justice is a philosophy that promotes equity among all members of society. It supports a world where there is a balance of power and where societal structures and members operate in an equitable relationship to each other. Social justice also demands that all people have a right to basic human dignity and to have their basic economic needs met. Constructions such as oppression and intersectionality fall within this framework. (See assumptions and key terms.) The collaboration adopts a social justice framework, recognizing this as a basis of human dignity. (Adapted: www.nonviolenceandsocialjustice.org/FAQs/What-is-Social-Justice/43/)

Supported decision-making

Supported decision-making is a process within a movement toward disability rights, where an individual's autonomy, dignity and choice are respected in making decisions. Decisions are made through a supportive and informed process, to the greatest extent possible, by an individual with a disability. Supports are put in place so that decisions are not made without an individual's input, buy-in, or due consideration of the individual's expressed wishes. The supported decision-making practice ensures a survivor is able to exercise rights, choices and preferences.

Systems change/systems advocacy

Systems change or systems advocacy involves an entire system and its institutionalized processes. When barriers or problems are institutionalized and system-wide they require responses and strategies which focus advocacy efforts on policies, practices and procedures. All three partners in this collaboration engage in systems advocacy.

Trauma-informed services

Trauma-informed services "incorporate knowledge about trauma – prevalence, impact, and recovery – in all aspects of service delivery, minimize re-victimization, and facilitate recovery and empowerment" (Fallot, Wisconsin Trauma Summit, 2007, as cited in Hudson, n.d.). Trauma informed services have been shown to be effective in facilitating the healing, recovery and justice pursuits of survivors of sexual violence.

Universal design

The design, construction and implementation of products, architecture, environments, services and systems that can be used by all people, to the greatest extent possible, without additional adaptation or accommodation. Universal design increases everyone's access, competency and the sense of being welcomed and included.

Victim-centered philosophy

Responses to violence that are survivor-centered are more likely to meet the needs of survivors of violence. Systems of response that do not focus on the survivor may increase the risk of violence and the barriers to violence-free environments.

Vulnerability

Though vulnerability often carries a connotation of weakness and many strive to avoid vulnerability, it is recognized in this collaboration as a characteristic all people share, and one which connects and ultimately strengthens us. This acknowledgement should empower, not disempower an individual within any given system. Vulnerability in relation to the process of

being human is a value of this collaboration. (See also vulnerable adult statute under assumptions.)

Assumptions

"Today's (disability) gulag characterizes isolation and control as care and protection, and the disappearances are often called voluntary placements. However, you don't vanish because that's what you want or need. You vanish because that's what the state offers. You make your choice from an array of one." ***Harriet McBryde Johnson, Disability Rights Activist***

Every adult, no matter the setting, age or disability, has a right to:

- express their sexuality
- live free from sexual violence, and
- have equal access to make choices about services, healing and justice pursuits.

Systems have a responsibility to promote safe, empowering environments. The work of this collaboration will enhance the ability of the partners to make systemic changes within and between the organizations to benefit the people we serve.

The following concepts are assumptions under which this collaboration operates.

Abuse

The collaboration's definition of abuse incorporates violence, threats of violence, harassment, neglect, coercion, influence and intimidation to hurt, control, manipulate and humiliate an individual with a disability in long-term care settings.

Charity

In disability culture (and perhaps with other minority cultures who have experienced institutional oppression), charity is regarded as something that reinforces a power differential, keeping an individual or group subjugated or dependent. Charity may take power away and

reinforce victimhood. Survivors must remain in control of services, supports and their healing and well-being.

Big D little D Deaf/deaf

Individuals who experience significant hearing loss may refer to themselves as “deaf,” with a small “d” denoting the physical experience. Individuals who identify with Deaf culture often use a capital “D” for Deaf. In Deaf culture, sign language is acknowledged as a language in its own right, and individuals reject a “cure” to Deafness as an offensive, medical model approach to their experience. Cochlear implants may be taboo to some, and life-altering to others. Many in Deaf culture do not equate being Deaf as having a disability. The Washington collaboration meets people wherever they self-identify, and then moves forward.

Disability

Disability is a broad term to signify any mental, sensory, cognitive, emotional and/or physical characteristic that, in conjunction with societal values, may limit a person’s physical or emotional well-being or ability. Disability is a complex phenomenon, reflecting the interaction between features of a person’s mind or body and features of the society in which one lives. People may or may not identify with disability.

Discharge plan

A rights-based process wherein one leaves a facility with autonomy, appropriate supports and assistance. Not everyone in long-term care is aware of the rights inherent in discharge planning. The collaborative promotes an understanding of these rights.

Ecological model of abuse

In this model, abuse itself becomes institutionalized. Ignorance contributes to abuse. Grooming is tolerated. Control, isolation, violent oppression, harassment, neglect, coercion, threats of violence, influence and intimidation are utilized, or even condoned, to hurt, control, manipulate and humiliate individuals with disabilities in any long-term care setting. Fear of failure or

retaliation precludes standing up against abuse and perpetuates a cycle of dehumanization of those with disabilities. The Washington collaboration promotes bystander allyship to mitigate abuse in systems where it is endemic.

Institutionalization

Phenomenon created by long-term care systems that effect people put into congregate living, characterized by confinement, dependency, loss of autonomy and control. These characteristics degrade one's personhood. The institution creates barriers to an individual's right to self-actualization and full access. Institutionalizations diminish human efficacy – that no matter what one says or does – the system does not respond to me, and if it responds, all it says is I am to be blamed and/or that I don't matter. This is the fault of the institution and not the individual. We, the Washington collaboration, value de-institutionalization, and bring a belief that all human beings should live where and as they chose, with autonomy to the greatest extent possible.

Intersectionality

The awareness that discrimination based upon various biological, social and cultural realities such as gender, race, class, ability, sexual orientation, disability, and other aspects of a person's life interact on multiple and simultaneous levels, contributing to systematic social inequality. Intersectionality holds that the classical conceptualizations of oppression within society such as racism, ableism, sexism, homophobia, and religion- or belief-based bigotry do not act independently of one another; instead, these forms of oppression interrelate, creating a system of oppression that reflects the "intersectionality" of multiple forms of discrimination. The collaborative operates under the assumption that oppression is the root cause of violence, and layers of oppression create an increased risk of victimization. The collaborative does not discount the loss of power heightened by this process. We hold this as truth.

Mental age/adaptive age/functional age

Often with psychological or IQ assessments, individuals with developmental/intellectual disabilities are assigned an "adaptive" or "mental" age. This is also sometimes referred to as a "functional" age, or "global age of functioning."

This number can be very damaging to the autonomy or personal development of an individual with a disability, as services, benefits, or human rights are subscribed to a number and not an individual. Expectations are lowered, people are infantilized and invasive or experimental medical procedures are justified based on this number. For example, based on a mental age, high school students with disabilities do not always receive sexual education that is provided to their peers. The Washington collaboration partners operate under the assumption that no individual is reduced to a number or set of circumstances, and we each deserve to have a life full of chosen experiences relegated to the process of being human, and not a number.

Power

"Who are you to give me power? I already have it." The Washington collaboration operates under the assumption that every human being is inherently powerful, and honors the capacity of each individual to hold one's truth. Power may be used to exert control or influence others in a positive or negative capacity, and privilege may provide some with perceived power; but every human being has a voice, a truth and a claim to individualized empowerment.

"Power and control"

Power and control is the foundational way the anti-violence movements talk about abuse and assault. The abuser uses a range of tactics to maintain power and control over a survivor. Survivors are adept and have acquired skills to counter these tactics to survive everyday life. The Washington collaboration utilizes the caregiver wheel of power and control for long-term care model. The collaborative acknowledges an institutional or systemic correlation to the wheel and long-term care settings; for example, you can shower once a week, but you have to be rolled down the hall in a shower chair wrapped solely in a bed sheet. This degradation

becomes the norm.

http://www.endingviolence.org/files/uploads/DisabledCaregiverPCwheel.pdf

Privilege

The unquestioned and unearned set of advantages, entitlements, benefits, and choices bestowed on people solely because they are a member of a prevailing advantaged social group (white people, men, heterosexuals, colorism in communities of color, socioeconomic advantage in communities of color, etc.) The Washington collaboration recognizes oppression stems from this attitude to those who are not members of the prevailing social group, and defaults to the premise that each individual is powerful, regardless of preconceived notions of privilege.

Responsibility/liability defense

The act and argument of assuming control and decision-making, for purposes of liability or institutional priority, overrides the choices of another human being and results in disempowerment. This common defense reverberates with "I am in charge of this person, if something happens I am responsible," without acknowledgement that one's autonomy and dignity are the cost. An appropriate assumption of responsibility would secure services, options, advice, etc. for an individual, acknowledging that the choices of the individual are foremost.

"She"

"She" is a gendered term used frequently to refer to violence perpetrated against women. While sexual violence does occur to males, females are more frequently impacted. "She" tends to be the default pronoun used when talking about survivors, but this is starting to change among providers in the field, to be more inclusive of all survivors – women, men, and people who identify outside the gender binary. Men with disabilities experience higher rates of sexual assault than men without disabilities, but not a higher rate than women with disabilities. The collaboration operates from an inclusive perspective.

Vulnerable adult statute

A person included in this definition is entitled to certain protections and services. However, people may not identify themselves a vulnerable or want the label of “vulnerable adult”. This label may devalue people.

Wheel of power and control in long-term care

An adaptation of this wheel designed for individuals with disabilities can be viewed at (http://www.nnsvs.org.nz/sites/default/files/generic/DisabledCaregiverPCwheel.pdf) The dynamics of power and control may have specific attributes in long-term care which must be understood to effectively support survivors.

Member Agencies

Disability Rights Washington

Disability Rights Washington (DRW) is the protection and advocacy system for Washington, founded as a non-profit entity in 1977, to address rights-related disability issues, including the right to be free from abuse and neglect. All of DRW's work is advocacy-based, to advance the disability civil rights movement, uphold the rights of people with disabilities and build capacity for advocacy by people with disabilities. DRW works for: change in policies, laws and systems that promote legal rights and responsibilities; adequately funded supports and services; freedom from abuse and neglect; and communities that involve everyone. DRW utilizes multiple advocacy strategies including, coalition-building, group facilitation, curriculum development, training and material development, public policy work, litigation and works with like-minded agencies to advance the rights of people with disabilities. DRW provides extensive disability rights related information and technical assistance to the disability advocacy communities, the public and policy makers at every level of government.

Washington Coalition of Sexual Assault Programs

Incorporated in 1979, the Washington Coalition of Sexual Assault Programs (WCSAP) is 34 years strong and a leader in the sexual assault movement nationwide. The Coalition is a non-profit organization whose mission is to unite agencies engaged in the elimination of sexual violence. WCSAP provides information, training and expertise to program and individual members who support victims, family and friends, the general public, and all those whose lives have been affected by sexual assault. The Coalition's core membership is the 42 direct service sexual assault agencies in Washington. Core functions of the coalition are to support sexual assault

agencies and advocate for victim-centered and well-crafted laws that address the needs of sexual assault survivors and community safety.

Washington Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (LTCOP) is recognized as the statewide advocacy system that ensures the dignity, rights and well-being of long-term care residents in Washington. Federally mandated to receive and resolve complaints statewide, the LTCOP has served elders, seniors and people with intellectual disabilities, mental illness and chronic physical illness in licensed, long-term care facilities for 40 years. The program has been housed at a private, non-profit agency, the Multi-Service Center, since 1989. LTCOP contracts for ombudsman services with local agencies to provide local programming managed by a Regional Long-Term Care Ombudsman. There are 13 regions in the state, two regions are served by the Multi-Service Center. Each Regional Ombudsman recruits and trains volunteer ombudsmen. Regional Ombudsmen and 350 volunteers across the state provide residents and their families with assistance with resolution of complaints, and information about rights and available resources. LTCOP provides certification training for all volunteers and staff, as well as continuing education and technical assistance.

