



CAUSE COLLABORATIVE

Collaboration for Access and Understanding for Survivors in East L.A.

2022 CHARTER

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Introduction

Collaboration for Access and Understanding for Survivors in East LA is a partnership between four community-based organizations providing direct support and advocacy services for persons who are victims/survivors of domestic violence, sexual violence, and/or human trafficking, or who have mental health/psychiatric disability. The CAUSE Collaborative partners are the Los Angeles Center for Law and Justice (LACLJ), Mental Health Advocacy Services (MHAS), East Los Angeles Women's Center (ELAWC), and Via Care Health Services (Via Care).

- **LACLJ**- Provides free legal services to survivors of domestic violence, sexual assault, and human trafficking, with an emphasis on Latine¹ communities (domestic violence / sexual assault services provider)
- **MHAS**- Provides free legal services to people with mental health disabilities (mental health services provider)
- **ELAWC**- Provides services to survivors of domestic violence, sexual assault, and human trafficking, with an emphasis on Latine communities (domestic violence/sexual assault service provider)
- **Via Care** – Provides medical and behavioral health services in concert with its primary care services. Via Care provides services regardless of ability to pay or insurance status. (health and mental health services provider)

We are committed to creating a sustainable and seamless system of responsive services to victims/survivors within Los Angeles County who have mental health/psychiatric disabilities, with an emphasis on the Spanish-speaking communities of East L.A. In 2019, LACLJ approached MHAS to collaborate with the OVW grant. By 2020, MHAS signed on along with ELAWC and Via Care. The grant was approved and awarded in August 2022. The CAUSE Collaborative held their first convening in September 2022 where representatives from Activating Change facilitated

¹ [Call me Latine. \(wordpress.com\)](https://www.callmelatine.com)

a three-day charter retreat for the collaborative partners. The following document outlines the vision and insights from collaborative partners.

Our Vision

Survivors with mental health disabilities in East Los Angeles will have access to a seamless continuum of services and care that are trauma-informed, culturally responsive, and client-centered. Our collaboration will strategically remove barriers to these services, eliminate the risk for re-traumatization and specifically incorporate access to health services, mental health services, legal services and advocacy that supportively impact their healing and recovery from trauma.

Our Mission

To achieve our vision, our network of agencies will:

- **COLLABORATE:** Collaborate across the spectrum of service providers to deliver trauma-informed, culturally-responsive, client-centered services for survivors with mental health disabilities.
- **IMPROVE:** Improve navigation of services to promote healing and recovery from trauma in efforts to address systemic barriers within our community.
- **TRAIN:** Ensure on-going training and resources to support organizational staff in order to foster trust and care of our community
- **TRANSFORM:** Transform the safety and accessibility of our organization through policy changes that reflect our values.
- **EMPOWER:** Engage survivors to promote empowerment and self-agency.

Our Values

Accessible We believe that access is a social justice issue and that it should be distributed equally among all members of our society.

Collaborative We value continuous sharing of best practices, cross training and cross referrals and maintaining strong networks. We are committed to identification of barriers and creation of improved systemic access for survivors with mental health and other disabilities.

Community-Based We believe in focusing our efforts and investments on our local community that includes shared experiences, connections