The LTCOP also provides technical assistance on resident rights issues to disability and aging advocates, and the public. LTCOP serves as an advocate of resident rights at the state policy level, leads and participates on state-wide task forces and reports to the legislature on issues of concern.

Contributions and Commitments

"By demanding full participation in society and the accommodations to make that participation possible, the activist disabled women's community offers a liberating vision of humane connectedness for everyone."

Laura Hershey, Disability Rights Activist

Disability Rights Washington (DRW), the Washington Coalition of Sexual Assault Programs (WCSAP) and the Washington State Long-Term Care Ombudsman Program (LTCOP) all commit to make sustainable systemic change within and among their respective statewide organizations which will bring about improvements in statewide advocacy in the long-term care system for survivors of sexual violence.

Partner roles & responsibilities

Project administration

Disability Rights Washington serves as the administrator and fiscal agent of the project, including managing all grant activities and deliverables, compliance with grant conditions and requirements, grant budget, contracts for services, and reimbursement for travel, lodging and approved project expenses. DRW staff will co-manage the project; one person serving as Project Director and one person serving as Project Facilitator. The Executive Director of DRW provides supervision to the Project Director.

Project Director

The Project Director is employed by DRW to manage the project; coordinate the work of the collaborative; serve as the primary point of contact for OVW, Vera and partner organizations; submit reports and deliverables to OVW; request technical assistance from Vera; prepare and finalize products for submission to OVW and Vera based on input and feedback from

collaboration partners, manage the project to meet goals and objectives; complete and submit semi-annual reports to OVW; document progress of the collaboration; and track budgets and propose adjustments.

The Project Facilitator

The Project Facilitator, employed by DRW to facilitate meetings, assist with agenda-building, take meeting minutes and distribute them to team members in a timely fashion, act as media coordinator, and share lead agency responsibilities with the Project Director, as assigned. The Project Facilitator assists with project management guidelines, developed in conjunction with grant deliverables and collaboration input, then relegates these by meeting structure, group facilitation, agenda development, between-meeting collaboration assignments and Project Director consult.

Full Collaboration

The full collaboration consists of the two project staff at each of the three partner agencies and the community member at large. In the event of turnover in any of the above positions it is expected that new partners will have the same responsibilities. The full collaboration team members will attend full collaboration meetings at least quarterly, and support the project activities by providing information, expertise, resources and input on deliverables at meetings, through email or other communications.

Core Collaboration

The core collaboration team consists of the Project Director, Project Facilitator, the assigned staff person from WCSAP and LTCOP and the community member at large. Core team partners attend meetings twice monthly, or more, as work demands, come prepared to share information, resources and expertise and complete assigned tasks in a timely manner.

The full and core collaboration partners work together to ensure timely completion and OVW approval of project planning and development phase materials, implementation of the strategic

plan initiatives and activities based on the needs assessment; document and report outcomes and progress toward goals; contribute resources, including meeting space and communications with constituents to ensure successful completion of the project. Collaboration partners agree to contribute resources, topical research, training, and technical assistance in the areas of the organizations expertise. They also report to and foster engagement of the partners' organization, including staff, clients, Boards of Directors and member organizations and attend all mandatory trainings and meetings provided by OVW, Vera, or any others required by the grant.

Partner Key Contributions

The collaboration partners have identified key contributions each partner agency or individual brings to the project which enhance our ability to identify points of communication and opportunities to develop cross systems learning, practice and protocols; examine how the system currently responds to incidents of sexual violence and abuse; assess how adults, seniors and elders with disabilities and their allies access information about safety, abuse and violence; and create structures to expand upon and formalize work currently being done in local communities.

Disability Rights Washington

DRW contributes its knowledge and expertise in disability rights-related issues and systems advocacy, to advance the disability civil rights movement, uphold the rights of people with disabilities and build capacity for advocacy by people with disabilities. DRW shares successful and not so successful experiences to promote: change in policies, laws and systems that promote legal rights and responsibilities; adequately funded supports and services; freedom from abuse and neglect; and communities that involve everyone. DRW contributes its experience and knowledge in public policy work, coalition-building, group facilitation, curriculum development, video development, communication strategies, technical assistance, training and material development.

DRW has strong, established connections and works with statewide disability self-advocacy groups, individuals with disabilities and their allies, the legal community and like-minded agencies to advance the rights of people with disabilities. DRW provides extensive disability rights related information and technical assistance to the disability advocacy communities, the public and policy makers at every level of government. DRW brings these connections and experiences to the collaboration and utilizes them to create sustainable systemic change through the project work.

Washington Coalition of Sexual Assault Programs

WCSAP brings its sexual violence program advocacy perspective and expertise to the collaboration. WCSAP has a long history of providing technical assistance and resources to victim service agencies (state, local and national). WCSAP contributes its knowledge and expertise regarding resources, safety needs, and rights of sexual assault survivors; in provision of ongoing technical assistance, resource development and training opportunities to support the capacity and knowledge of sexual assault response and prevention agencies within Washington. WCSAP contributes knowledge of sexual violence, Washington state laws, thorough understanding of sexual assault services provision and years of experience providing support and resources to the sexual assault movement to the project. WCSAP is connected to sexual assault providers in the state and will utilize its pre-established mechanisms for communication and information dissemination. WCSAP will utilize its website, newsletter, list-serves, publications and other appropriate mediums to share relevant project information and updates, including webinar technology and conference workshop tracks.

WCSAP also brings its successful experience supporting member programs and individuals, establishing trusted relationships, promoting best practices and addressing emerging trends in sexual violence advocacy provision. WCSAP shares its success in implementing change that translates out at a systems level to increase resources and safety for persons with disabilities in long-term care service facilities.

Long-term Care Ombudsman Program

LTCOP brings its long-term care and resident rights perspective and expertise to the collaboration. LTCOP has a coordinated system of ombudsmen across the state, relationships with resident councils, providers and staff. LTCOP provides specialized training and certification to ombudsman staff and volunteers; creates specific protocols; taps into related resources and referrals; examines how best to educate facility staff; and has relevant discussions and in-services with resident councils. LTCOP also provides technical assistance on resident rights issues to disability and aging advocates and the public. LTCOP serves as an advocate of resident rights at the state policy level, leads and participates on state-wide task forces and reports to the legislature on issues of concern.

The LTCO Program was created to receive and resolve complaints by individuals who live in long-term care facilities such as nursing homes and assisted living facilities. The LTCO Program collects data about abuse, neglect and exploitation as well as other consumer concerns about quality of life and care. LTCOP contributes knowledge about long-term care settings, Resident Rights, the state licensing regulatory system, the abuse and response system to effect change on an individual consumer and public policy level.

LTCOP contributes connections to a statewide system of ombudsmen, resident councils, facility staff and residents and ability to facilitate the connections between residents in long-term care facilities and sexual assault resources. LTCO shares its systemic change capability to create the changes that will increase safety and autonomy of residents of long-term care facilities.

Community member at large

The community partner brings extensive experience in varied systems change for individuals with disabilities through work on statewide committees for accessible transportation, improved state abuse and neglect response, the Governor-appointed Developmental Disabilities Council and the Washington State Rehabilitation Council. The partner provides training for others in the disability community on the significance of disability advocacy, disability history and

culture, has provided extensive support and advocacy for individuals in long-term care, and shares a passion with collaboration partners to improve abuse response and provide trauma-informed, compassionate and effective supports to people with disabilities in long-term care who experience sexual violence.

The community partner contributes expertise in systems change and a direct connection to the disability community to influence, guide and counsel the collaboration, on an ongoing basis, as to the unique perspectives and experiences of those with disabilities and preclude the collaboration from making decisions on behalf of individuals, without the input, wisdom and involvement of those individuals.

Commitments

All partners agree to:

a. Collaborate with each other to build and enhance successful, sustainable relationships within and among the partner organizations to ensure increased expertise in, and capacity to provide technical assistance on, sexual violence and disability in long-term care settings.
b. Work within the scope of the collaboration's mission and towards its vision.
c. Endeavor to represent the collaboration's values and assumptions in our work with each other and with survivors of sexual violence and others in long-term care settings.
d. Share knowledge and expertise with, and learn from, collaboration partners and the broader community to identify and fill gaps in our knowledge and enhance the quality of our work.
e. Build upon the partner's existing relationships with survivors, disability, aging and sexual assault advocates and advocacy provider groups to identify technical assistance and other needs.
f. Assure that the collaboration is informed by people with disabilities - with their valued expertise - every step of the way.

g. Fulfill responsibilities including: Participate regularly in meetings at least twice a month and in other project-oriented activities agreed to in the project work plan including: consultation in project design, scope and implementation; review of materials as needed; development of needs assessment; analysis of collected data; creation of and implementation of the strategic plan, including changes in policies and procedures as needed; and development of products and other deliverables.
h. Assure due consideration is given to accessibility as well as philosophical, cultural, and civil and human rights-based tenets inherent to advancing disability rights and freedom from sexual violence, abuse and neglect for adults, seniors and elders with disabilities in long-term care settings.

Decision-making authority, roles and process

Within the collaboration the partners have identified groups and individuals with specific decision-making responsibilities and roles. The groups are:

Full Collaboration

The full collaboration consists of the project decision makers at the three partner agencies: Betty Schwieterman, Project Director (DRW); Andrea Kadlec, Project Facilitator, (DRW); Andrea Piper-Wentland, (Executive Director WCSAP); and Patricia Hunter, (State LTCO), and Individual Partner members (Rose Floyd, LTCO; Leah Holland, WCSAP; and Vickie Foster, community member at large). In the event of turnover in any of the above positions it is expected that new partners will have the same responsibilities.

The full collaboration team members will attend full collaboration meetings, and support the project activities by providing information, expertise and resources as necessary. The full collaborative will make decisions regarding philosophical and policy issues, the content of all materials submitted to OVW for approval, and on any issues that directly impact the organizations they are representing (e.g., policy or protocol changes).

Core Collaboration

The core collaboration team consists of the Project Director, Project Facilitator and the individual partner members. (Betty Schwieterman, Andrea Kadlec, Leah Holland, Rose Floyd and Vickie Foster.) Core team partners attend meetings twice monthly, or as work demands, come prepared to share information, resources and expertise and complete assigned tasks in a timely manner.

The core collaboration partners provide updates and applicable information to the team regarding organizational values, policies, and dynamics, as well as anything that could affect the

project work. They also report to and foster engagement of the partners' organizations, including staff, clients, Boards of Directors and member organizations and attend all mandatory trainings and meetings provided by OVW, Vera, or any others required by the grant.

This group has the authority to make decisions regarding the project work plan and tasks, style and content of deliverables, developing priorities and work process, division of duties and responsibilities between team members to accomplish tasks. This group has the authority to make decision regarding: work process; content and context of all deliverables; general direction of the collaboration; and scope of work. Programmatic decisions will be made by consensus.

Partner Decision-Makers:

DRW: Betty Schwieterman and Andrea Kadlec

WCSAP: Andrea Piper-Wentland and Leah Holland

LTCO: Patricia Hunter and Rose Floyd

Community advocate: Vickie Foster

Role of Project Director (DRW)

The Project Director has the authority to coordinate meetings, prepare and finalize products for submission to OVW and Vera based on input and feedback from collaboration partners, manage the project to meet goals and objectives, complete and submit semi-annual reports to OVW, serve as the primary contact with Vera and OVW, document progress of the collaboration, and track budgets and propose adjustments. The Project Director will make final budget decisions. If a budget issue were to arise that conflicted with agreed-upon program activity, the Project Director agrees to consult WCSAP and LTCO to build consensus for alternative approaches or activities.

The Project Director also has the authority to make decisions regarding meeting logistics and time-sensitive decisions which do not affect the direction of the project and may contact Vera for technical assistance, budget tracking and/or adjustments and interpretation of grant

guidelines. The collaboration partners agree the Project Director makes decisions about the day-to-day functioning and activities of the project. The Project Director will seek out supervisory feedback and input from the Executive Director of DRW as needed.

Role of Project Facilitator (DRW)

The Project Facilitator operates as meeting facilitator, assists with agenda-building, takes meeting minutes and distributes them to team members in a timely fashion, acts as media coordinator, and shares lead agency responsibilities with the Project Director, as assigned. The Project Facilitator assists with project management guidelines, developed in conjunction with grant deliverables and collaboration input, then relegates these by meeting structure, group facilitation, agenda development, between-meeting collaboration assignments and project director consult.

The Project Facilitator has the authority to make decisions regarding project meeting agendas, media contacts and responses, marketing materials and communication products related to the collaboration. The project facilitator may also support day-to-day operation, grant interpretation or logistical grant decision making processes, or provide interim decision support in the Project Director's absence.

Role of Board of Directors

The Boards of each partner organization is kept informed of the project work by their respective staff and other partners, if invited. Each agency Board of Directors has the authority to make decisions for their agency regarding any changes to policies recommended by the partners to implement the project goals of systemic change within each organization.

Collaboration Partner Roles

Disability Rights Washington partner role

Disability Rights Washington, lead agency for the project, assumes responsibility for the overall programmatic and fiscal performance of the project.

1. DRW develops subcontracts with each of the partner organizations and negotiates and administers contracts with any project consultants.
2. DRW convenes and facilitates the planning and development of core partner meetings and other aspects of planning, assessment and implementation stages of the project.
3. DRW convenes and facilitates meetings of the full collaboration team.
4. DRW prepares and submits all required grant progress reports and financial reports.

Disability Rights Washington (DRW) key decision makers

Executive Director: Mark Stroh

Director of Community Relations: Andrea Kadlec

Director of Legal Advocacy: David Carlson

Director of Systems Advocacy: Betty Schwieterman

Staff Attorney: Heather McKimmie

Washington Coalition of Sexual Assault Programs (WCSAP) partner role

1. DRW subcontracts with WCSAP for their participation in the planning, assessment and implementation stages of the project.
2. Designated WCSAP staff participates as core collaboration partners.
3. Designated WCSAP staff participates in full collaboration partner meetings.

Washington Coalition of Sexual Assault Programs (WCSAP) key decision-makers

Executive Director: Andrea Piper-Wentland

Assistant Director: Jean McCurley

Program Coordinator: Leah Holland

Washington State Long-Term Care Ombudsman Program (LTCOP) partner role

1. DRW subcontracts with LTCOP for their participation in the planning and assessment and implementation stages of the project.
2. Designated LTCOP staff participates as core collaboration partners.
3. Designated LTCOP staff participates in full collaboration partner meetings.

Washington State Long-Term Care Ombudsman Program (LTCOP) key decision-makers

Multi-Service Center Executive Director: Robin Corak

LTCO Executive Director: Patricia Hunter

LTCO Assistant Director: Vicki Elting

King County LTCO: Rose Floyd

Meetings

DRW convenes and facilitates the ongoing meetings of the core team. Meetings are scheduled and agendas are devised in advance with input from each partner. Notes are taken during the meeting and distributed to all members. Meetings are always held at accessible locations.

Modifications to the Collaboration charter

The partners created this charter to guide our work as a collaboration. This charter may need revisions as the partners' progress through the various stages of the project. Any modifications to this collaboration charter must be agreed upon by all collaborative partner organizations.

Decision-making process

Open communication

The partners of the collaboration value open communication, transparency and exploration of different perspectives. Each individual partner is expected to be professional, treat others with dignity, engage in spirited dialogue, bring information, knowledge and perspective to the work of the collaboration and attempt to resolve conflicts as they arise. The partners agree to respect and follow the decision-making and conflict resolution processes.

Consensus decision-making

The partners primarily use consensus to make decisions that affect the project or the direction of the project. Shared learning and consensus building are values of the partners. Time is allotted to raise questions, discuss and come to full understanding of the decisions to be made. Discussion may be held and decisions made during in-person meetings or through email, phone calls or on-line meetings. Decision-making is informed by the project vision, mission, and values, as well as by the primary goal of creating sustainable systems change. The partners believe consensus decision-making builds trust and commitment among the partners and between the partner organizations. All partners have an equal voice in approving or identifying changes for all decisions that require consensus.

If a decision is not made through immediate consensus, the partners will employ a gradient decision making process to get a sense of levels of agreement and disagreement and whether or not consensus can be achieved on the issue. Each partner will be asked to rate level of agreement or disagreement about the proposed decision. Partners will be asked to rate the decision on the following 4-point scale:

1 = Not in agreement with the decision and unwilling to have it go forward

2 = Not in agreement with the decision, but willing to stand aside

3 = Need more information/would like to continue talking

4 = Agree with the decision

The partners will decide, based on the partners' ratings, whether to continue the discussion, adopt the decision, or to hold the decision until an agreed-upon later time. Once a decision is reached, it will be honored by all of the partners.

If no agreement is reached and the partners are unwilling to move forward, Vera will be contacted for technical assistance.

Conflict management plan

Conflict resolution philosophy

Partners operate with a commitment to shared learning, clear and open communication styles and the belief that conflict is often best dealt with as it arises. Each partner assumes and accepts responsibility for individual biases and assumptions that will inevitably arise. Meetings operate in a supportive atmosphere, where assumptions can be respectfully and openly challenged, and the group can benefit from each partner's experience and knowledge base. Conflict is addressed in manners that are supportive of individuals, thoughtful and effective to keep project momentum moving forward.

Conflict resolution process

Partners agree to immediately address conflict, whether personal or related to values, interests or principles, look for natural resolution to conflict and make every attempt to match the response to the degree and type of conflict. It is expected that most conflicts between individuals will be resolved with discussion. Conflicts within the group will be resolved through group discussion and consensus decision-making. However, a partner may consult directly with the project director for assistance with a conflict. A partner with an unresolved or significant conflict with the Project Director may consult with the Project Director's supervisor.

In the event that a conflict is not able to satisfactorily be resolved internally, the Project Director or Project Facilitator will request assistance from the program associate at the Vera Institute of Justice.

Confidentiality agreement

People with disabilities and residents in long-term care settings have rights related to privacy and confidentiality of information. Preserving and protecting confidential information is of the highest importance to the individual partners and partner agencies of this collaboration.
The collaboration partners recognize that there are specific statutes, regulations and codes that dictate each organization's confidentiality and ethics requirements. Each organization sets its own policies and procedures to implement the requirements under those laws and codes of professional conduct.
For purposes of working as partners in this collaboration, each partner agrees:

- Collaboration meetings and discussions foster open dialogue, shared learning and critical thinking in an environment of trust, safety and respect, with a high degree of confidentiality. Information from these shared discussions is made public only as agreed to by the partners.

- Each partner comes to the collaboration with a wealth of information about issues related to sexual violence, disability and long-term care settings. When discussing particular situations, partners will not disclose any identifying information about a survivor involved unless the survivor grants written permission to do so, or unless facts discussed are already in the public domain. Examples of information that cannot be shared within the collaboration may include: cases open for systemic investigation or monitoring; open, ongoing or closed client investigations, and client-specific information.

- In the course of the project's work, efforts will be made to inform survivors, both internal and external to the collaboration, that disclosing personal information in the presence of more than one partner may in some cases negate the protection of

privileged communication. Partners will anticipate and plan for ways to inform survivors of this before any disclosures are made. For example, information shared with a sexual assault advocate that is considered privileged communication may lose that protection if the survivor also shares that information with one of the other partners.

- As situations arise in the course of the project work, the partners will take time to debrief situations and, if possible exchange information about their responsibilities and actions taken related to confidential and privileged information, mandatory reporting and responding to abuse and neglect.

- In the process of working collaboratively together to create systems change within and among partner organizations, partners may disclose information about their organizations that they do not wish to have repeated outside of the collaborative group. For example, an organization might share problems staff have experienced with supporting the safety, self-determination or emotional well-being of a survivor of sexual assault, or it might share that there are individuals within the organization who are resistant to implementing organizational change. The partners agree to keep such information within the collaboration. Care is taken to discuss issues in general terms without disclosing specific or identifying information. Information gleaned through partner meetings and grant processes indicative of need for organizational policy/procedure change is recognized as a growth opportunity. Partners are accountable and open to organizational change to improve systems for survivors of sexual violence in long-term care.

Mandated reporting requirements

- Disability Rights Washington and the Washington State Long-term Care Ombudsman Program operate under federal mandates to address abuse and neglect of people with disabilities who receive long-term care supports and services. The collaboration partners understand that DRW and LTCOP cannot put aside their respective responsibilities to act on behalf of people with disabilities and residents in long-term care settings. Information gained through the project about abuse and neglect may compel DRW or LTCOP to respond to the potential abuse or neglect. DRW and LTCOP are not mandated reporters of abuse of people with disabilities or elders. However, DRW and LTCOP each have authority to independently advocate without reporting to the state. For example, DRW might open an investigation in a facility or the LTCOP may conduct a site visit. When such action is taken, the confidentiality of the relevant information is controlled by each organization's respective laws, policies and procedures. It is not anticipated that these independent, non-grant funded actions will impede the work of the collaboration.

- WCSAP and the sexual assault member programs are mandated reporters if they suspect a vulnerable adult is being abused or neglected. WCSAP is well-acquainted with Washington law and procedures for reporting suspected abuse or neglect. WCSAP is also highly skilled in managing mandated disclosure requirements when planning and implementing trainings, surveys, interviews or other occasions when disclosures of abuse may occur. When working with survivors or potential survivors in the community, WCSAP ensures that those they are working with are informed of the possibility of mandated reporting prior to the work beginning. WCSAP and its member programs take a victim-centered, trauma-informed approach to mandated reporting, which includes:

- Explaining its obligation in a way that is easy to understand
- Discussing this obligation beyond initial meeting or conversation
- Telling survivors what information is needed in order to make a report so they can make informed decisions about what they choose to share
- Informing the survivor if a report needs to be made, offering the survivor the opportunity to be involved in the reporting process and explaining what may happen following the report.
- Processing the implications of the report with the survivor. For example, how might it affect relationships with family or care providers? Is a safety plan needed?

- DRW and LTCOP are not mandated reporters under state law and are considered permissive reporters. Anyone who is not a mandated reporter is considered a permissive reporter, meaning they may make a report, but are not required to by law. WCSAP and their membership programs are mandated reporters of child abuse and of abuse of vulnerable adults as specified by state law. The partners recognize that during the course of the project, mandated reporting requirements may eliminate or compromise some choices a survivor may choose to make. Therefore, prior to engaging in any discussion of sexual violence when a survivor or other person may reference abuse of children or vulnerable adults is present, the collaborative will take the following steps:

  1. The person shall be made aware of mandated reporting requirements and potential implications.

  2. This communication shall be conducted in a manner ensuring that the individual understands other's obligations to report, and has an opportunity to decide whether to continue the conversation and/or request that mandated reporters not be present

during the discussion.

3. Partners will provide the survivor or others impacted by sexual violence (secondary survivors) with contact information to their local sexual assault advocacy agency.

Mandated reporting of abuse in Washington state

Washington state law (RCW 74.34) is the vulnerable adult statute, which says mandated reporters have to report the abuse of a vulnerable adult to the Department of Social and Health Services. The definition of who qualifies as a vulnerable adult is complex; however, all people receiving state-paid long-term care services are considered "vulnerable adults". The definition of a mandated reporter includes state employees, social service workers, employees of facilities or agencies providing long-term care services. Key sections of the Washington statute are included below:

Vulnerable adult statute

Definitions

Timing – response

Mandated and permissive reporting

Mandatory reporting – reports by health care institutions WAC 246-16-245

Victim bill of rights

Communications plan

Shared values

"***A single bracelet does not jingle." – Congolese proverb***

Partners operate with a commitment to shared learning, clear and open communication styles, addressing issues as they arise. Partners share longstanding histories with developed understanding of coalition building, group dynamics and facilitation work, and recognize and actively ameliorate impediments to group progress. All communication evolves from a respectful reference frame of cultural and disability humility. Within that frame, each individual assumes and accepts responsibility for individual biases and assumptions that will inevitably arise. Meetings operate within a congenial and supportive atmosphere, where assumptions can be respectfully and openly challenged, and the group can benefit from each other's innovation, rich experience and extensive knowledge base. Conflict is addressed in manners that are thoughtful, supportive of individuals and effective to keep project momentum and progress forward. Accommodations, support and inclusive efforts are provided so each partner can participate fully and benefit educationally to the maximum extent possible from shared group experience. Diverse cultures, learning styles, approaches, backgrounds and experiences contribute to the collective, and the group acknowledges the sum of its work is enhanced with effective partnership, with implications and effects far exceeding what any member organization could accomplish individually.

Internal Communication

Grant work will evolve internal partner organization processes through internal communication. Especially within the first year, it is anticipated almost all of the grant work will

consist of extensive internal communication. During the needs assessment and implementation process, this will expand to involve WCSAP member organizations, LTCOP regional and local ombudsman, resident councils and other persons with disabilities as stakeholders.

Roles

All partner meetings operate with the following communication composition:

Project Director and lead agency representative: Betty Schwieterman of DRW is the lead agency representative and Project Director for partner meetings. Betty communicates with partners to establish agendas that meet the needs of all group members and the project.

Facilitator and lead agency representative: Andrea Kadlec of DRW generally operates as meeting facilitator, backs up chair responsibilities, assists with agenda-building and shares lead agency responsibilities with Betty Schwieterman.

Individual Member/Partner Organizations: Individual members of the group are also representative of their partner organization. Leah Holland represents the Washington Coalition of Sexual Assault Programs. Andrea Piper-Wentland is the Executive Director of the Washington Coalition of Sexual Assault Programs. Betty Schwieterman and Andrea Kadlec represent Disability Rights Washington. Rose Floyd represents a member agency of the Long-Term Care Ombudsman Program and Patricia Hunter is the State Long-Term Care Ombudsman. Vickie Foster, member at large, has extensive experience in systems change for people with disabilities and represents the perspective of advocates in long-term care settings.

Partners meet at least twice monthly, typically once in person and once by web-based platform. Partners have agreed to organization representation at each meeting. Time will be devoted at each meeting to increase understanding of partners and partners' work; produce grant deliverables; realize the group's vision and mission; and strengthen shared knowledge-base of sexual violence, abuse, long-term care and disability. Minutes are taken at meetings and shared with the partners shortly after the meeting. Partners who are unable to attend a meeting will review the minutes and give input to the Project Director or Project Facilitator.

Resource assessment, training and shared learning

Partner organizations have acquired unique knowledge and experience from their work in relation to disability, abuse and the long-term care systems in Washington. It is acknowledged among the group that extensive information-sharing must take place so common understanding of partner work in relation to the system, overarching rights-based movements and abuse in long-term care can occur. Group meetings will subsequently be structured so information on disability history and culture, sexual assault, oppression-based work and long-term care in Washington is thoroughly explored. Partner work in relation to each of these concepts will be shared, assumptions challenged, and agreement around core concepts and values developed.

Language and taxonomy

Partners operate at individual and state systemic levels, while also working within a larger federal hierarchy. Each member organization has generated its own set of operational beliefs and bureaucracy and in turn inherits its own set of local, state and federal acronyms, taxonomy, colloquialisms, concepts and shared definitions. As partner organizations acclimate to the project and collaboration, care is taken to "unpack" routine systemic language, so that project members can challenge assumptions and work beyond routinely understood definitions that differ between partners. The collaborative can then develop its own shared language, with which the group can effectively communicate. Methodology for this process is deliberate but also organic, as members meet, share information about these systems and develop charter deliverables.

In working with people with disabilities and generally throughout the grant process, care is taken not to use jargon or "loaded language" unless the group has acquired and explained agreed-upon understanding of terms. Partners strive to use language that is plain and accessible, that will stand the test of time. The group utilizes "people first" or "respectful language" recognizing disability as an attribute, but not one's defining characteristic.

(See key terms; acronym list; values and assumptions.)

External communication

Grant deliverable communication

Typically, the lead agency is responsible for collecting partner input to develop an initial deliverable draft. The facilitator will usually craft and disseminate drafts for further partner editing, but may designate partner members to develop drafts or portions of drafts with agreed-upon partner input. Project partners provide edits through: in-person or web-based meetings; scheduled email editing processes; partner sub-groups developed for purposes of editing; or feedback from solicited member organizations or others partner organizations. Once the group is satisfied with the content of any given deliverable, the lead agency administrator submits the draft and/or final copy to Vera/OVW for review.

The communication process for producing and editing grant deliverables vary contingent upon deliverable content and structure, group input and editing preferences, fluctuating need of partner input and the extent to which a document needs to be revisited through its production and the length of the project.

External, interested parties and key messages

Grant stakeholders: The Office of Violence Against Women, Vera, each grant partner, and each grant partners' member organizations and/or volunteers.

Federal system stakeholders: The Administration on Aging, The Office of Violence Against Women, The National Disability Rights Network; The Administration of Developmental/Intellectual Disabilities.

State system stakeholders: The State Unit on Aging, The Department of Health, State Health Insurance Benefits Advisors (SHIBA), Washington Aging and Long-Term Care Supports, The Department of Social and Health Services, Developmental Disabilities Administration, The Division of Behavioral Health and Recovery, Adult Protective Services, and all homes and facilities that provide long-term care services in Washington. Other state-based stakeholders include the Resident Council of Washington, Arc of Washington, the Developmental Disabilities Council, the Self Advocates in Leadership Coalition; People First of Washington; Consumer Voices are Born; National Alliance on Mental Illness state and local chapters; and Self Advocates of Washington.

Partner member organizations: DRW, WCSAP, LTCOP and their statewide subsidiaries.

Other state collaborations: The collaboration may seek out information from other former or existing state and local OVW collaborations to augment its grant development.

Individual stakeholders: People with disabilities; people who reside in long-term care settings; people who have a vested interest in the grant's mission and vision; people who have a vested interest in DRW, WCSAP or LTCOP.

Key Messages

As the project moves from charter collaboration to needs assessment and strategic implementation, the stakeholder list will be honed, and key messages will be developed in relation to each audience.

At outset, grant key messages exist only very generally around the grant award and initial partnership development. This is a general message that indicates the partners have come together to address sexual violence against people with disabilities in long-term settings. No other initial media or other stakeholder outreach is anticipated for the collaboration charter work.

Key messages developed at a later time will be crafted with partner involvement, with specific audience in mind, for purposes delineated by grant deliverables.

Once audience development is solidified, constituent relationship platforms may be utilized to engage audiences, including but not limited to email or newsletter notification, online group organization, individual constituent management, social media, developed curriculum/training, interview, focus group processes or other engagement modalities.

Project elevator speech with talking points

"People living in nursing homes, supported living, assisted living, mental health facilities, adult family homes and other long-term care settings experience sexual violence. Sexual violence includes intimidation, manipulation, sexual coercion, physical assault, rape, sexual abuse, unwanted touch and harassment.

Washington Coalition of Sexual Assault Programs, the Washington State Long-Term Care Ombudsman Program and Disability Rights Washington have merged resources, knowledge and skills in a unique statewide collaboration to effect change for survivors living in long-term care. This informed effort engages people from across the systems so long-term care is transformed, accountable and intolerant of violence, with services that are trauma-informed.

Every person has a role and responsibility to end sexual violence. This partnership amplifies and learns from the voices, experiences and autonomy of survivors. Intentional action and awareness addresses the reality of sexual violence and results in meaningful improvements and the well-being of all long-term care residents."

- Supports survivors to find their own voice, make their own choices and take action by providing advocacy training, skills and system knowledge;
- Connects residents to advocates who are trained in the needs and circumstances of survivors in long-term care settings;

- Creates platforms to expose the truth about sexual violence in long-term care settings and highlight how the current system promotes vulnerability;
- Uses our influence and expertise to provide tools for change;
- Creates models and benchmarks for achieving a violence and retaliation-free environment in long-term care settings; and
- Cultivates trauma-informed practices at our agencies and assure our statewide constituents know how to prevent violence and respond to survivors.

Technical assistance

Any partner can initiate communication with Vera for purposes of technical assistance, although deference is generally given to the lead agency to coordinate this. The Project Director can inform partners in matters related to budget and overall grant development/leadership. All collaboration members share responsibility for weighing the overall health of the collaboration, identifying assistance needs and responding accordingly. Information and networking opportunity will be shared with partners regarding webinars or training opportunities, project director meetings, conferences and other technical assistance opportunities to further the goals of the collaboration. Technical assistance will also be sought through this project around infusion of experiences and unique education that we receive from people living with disabilities– sometimes this comes from people with disabilities and may also come from systems advocates – this provides unique technical assistance to our collaboration.

Media relations

The lead agency (DRW) is responsible for coordinating any media-related efforts on behalf of the project. Project Facilitator, Andrea Kadlec is the collaboration's media spokesperson. Each partner agency has a spokesperson to coordinate media efforts and issues. If there is a media request made, Andrea Kadlec of DRW will coordinate with the appropriate agency, who in turn will vet with that agency's media coordinator as required, to formulate a response. Care

will be taken to do this respectfully and quickly with consideration of media timelines, and positive promotion of the project, the collaboration and each agency.

Should any agency be mentioned in media work that relates to, mentions or implicates OVW collaboration efforts, that agency will immediately notify the lead agency, DRW, if the collaboration is not already aware of this effort.

With media, work will be done with the reporter ahead of time, to the greatest extent possible, to understand the angle of a particular story and the context in which any quotes will be used. If an angle or issue appears unfavorable to the collaboration, work with the reporter will be done to try to mitigate any potential damage before an article is published. For example, if the proposed angle of a story highlights a partner agency as culpable for not better addressing abuse, the collaboration may refer to the jointly developed talking points of the project, offer background on mandates, statutes, previous partnership work or other information that contradicts the proposed story. That way, the reporter can shift the story focus to reflect a more accurate picture of abuse, which benefits the reporter and the collaboration. Efforts will be made to help the reporter acquire information needed for quality coverage, but never at the expense of collaboration partners or the grant. No partner will take all the credit for collaboration work, for example, or if one agency is being investigated and this is captured in media, other agencies in the collaboration will not go on the record and speak poorly of that agency. This will be made clear to the reporter, if needed, before any interviewing or other media work takes place.

Agency partners have discussed and agreed to speak positively and respectfully of the project and each other in any context that could become public or widely shared outside of respective organizations.

Whenever possible, what is discussed with media will be given prior thought among the group. Information shared will be information the group has discussed/vetted and developed a

common, agreed-upon understanding. Talking points and key messages can be used for this purpose.

Crisis communication management

When possible, planning, talking points, consistent key messages, healthy respect, and early work with reporters to understand and vet story development will be utilized to avoid crisis in media. This may include event coverage that may not initially seem specific to collaboration or grant work, if the event could implicate or adversely affect grant work.

Despite this, the collaboration acknowledges that crises with media may occur. Should the project, any individual agency or the collaborative experience unfavorable media coverage, the lead agency will immediately be notified and the collaborative convened to discuss how best to ameliorate harmful media coverage. Ideas may include: working with the reporter or news outlet, drafting comments or an editorial, developing and promoting opposing messages or talking points, or using social media or other information venues to counteract harmful messages.

If something happens that could adversely impact the collaboration or its work, Project Director, Betty Schwieterman of the lead agency will immediately be notified. In consult with others at DRW, Betty will proceed, either with an individual agency, agency member or with the entire collaborative, to address the issue as respectfully and efficiently as possible.

The collaboration in its entirety may be involved in crisis response to the extent that it is implicated or needed to mitigate or resolve a particular issue. For example, any substantial grant changes would involve the entire group and be addressed as a whole.

The collaboration strives to maintain transparency and whenever possible relevant information will be shared with all partner agencies. Exceptions may include information that is relevant to

only one member, confidential personnel information or conflict resolution between individuals. These issues may be resolved and addressed privately, without full participation of the collaboration, and only with the Project Director and individual, or Project Director and another agency. Care will be taken to resolve each issue that is presented in a manner respectful and supportive to each individual, each agency and to the collaboration, with focus on responsibilities and forward movement of the group's mission and work.

Evaluation

The collaboration agreed that successful communication will be recognized as the following:

- When we show our work and record our discussions
- When our processes are accessible
- When we engage in difficult conversations and learn collectively
- When we complete our deliverables on time
- When we make anything accessible to accommodate needs as requested
- When we periodically check in and ask why we are doing what we are doing
- When we are flexible and can make adjustments as we go
- When we routinely evaluate the health of the collaboration, the project and each other
- When the outcomes of our work, and our deliverables achieve outcomes that none of us could achieve individually and reflect the shared learning, diversity and enriched experiences of our group
- When we realize our mission

Draft work plan

Building Collaboration Charter OVW August 2013

Submit to OVW after Vera review, by end of August, 2013. Wait for OVW approval. Changes may be required.

Needs Assessment Narrowing of Focus September 2013 – October 2013

Draft memo to document the agreed focus of the project. Vera provides facilitation in early September with memo completion to Vera by end of month and final to OVW in early October.

Needs Assessment planning August – October 2013

While waiting for charter approval, start the planning process by reviewing the needs assessment process and templates. Use templates, work with collaboration, Vera and OVW for deliverable pieces beginning in September and submit tools in mid-October.

Conduct needs assessment Through January 2014

Start analysis throughout needs assessment process.

Needs assessment report January – February 2014

Submit to OVW for approval by March, 2014.

Strategic planning March – April 2014

2 day retreat and site visit.

Implementation April 2014 – September 2015

Key terms

Abuse

Abuse is using violence, threats of violence, harassment, neglect, coercion, influence and intimidation to hurt, control, manipulate and humiliate an individual with a disability in long-term care settings.

Abused deaf women advocacy services (ADWAS)

See Organization/Resource and Acronyms sections.

Access/accessibility

Services are available and accommodations are made to everyone who needs them regardless of ability, ethnicity, language, physical location, etc. This means it is the onus of the agency to respond to and support survivors in a trauma-informed and self-directed manner. (See also Values and assumptions section.)

Accommodation

Any supportive device, adjustment or action that enables the autonomy and independence of an individual with a disability. Traditionally this is done in a system so an individual can access the same information or benefit or participate equally in any given process. Accommodation are varied and can be unique to an individual. Examples include: a wheelchair ramp; select seating: reviewing an agenda prior to a meeting; a sound alarm with visual display; large print or Braille; modified technology, etc.

Adult family home

A residential home in which a person or persons provide personal care, special care, room, and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services. (See also Acronym and Values and assumption sections).

Adult protective Services

(See Acronym and Organization/Resource sections.)

Advocacy

Advocacy is the act of asserting one's self-determination and making choices. One may advocate for oneself or for another, or for a cause. Advocacy also addresses barriers and gaps in various systems. (See also Values and assumptions section). (See also systems change/systems advocacy.)

Advocate

A person who advocates for oneself or for another or for a cause.

Age

In long-term care, whether or not one is a senior, or an adult, or a youth or a child often hinges on eligibility for services. The project focuses on adults, age 18 and older, however if age categories are needed for purposes of this grant, the collaborative has agreed upon the following:

Kids: 12 and under

Youth/Teen: 13-17

Young adult 18-21

Adult 21+

Senior 65+

Elderly 85+

Aging and Long-term Support Administration

The Aging and Long-Term Support Administration is Washington State's local unit on aging. Their goals are to provide a comprehensive and coordinated local approach to managing a home, community and residential system of services that are client-centered, allow maximum flexibility and promote the efficient use of resources; emphasizing the least restrictive interventions and building on the individual's and their family's strengths and responsibility.

Ally

Allies are people who recognize the unearned privilege they receive from society's patterns of injustice and take responsibility for changing these patterns. (See also Values and assumptions section).

Assisted living

Formally called boarding homes, is any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents which may provide domiciliary care to seven or more residents. . "Assisted Living home" does not include facilities certified as group training homes. Nor does it include any independent senior housing, independent living units in continuing care retirement communities, or other similar living situations. (See also Values and assumptions and Acronym and Organization and Resource sections.)

Autonomy

An individual's capacity for self-determination or self-governance. Having independence to make own decisions. (See also Values and assumptions sections.)

CARE (comprehensive assessment reporting evaluation) assessment

This is the assessment tool used by Washington's Developmental Disabilities Administration to determine the number of personal care hours and other state supports that will be provided for individuals with developmental disabilities. There are currently 14,000 known individuals who are waiting for developmental disabilities services in Washington, so not everyone who needs these services has them. Typically the CARE assessment will authorize services for one of four community-based waivers, the Community Protection, COPES, Basic or Basic Plus. These waivers are designed to assist individuals in living in the community, as opposed to an institutional setting. (See also Acronyms and Organization and Resource sections.)

Caregiver

Anyone providing direct personal care to another person.

Center for independent living (CIL)

See also Acronym and Organization and Resource sections.

Charity

In disability culture (and perhaps with other minority cultures who have experienced institutional oppression), charity is regarded as something that reinforces a power differential, keeping an individual subjugated and dependent. "False charity constrains the fearful and subdued, the "rejects of life" to extend their trembling hands. True generosity lies in striving so that these hands – whether or individuals or of entire peoples – need to be extended less and less in supplication, so that more and more they become human hands which work and, working, transform the world." – Paulo Freire. (See also Values and assumptions sections.)

Community options program entry system (COPES) wavier

See Acronym and Organization and Resource sections.

Community protection program (CPP)

See Acronym and Organization and Resource sections.

Community supported living program (SL)

See Acronym and Organization and Resource sections.

Confidentiality

Keeping a person's trust or confidence with spoken/written/acted-upon information by an individual or organization(s).

Core waiver

See Acronym and Organization and Resource sections.

Criminal justice

The law enforcement, prosecution and rehabilitation systems designed to punish and hold accountable an individual who or entity that violated a law.

Cultural humility

Cultural humility is a practice of awareness of bias and oppression with respectful communication that invites us to embrace similarities and differences. As opposed to cultural competence, which presumes knowledge, cultural humility encourages an approach of respectful inquiry, acknowledgement and support. (See also Values and assumptions section) (See also disability humility definition).

Deaf/deaf

Individuals who experience significant hearing loss may refer to themselves as "deaf," with a small "d" denoting the physical experience. Individuals who identify with Deaf culture use a capital "D" for Deaf. In Deaf culture, sign language is acknowledged as a language in its own right, and individuals reject a "cure" to Deafness as an offensive, medical model approach to their experience. Cochlear implants may be taboo. Many in Deaf culture do not equate being Deaf as having a disability.

Department of Social and Health Services (DSHS)

See Acronyms and Organization and Resource section.

Dignity

Dignity is a term used in moral, ethical, legal, and political discussions to signify that a person has an innate human right to be valued and receive ethical treatment.

Disability

Disability is a broad term to signify a mental, sensory, cognitive, emotional and/or physical characteristic that, in conjunction with societal values, may limit a person's physical or emotional well-being or ability. Disability is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which one lives. People may or may not identify with disability. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

Disability humility

Disability humility is a practice of respectful inquiry that invites us to embrace of similarities and

differences with awareness of disability-based bias and oppression. One works from an openness to learning and understanding, with humility to better understand disability. The survivor with a disability is always the expert. (See also cultural humility.) (See also Values and assumptions section.)

Disability Rights Washington

The federally-mandated protection and advocacy designee for Washington. DRW builds individual and systemic advocacy capacity, assists individuals with disabilities in individual and systemic advocacy and advances systems to uphold and protect the rights of people with disabilities. (See also Acronym and Organization and Resource sections.)

Discharge plan

Discharge planning is a rights-based process where one has the right to leave a facility with appropriate supports and assistance.

Division of Behavioral Health and Recovery (DBHR)

See Acronym and Organization and Resource sections.

Domestic violence

Domestic violence is any behavior the purpose of which is to gain power and control over a spouse, partner, girlfriend, boyfriend, family member, or one receiving services from a caregiver. This abuse is a learned behavior; not caused by anger, mental problems, drugs or alcohol, or other common excuses.

Domestic violence shelter

An emergency temporary housing location for survivors of domestic violence and their children. It is free to stay there, advocacy services are provided to the survivor and children to help take the next steps in securing future safety.

Dual diagnosis

Dual diagnosis may refer to an individual with one or more disabilities, say, autism and bipolar

disorder. It is commonly used to designate when individuals grapple with substance abuse and also have a mental health diagnosis.

Eastern State Hospital (ESH)

See Acronyms and Organization and Resource section.

Facility

A building established to provide support and care to a person according to their needs and choices which is also governed by regulations that include additional individual rights and protections.

Group home

Group homes are community-based residences serving two or more adult clients and are licensed as either an assisted living facility or an adult family home.

Guardian

A person who is entrusted by law with the care of the person or property, or both, of another, as a minor or someone legally incapable of managing his or her own affairs. The progression of decision making by the Guardian by law is to honor the person's expressed wishes; what they would want if able to communicate it and what is in the person's best interest.

Guardian ad litem

Person appointed by a court as guardian of a person to act on his or her behalf in a particular action or proceeding.

Home and community based waiver

See Acronym and Organization and Resource sections.

Inclusion

The intentional action or state of using various means to include or be included within a group or structure.

Independence/Interdependence

In disability culture, though we have the era of Independent Living, there is an acknowledgement that all human beings are interdependent and rely on each other, and that complete independence is extremely rare, or perhaps even a myth. Accommodations and supports provided to individuals with disabilities are woven into the fabric of a culture, naturally, as are all supports human beings provide to one another.

Independent living

Independent living is an era in the disability civil rights movement, dating approximately from the late 60s through the 90s and beyond, in which the public comes to acknowledge and provide the supports and services needed for each individual to attain the highest level of independence possible, in the most integrated setting possible. The notion of independent living is a key tenet of disability philosophy.

In-home services

Long-term care services, programs and resources that may help an adult to continue to live at home. Services include volunteer chore workers; adult day health programs; home delivered meals; personal care; home modifications/assistive technologies; hospice and respite care. (See also Acronym and Organizations and Resource sections.)

Institutionalization

Phenomenon created by long-term care systems that effect people put into congregate living, characterized by confinement, learned dependency, loss of autonomy and control. These characteristics degrade one's personhood. The institutions create barriers to an individual's right to self-actualization and full access. (The group value is deinstitutionalization.)

Intellectual/Developmental Disability IDD

This is the preferred terminology for individuals who experience developmental delays, including Down syndrome, autism, cerebral palsy and some forms of brain injury. This was once referred to as mental retardation, but this language is slowly being removed from state

and federal statute across the United States. (See also Acronym and Organizations and Resource sections.)

Intermediate care facility for individuals with intellectual/developmental disabilities (ICF/IDD)

This is the most restrictive setting for individuals who experience an intellectual or developmental disability. It is in federal statute, and there is federal funding designated for ICF/IDD beds. (This used to be referred to as ICF/MR until the term mental retardation was replaced.) In Washington, there are four institutions, or Residential Habilitation Centers, which provide 24-hour ICF/IDD care. These are: Lakeland Village (Spokane); Fircrest (Shoreline); Yakima Valley School (Selah); and Rainier School (Buckley). Frances Haddon Morgan was closed as a result of decisions made in the last 2012 legislative session. These institutions used to provide care for 5000 to 6000 individuals in Washington but as community services, assistive technology and accommodations have evolved, and these institutions now serve approximately 900 people. (See also Acronym and Organization and Resource section.)

Intersectionality

The awareness that discrimination based upon various biological, social and cultural realities such as gender, race, class, ability, sexual orientation, disability, and other aspects of a person's life interact on multiple and often simultaneous levels, contributing to systematic social inequality. Intersectionality holds that the classical conceptualizations of oppression within society such as racism, ableism, sexism, homophobia, and religion- or belief-based bigotry do not act independently of one another; instead, these forms of oppression interrelate, creating a system of oppression that reflects the "intersectionality" of multiple forms of discrimination.

Intimate partner sexual violence (IPSV)

Any unwanted sexual contact or activity by an intimate partner with the purpose of controlling an individual through fear, threats, coercion, or violence. It can affect anyone from teens to elders. (See also Acronym and Organization and Resource sections.)

Intimate partner violence (IPV)

Another term used for domestic violence, specifically referring to an intimate relationship. Domestic violence (especially in the criminal legal system) may refer to violence by a non-intimate family or household member. (See also Acronym and Organization and Resource sections.)

Law enforcement

A local, statewide and national system of police officers empowered to enforce the law that elected officials put in place with the idea of ensuring order is maintained and citizens remain safe.

Least restrictive environment (LRE)

An individual lives in the most integrated (and least restrictive) setting possible. The idea is one lives as independently as possible with appropriate supports. A person is supported to maintain potential and abilities to the greatest extent possible. Though this terminology does not exist in long-term care regulation, it is recognized in the developmental/intellectual disability field and is a risk reducer, so a useful education piece for advocates.

Long-Term Care Ombudsman Program (LTCOP)

The Ombudsman Program identifies, investigates and resolves complaints made by or on behalf of residents of nursing homes, assisted living and adult family homes; addresses issues which affect residents; works to educate residents, facility staff and the public about residents rights and other matters affecting residents; and performs other functions to protect the health, safety, welfare and rights of residents. The program works to resolve problems of individuals as well as to bring about changes at the local and state levels to improve care. (See also Acronyms and Organizations and Resource sections.)

Long-term care facility

A facility which maintains and operates twenty-four hour skilled nursing services for the care and treatment of chronically ill or convalescent patients, including mental, emotional, or behavioral problems, intellectual disabilities, or alcoholism; provides supportive, restorative

and preventive health services in conjunction with a socially oriented program to its residents, and which maintains and operates twenty-four hour services including board, room, personal care and intermittent nursing care. "Long-term health care facility" includes nursing homes and nursing facilities, but does not include acute care hospital or other licensed facilities except for that distinct part of the hospital or facility which provides nursing facility services. Any family home, group care facility, or similar facility determined by the secretary, for twenty-four hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual. Any swing bed in an acute care facility.

Mandated reporter

A person legally required to make a report if they have reasonable cause to believe that a child or vulnerable adult has suffered physical or sexual abuse or neglect or, for vulnerable adults, financial exploitation or abandonment. (CHILD: RCW 26.44.030; VULNERABLE ADULT: 74.34.035)

Medicaid personal care (MPC)

This federally funded program provides an attendant for “personal care” needs. This could be transferring for toileting, dressing, bathing, cooking, grocery or clothes shopping, budgeting or personal finance management, etc. Medicaid personal care makes it possible for individuals with significantly involved disabilities to shower and go to work each day, and to live fully engaged, productive lives in their communities. (See also Acronyms and Organizations and Resources sections.)

Mental/adaptive or functional age

Often with psychological or IQ assessments, individuals with developmental/intellectual disabilities are assigned an “adaptive” or “mental” age. This is also sometimes referred to as a “functional” age, or “global age of functioning.” This number can be very damaging to the autonomy or personal developmental of an individual with a disability, as services, benefits, or human rights are subscribed to a number and not an individual. Expectations are lowered, people are infantilized and invasive or experimental medical procedures are justified based on

this number. For example, high school students with disabilities do not always receive sexual education that is provided to peers based on a mental age. (See also Values and assumptions section.)

Neglect

"Neglect" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100. (RCW 74.34.020 amended 2013)

No contact order (NCO)

A “no contact order” is a criminal order that can only be entered into if the abusive party has criminal charges pending against them. NCOs can be in place through the trials and as long as the court has jurisdiction over the case after sentencing. NCOs can be provided for the victim or a witness of the crime. (See also Acronyms and Organization and Resource sections.)

No Pity

“Pity is prejudice disguised as charity.” Pity undermines the ability of people to exercise power and choice. This philosophy is a key tenet of the disability rights movement. (See also Values and assumptions section.)

Nothing about us without us

A key tenet of the disability rights movement, this phrase carries the notion that no decisions should be made on behalf of someone unless that individual is present in the decision-making process to the greatest extent possible. (See also Values and assumptions section.)

Nursing home

Any home, place or institution which operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include but not be limited to any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. It may also include care of mentally incompetent persons. (See also Acronyms and Organizations and Resources sections.)

OVW

Office on Violence Against Women. Funder, office in the Department of Justice. (See also Acronym and Organizations and Resource sections.)

People first language

This is also known as respectful language. The underlying premise is that an individual is a person first, and disability is a secondary characteristic. One's identity and being is not hinged upon disability. The way disability is described, then, is "person first," i.e.; individual with a disability, person with autism, woman with Down syndrome, etc. Labels such as autistic, mentally retarded, suffering, afflicted, handicapped, etc. are not used in people first language. There is movement to remove the 'mental retardation' label from state and federal statute. Washington has adopted a law to use respectful language. Rosa's Law does the same thing at the Federal level. (See also Values and assumptions section.)

Person-directed or self-directed

Self-directed services and supports accumulate around an individual and are based on an individual's expressed choice, with deference to decision making of the individual. A person with a disability directs his or her services, choosing what is most needed to attain independent living and full engagement in one's life in a manner that is self-determined. (See also Values and assumption section.)

Power

See Values and assumptions section.

Power and control

Foundational way the anti-violence movements talk about abuse and assault. The abuser uses a range of tactics to maintain power and control over a survivor. Survivors are adept and have acquired skills to counter these tactics to survive everyday life. The Washington collaboration utilizes the caregiver wheel of power and control for long-term care model. The collaborative acknowledges an institutional or systemic correlation to the wheel and long-term care settings. (Example: You can shower once a week and you have to be rolled down the hall in a shower chair wrapped in a bed sheet. This becomes the norm.)
http://www.endingviolence.org/files/uploads/DisabledCaregiverPCwheel.pdf

Power of attorney/durable power of attorney

When one person authorizes another to act on his/her behalf for decision-making purposes, in areas specified within a legal written document, this status is called 'power of attorney.' A durable power of attorney provides this decision-making support within an agreed-upon range of time, or under agreed-upon conditions. For example, a power of attorney may kick in when one individual leaves the country and needs another individual to take care of domestic legal matters. Or, a power of attorney may go into effect when an individual experiences mental illness and becomes incapable of making personal decisions.

Prevention

The grant adopts the prevention definition of OVW, which focuses on widespread societal public awareness campaigns. This collaboration subsequently does not focus on prevention work. Sexual assault programs in Washington carry out their prevention work using the Center for Disease Control's definition of primary prevention.

Privacy

See confidentiality. Privacy is also the respectful practice of honoring one's need for space, time, silence or basic dignity.

Privilege

The unquestioned and unearned set of advantages, entitlements, benefits, and choices bestowed on people solely because they are a member of a prevailing advantaged social group (white people, men, heterosexuals, colorism in communities of color, socioeconomic advantage in communities of color, etc.) (See also Values and assumptions section).

Provider

Usually used when talking about professionals performing their duties.

Rape

Forced (through violence, threats of violence, coercion, humiliation, inebriation, fear, harassment or intimidation) sex. Washington specific legal definitions of rape can be found in RCWs 9A.44.040-.079.

Reproductive coercion

Behaviors used to maintain power and control related to reproductive health. It includes behaviors intended to pressure or coerce another into birth control choices, becoming pregnant or pregnancy outcome.

Resident and Client Protection Program (RCPP)

See Acronym and Organizations and Resources sections.

Residential Care Services (RCS)

See Acronym and Organizations and Resource sections.

Respect

(See Values and assumptions sections).

Respectful language

This is also known as people first language. The underlying premise is that an individual is a person first, and disability is a secondary characteristic. One's identity and being is not hinged upon disability. The way disability is described, then, is "person first"; for example, individual with a disability, person with autism, woman with Down syndrome, etc. Labels such as autistic,

mentally retarded, suffering, afflicted, handicapped, etc. are not used in people first language. There is movement to remove the 'mental retardation' label from state and federal statute. Washington has adopted a law to use respectful language. Rosa's Law does the same thing at the Federal level. Survivors often do not use the same language that advocates do to define what happened to them. Mirroring the languages survivors use is also respectful language. (See also Values and assumptions section.)

Respite bed licensing

There is no specific licensing difference or designation for respite beds in nursing homes, adult family homes and assisted living. The language is focused on the temporary nature of the service. "Respite" is designed to provide short-term care to caregivers or family members a rest.

Respite care

Respite care is a service where trained staff provide short-term care, within a facility or in a home, ranging from a few hours to a few weeks, so that caregivers and family members of an individual with a disability receive 'respite.' (See also Acronym and Organizations and Resource sections.)

Respite provider

A respite provider may be a facility or individual licensed by the state to provide short term care to a person.

Responsibility/liability defense

The act and argument for assuming control and decision-making, for purposes of liability or institutional priority, overrides the choices of another human being and results in disempowerment. "I am in charge of this person, if something happens I am responsible." Appropriate assumption of responsibility would be the act of securing services, options, advice for an individual, acknowledging that the choices of the individual are foremost. (See also Values and assumptions section.)

Risk reduction

Risk reduction focuses on the potential victim. It includes a wide variety of personal safety methods aimed at reducing the risk of being assaulted. It can be argued that risk reduction measures are unfair, because they restrict freedom about where to go, what to wear, how to act and what to do. Previous sexual violence prevention efforts have focused on risk reduction strategies to eliminate sexual violence. Current best practice in the anti-violence field focuses on the potential perpetrator of sexual violence and their risk factors for perpetrating sexual violence. This is an important shift in strategies since the offender is the only person responsible for perpetrating violence.

Sexual assault protection order (SAPO)

Sexual Assault Protection Order is a civil order issued by the court on behalf of a sexual assault victim. The order can require the perpetrator to stay away from the victim or place(s) where the victim lives or works and to have no further contact with the victim. Any person 16 or older who is a victim of sexual assault - including a single incident - may petition the court to obtain the order. Victims under 16 need a parent or guardian to petition on their behalf. A third party may also file on behalf of a vulnerable adult or any other adult who cannot file due to age, disability, health or inaccessibility. The sexual assault protection order is designed for victims who do not meet the "domestic relationship" requirement with the person who sexually assaulted her/him to qualify for a domestic violence protection order. A Sexual Assault Protection Order may also be obtained as part of a criminal case. If a victim reports the sexual assault to law enforcement and the assailant is being prosecuted, a judge may order a Sexual Assault Protection Order to keep the assailant away from the victim when he/she is released from custody.

Secondary trauma

Can be synonymous with vicarious trauma or compassion fatigue, referring to the cumulative effects of working with survivors of traumatic life events or perpetrators, as part of one's everyday work. As related to sexual violence victimization this term can also be applied to

mean indirect trauma experienced by a friend, loved one, partner or other supporting a person who has experienced sexual violence.

Self-advocate

An individual who advocates for oneself. (See also respectful language in Values and assumptions section.) Washington is seen as a leader in the field of self-advocacy.

Self-advocacy

The process of standing up for oneself and one's rights and beliefs. (See also Values and assumptions section.)

Self-determination

The capacity to build one's dreams and believe in and follow them is self-determination. There is no disability so severe that it would impede one's self-determination. (See also Values and assumptions section.)

Self-directed or person-directed

Self-directed services accumulate around an individual and are based on an individual's expressed choice, with deference to decision making of the individual. A person with a disability directs his or her services, choosing what is most needed to attain independent living and full engagement in one's life in a manner that is self-determined. (See also Values and assumptions section.)

Sexual assault/Sexual violence

Sexual assault or sexual violence are umbrella terms that include a wide range of victimization. It occurs when a person is forced, coerced, and/or manipulated into unwanted sexual activity. It can include completed or attempted attacks, may or may not involve force and threats, and it may or may not be illegal under state or federal law. Sexual assault or sexual violence is part of a range of behaviors that offenders use to take power from their victims. It can begin with words, gestures, jokes and intimidation. It can progress to coercion, threats and actions that involve sexual touching or intercourse, and may involve other forms of violence.

Sexual assault nurse examiner (SANE)

A qualified and specially trained nurse who can perform sexual assault forensic rape examinations. Roles of SANE's include providing comprehensive medico-legal examinations, timely and accurate collection of forensic evidence, collaborating with physicians, local law enforcement, city and county prosecutors, and victim advocates to provide complete care for patients, ensure safety, and maintain chain of evidence. (See also Acronyms and Organization and Resources sections.)

Sexual assault screening

This process that may accompany health and mental health care. The process should entail the practitioner asking questions targeted to ascertain if the patient has a history of sexual assault with the intent of providing comprehensive care and referral.

She

"She" is a gendered term used frequently to refer to violence perpetrated against women. While sexual violence does occur to males, females are more frequently impacted. "She" tends to be the default pronoun used when talking about survivors, but this is starting to change among providers in the field to be more inclusive of all survivors – women, men, and people who identify outside the gender binary. Men with disabilities experience higher rates of sexual assault than men without disabilities, but not a higher rate than women with disabilities. (See also Values and assumptions section.)

Skilled nursing facility (SNF)

A facility which maintains and operates twenty-four hour skilled nursing services for the care and treatment of chronically ill or convalescent patients, including mental, emotional, or behavioral problems, intellectual disabilities, or alcoholism; provides supportive, restorative, and preventive health services in conjunction with a socially oriented program to its residents, and which maintains and operates twenty-four hour services including board, room, personal care, and intermittent nursing care. (See also Acronym and Organizations and Resource sections.)

Social justice

Social justice is a philosophy that promotes equity among all members of society. It supports a world where there is a balance of power and where societal structures and members operate in an equitable relationship to each other. Social justice also demands that all people have a right to basic human dignity and to have their basic economic needs met. (Adapted: www.nonviolenceandsocialjustice.org/FAQs/What-is-Social-Justice/43/) (See also Values and assumptions section.)

State operated living alternative (SOLA)

SOLA programs are homes operated by the Developmental Disabilities Administration that offer supported living services to individuals with intellectual/developmental disabilities by state employees. (See also Acronym and Organization and Resource sections.)

State psychiatric facilities

Washington state has two state-run psychiatric hospitals, Western State Hospital, in Lakewood, Washington, and Eastern State Hospital, in Medical Lake, Washington.

Statewide Health Insurance Benefits Advisors (SHIBA)

Part of the Washington state insurance commissioner's consumer protection services, SHIBA provides free, unbiased, and confidential assistance with Medicare and health care choices. (See Acronym and Organizations and Resource sections.)

Supported decision-making

Supported decision-making is a process and a movement within progress toward disability rights, where an individual's autonomy, dignity and choices are respected in making decisions. Decisions are made through a supportive and informed process, to the greatest extent possible, by an individual with a disability. Supports are put in place so that decisions are not made without an individual's input, buy-in or due consideration of an individual's expressed wishes. (See also Values and assumptions section.)

Supported living (SL)

Supported living services are offered by the Developmental Disabilities Administration (DDA), and offer instruction and support to individuals with intellectual/developmental disabilities who live in community-based homes. DDA contracts with private agencies to provide these services. (See also Acronyms and Organization and Resource sections.)

Systems change or systems advocacy

Advocacy that involves an entire system and its institutionalized processes. Examples would be public policy, legislative or judicial systems or governmental systems such as prisons. All three partners in this collaboration engage in systems advocacy. (See also Values and assumptions section.)

Trauma-informed

Trauma-informed services "incorporate knowledge about trauma – prevalence, impact, and recovery – in all aspects of service delivery, minimize re-victimization, and facilitate recovery and empowerment" (Fallot, Wisconsin Trauma Summit, 2007, as cited in Hudson, n.d.) (See also Values and assumptions section.)

Undue influence

Undue influence occurs when an individual manipulates and/or exerts power over another, based on perceived weakness, vulnerability or disability, to benefit oneself, with detriment to the other.

Universal design

The design, construction and implementation of products, architecture, environments, services and systems that can be used by all people, to the greatest extent possible, without additional adaptation or accommodation. (See also Values and assumptions section.)

Vera

The Vera Institute of Justice is an independent, nonpartisan, nonprofit center for justice policy and practice. They serve as a technical assistance provider for many Office of Violence Against

Women grants and are a provider for the disability grant for which this project is funded. (See also Acronym and Organization and Resource sections.)

Victim-centered

Victim-centered approaches take into account issues and particular needs of victims. Providers and systems should prioritize response and policy considering these specialized needs. (See also Values and assumptions section.)

Victim/Survivor

Those who experience a crime or violence, especially on the basis of gender, disability, age or other discrimination, are often referred to, at least initially as victims. Many recognize that "victim" carries a connotation of weakness and passivity. "Victim" is also the term used in the criminal justice system. Often individuals who have experienced rape, domestic violence or sexual assault self-refer as "survivors". This is also sometimes referred to as a process, to move from a victim to a survivor, wherein an individual moves forward with life and healing from trauma, in a process of empowerment.

Vulnerability

Though vulnerability often carries a connotation of weakness, and many human beings strive to avoid vulnerability, it is recognized in this collaboration as a characteristic that all human beings share and acknowledgement of this should empower, and not disempower an individual within any given system. (See also Values and assumptions section.)

Vulnerable adult

Washington state law defines a vulnerable adult as an individual who is: sixty years of age or older who has the functional, mental or physical inability to care for himself or herself; or found incapacitated under 11.88 RCW; or who has a developmental disabilities as defined under 71A.10.020 RCW; or admitted to any facility; or receiving services from home health, hospice, or home care agencies licenses or required to be licensed under chapter 71.127 RCW; or receiving services from an individual provider; or who self-directs his or her own care and

receives services from a personal aide under chapter 74.39 RCW. (RCW 74.34.020) (See also Values and assumptions section.)

Vulnerable adult protection order (VAPO)

An individual or family member can obtain, on behalf of an individual who meets the above legal criteria for vulnerable adult, a protection order, to protect a "vulnerable adult" from abuse, neglect, financial exploitation, or abandonment by a family member, care provider or other person who has a relationship with the vulnerable adult. (See the VAPO Handbook link in the bottom left column of http://www.courts.wa.gov/forms/?fa=forms.contribute&formID=70)

Washington Coalition of Sexual Assault Programs (WCSAP)

The Washington Coalition of Sexual Assault Programs is Washington States' Sexual Assault Coalition. WCSAP is a non-profit organization that strives to unite agencies engaged in the elimination of sexual violence. WCSAP provides information, training and expertise to program and individual members who support victims, family and friends, the general public, and all those whose lives have been affected by sexual assault. Primary coalition activities include engagement in public policy, offering trainings, production of resources and materials and offering technical assistance.

Western State Hospital (WSH)

See Organization/Resource and Acronym section.

Wheel of power and control in long-term care

An adaptation of this wheel designed for individuals with disabilities can be viewed at (http://www.nnsvs.org.nz/sites/default/files/generic/DisabledCaregiverPCwheel.pdf) The perpetrator is often but not always a caregiver, and abuse comes through undue influence and power and control that often undermines one's independence or ability to live with self-sufficiency/dignity. (See also Values section.)

Acronyms

ADWAS	Abuse Deaf Women Advocacy Services
AFH	Adult family home
AL	Assisted Living
ALTSA	Aging and Long-term Support Administration
APS	Adult Protective Services
CARE tool	Comprehensive assessment reporting evaluation
CIL	Center for independent living
COPES waiver	Community options program entry system
CPP	Community protection program
DBHR	Division of Behavioral Health and Recovery
DDA	Developmental Disabilities Administration
DRW	Disability Rights Washington
DSHS	Department of Social and Health Services
DV	Domestic violence
ESH	Eastern State Hospital
HCBS	Home and Community Based Services
I/DD	Intellectual/Developmental Disability
ICF/IDD	Intermediate care facilities for individuals with intellectual/developmental disabilities
IPSV	Intimate partner sexual violence
IPV	Intimate partner violence
LTCO	Long-term Care Ombudsman
LTCOP	Long-term Care Ombudsman Program
MH	Mental health
MPC	Medicaid personal care

NCO	No contact order
NH	Nursing home
OVW	Office on Violence Against Women
RCPP	Resident and Client Protection Program
RCS	Residential Care Services
SA	Sexual assault
SANE	Sexual assault nurse examiner
SAPO	Sexual Assault Protection Order
SL	Supported living
SNF	Skilled nursing facility
SOLA	State operated living alternative
SUA	State Unit on Aging
VAPO	Vulnerable adult protection order
WCSAP	Washington Coalition of Sexual Assault Providers
WSH	Western State Hospital

Organization and resource list

Abused Deaf Women Advocacy Services (ADWAS): Abused Deaf Women's Advocacy Services (www.adwas.org), empowers Deaf and Deaf-Blind survivors of domestic violence, sexual assault and harassment to transform their lives, while striving to change the beliefs and behaviors that foster and perpetuate violence. ADWAS provides comprehensive services to individuals and families, community education, and advocacy on systems and policy issues. Advocacy, counseling, parenting, transitional housing services are available in King, Pierce and Snohomish counties. ADWAS provides services to adults and children.

Adult Protective Services (APS): This Washington state organization investigates abuse, neglect and exploitation of adults who are deemed "vulnerable" by state law, which typically includes adults with disabilities, older adults and adults receiving long-term care services.

Aging and Long-Term Support Administration (ALTSA): Aging and Long-term Support Administration is a sub-agency of the State Department of Social and Health Services that serves adults with chronic illnesses or conditions and people of all ages with developmental disabilities, mental illness and substance abuse issues. Aging and Disability Services oversees three agencies: the Behavioral Health and Service Integration Administration; the Aging and Long-Term Support Administration; and the Developmental Disabilities Administration.

Assisted living (AL): Formally called boarding homes, an assisted living facility is any home or other institution, which is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services and assuming general responsibility for the safety and well-being of the residents which may provide domiciliary care to seven or more residents. An "assisted living home" does not include facilities certified as group training homes. Nor does it include any independent senior housing or independent living units in continuing care retirement communities.

Division of Behavioral Health and Recovery (DBHR): This is the arm of DSHS (the Department of Social and Health Services) in Washington that oversees state supports for people with mental illness and substance abuse issues.

Center for Independent Living (CIL): These federally-funded organizations are designed to assist individuals with disabilities maximize supports and accommodations to live as independently as possible in the most integrated setting possible. In Washington, there are five Independent Living Centers in Spokane, Ellensburg, Bellingham, Lakewood and Seattle.

Community Options Program Entry System (COPES waiver): One of Washington's home and community-based waivers which provides personal care and support for individuals with disabilities to live in their homes. This waiver is designed for individuals who need nursing home-level care. An individual may be in a long-term care setting, such as an assisted living facility, and receive COPES services.

Community Protection Program (CPP): One of Washington's four home and community-based waivers which provides personal care, 24-hour supervision and others supports for adults with developmental disabilities who have been charged of a sexual or violent crime, and considered to be at risk of re-offending.

Supported Living (SL) Program: One of the home and community-based waiver services available to adults with developmental disabilities, where providers are available to assist an individual, in-home, with everyday tasks and habilitation needs to gain independent living skills. Supported living clients may live independently or in State Operated Living Alternative (SOLA) programs. Supported living is a residential program, so clients don't live in another residential setting, such as a boarding or adult family home. The Developmental Disability Administration (DDA) contracts with private agencies to provide these services.

Core waiver: One of the four home and community based waivers in Washington, which offer services like residential services and supported employment to eligible individuals with developmental/intellectual disabilities.

Department of Social and Health Services (DSHS): In Washington state, DSHS is the department that administers Washington's social service programs. An organizational chart of DSHS is http://www.dshs.wa.gov/pdf/ea/DSHSorg.pdf.

Disability Rights Washington (DRW): The federally-mandated protection and advocacy designee for Washington state. DRW builds individual and systemic advocacy capacity, assists individuals with disabilities in individual and systemic advocacy and advances systems to uphold and protect the rights of people with disabilities.

Eastern State Hospital: One of Washington's two psychiatric hospitals, located in Medical Lake, outside of Spokane.

Group home: Group Homes are community-based residences serving two or more adult clients and are licensed as either an assisted living facility or an adult family home.

Guardian: A person who is entrusted by law with the care of the person or property, or both, of another, as a minor or someone legally incapable of managing his or her own affairs. The progression of decision making by the Guardian by law is to honor the person's expressed wishes, what they would want if able to communicate it, and what is in the person's best interest.

Guardian ad litem: Person appointed by a court as guardian of a person to act on his or her behalf in a particular action or proceeding.

Home and community-based service waiver: These are waivers in which an individual with a disability who is determined eligible for institutionalized care can opt to live in the community and receive services for same, such as personal care or therapy. The current waivers in Washington include: COPES, community protection, basic, basic plus and the core waiver.

In-home services: Long-term care services, programs and resources that may help an adult to continue to live at home. Services include volunteer chore workers; adult day health programs; home delivered meals; personal care; home modifications/assistive technologies; hospice and respite care.

ICF/IDD or Residential Habilitation Centers (RHCs): This is the most restrictive setting for individuals who experience an intellectual or developmental disability. It is in federal statute, and there is federal funding designated for ICF/IDD beds. (This used to be referred to as ICF/MR until mental retardation was replaced.) In Washington, there are four institutions, or Residential Habilitation Centers, which provide 24-hour ICF/IDD care. These are: Lakeland Village (Spokane); Fircrest (Shoreline); Yakima Valley School (Selah); and Rainier School (Buckley). Frances Haddon Morgan was closed as a result of decisions made in the last 2012 legislative session. These institutions used to provide care for 5000 to 6000 individuals in Washington but as community services, assistive technology and accommodations have evolved, the institutions now serve approximately 900 people.

Long-Term Care Ombudsman and Long-Term Care Ombudsman Program (LTCO and LTCOP): The Ombudsman Program 1) identifies, investigates and resolves complaints made by or on behalf of residents of nursing homes, assisted living and adult family homes; 2) addresses issues which affect residents; 3) works to educate residents, facility staff and the public about residents rights and other matters affecting residents; and 4) performs other functions to protect the health, safety, welfare and rights of residents. The program works to resolve problems of individuals as well as to bring about changes at the local and state levels to improve care.

Long-term care facility: A facility which maintains and operates twenty-four hour skilled nursing services for the care and treatment of chronically ill or convalescent patients, including mental, emotional, or behavioral problems, intellectual disabilities, or alcoholism; provides supportive, restorative, and preventive health services in conjunction with a socially oriented program to its residents, and which maintains and operates twenty-four hour services including board, room, personal care, and intermittent nursing care. "Long-term health care facility" includes nursing homes and nursing facilities, but does not include acute care hospital or other licensed facilities except for that distinct part of the hospital or facility which provides nursing facility services.

Any family home, group care facility, or similar facility determined by the DSHS Secretary, for twenty-four hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual, and any swing bed in an acute care facility also comprise long-term care.

Medicaid Personal Care (MPC): This federally funded program provides an attendant for "personal care" needs. This could be transferring for toileting, dressing, bathing, cooking, grocery or clothes shopping, budgeting or personal finance management, etc. Medicaid personal care makes it possible for individuals with significantly involved disabilities to shower and go to work each day, and to live fully engaged, productive lives in their communities.

Nursing home (NH): A nursing home is any home, place or institution which operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who by reason of illness or infirmity, are unable properly to care for themselves.

Convalescent and chronic care may include but not be limited to any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of

special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. It may also include care of persons who have been legally determined incompetent.

Office on Violence Against Women (OVW): Office on Violence Against Women. Funder, office in the Department of Justice.

Resident and Client Protection Program (RCPP): The Resident and Client Protection Program investigates employees. RCPP is a unit under Residential Client Services, in the Developmental Disabilities Administration of the Department of Health and Social Services. There are seven RCPP investigators statewide. This is a reactive arm that only responds to reports.

Respite Care: Respite care is a service where trained staff provide short-term care, within a facility or in a home, ranging from a few hours to a few weeks, so that caregivers and family members of an individual with a disability receive 'respite.'

Residential Care Services (RCS): Residential Care Services is a unit within the Division of Social and Health Services , which investigates any facility that is licensed or certified to provide long-term care. They have a proactive and reactive response system: They may initiate an investigation based on report of abuse and/or they do inspections which can trigger a formal investigation.

Sexual assault nurse examiner (SANE): A qualified and specially trained nurse who can perform sexual assault forensic rape examinations. Roles of SANE's include providing comprehensive medical-legal examinations, and timely and accurate collection of forensic evidence; to collaborate with physicians, local law enforcement, city and county prosecutors, and victim advocates to provide complete care for patients, ensure safety, and maintain chain of evidence.

Skilled nursing facility (SNF): A facility which maintains and operates twenty-four hour skilled nursing services for the care and treatment of chronically ill or convalescent patients, including those with mental, emotional, or behavioral problems, intellectual disabilities, or alcoholism. A SNF provides supportive, restorative, and preventive health services in conjunction with a socially oriented program to its residents, and which maintains and operates twenty-four hour services including board, room, personal care, and intermittent nursing care.

State-Operated Living Alternative (SOLA): SOLA programs are homes operated by the Developmental Disabilities Administration, and offer supported living services to individuals with intellectual/developmental disabilities by state employees.

State Unit on Aging (SUA): The Administration on Aging awards funds for supportive home and community-based services to the State Units on Aging (SUAs), which are located in every state and U.S. territory. SUAs are agencies of state and territorial governments designated by governors and state legislatures to administer, manage, design and advocate for benefits, programs and services for the elderly and their families and, in many states, for adults with physical disabilities. These state SAUs all share a common agenda of providing the opportunities and supports for older persons to live independent, meaningful, productive, dignified lives and maintain close family and community ties. Funding for programs is allocated to each SUA based on the number of persons over the age of 60 in the state. Most states are divided into planning and service areas (PSAs), so that programs can be tailored to meet the specific needs of older persons residing in those areas.
Washington's unit is called Aging and Long-Term Supports Administration (formerly known as ADSA). The Office of the Long-term Care Ombudsman is one of the programs which typically sits within the SUAs. In Washington, LTCOP was removed from its State SUA by the legislature to protect the independence of the ombudsman and to eliminate conflicts of interest.

Statewide Health Insurance Benefits Advisors (SHIBA): Washington State Office of the Insurance Commissioner sponsors SHIBA services located in counties throughout the state.

Volunteer advisors staff a SHIBA Helpline providing free, confidential and impartial counseling and resources to help consumers understand their rights and options, and offer up-to-date information so that the consumer can make an informed decision. SHIBA volunteers are highly trained to counsel residents of all ages regarding their choices, options and problems with private health insurance, affordable prescription drugs, and many government programs (Medicare, Medicaid, Basic Health, Children's Health Insurance Program, and the Washington State Health Insurance Pool). They are also trained to counsel people about Medigap coverage, employment-related health benefits, managed care, long-term care insurance, health care fraud/abuse, health care resources for low income people, etc.

Vera: The Vera Institute of Justice is an independent, nonpartisan, nonprofit center for justice policy and practice. They serve as a technical assistance provider for many Office of Violence Against Women grants and are a provider for the disability grant for which this project is funded.

Vulnerable adult protection order (VAPO): An individual or family member can obtain, on behalf of an individual who meets the legal criteria for vulnerable adult, a protection order, to protect a "vulnerable adult" from abuse, neglect, financial exploitation, or abandonment by a family member, care provider or other person who has a relationship with the vulnerable adult. (See the VAPO Handbook link in the bottom left column of http://www.courts.wa.gov/forms/?fa=forms.contribute&formID=70)

Washington Coalition of Sexual Assault Programs (WCSAP): The Washington Coalition of Sexual Assault Programs (WCSAP) is Washington States' Sexual Assault Coalition. WCSAP is a non-profit organization that strives to unite agencies engaged in the elimination of sexual violence. WCSAP provides information, training and expertise to program and individual members who support victims, family and friends, the general public, and all those whose lives have been affected by sexual assault. Primary coalition activities include engagement in public

policy, offering trainings, production of resources and materials and offering technical assistance.

Western State Hospital: One of Washington's two state-run psychiatric facilities, based in Lakewood, Washington.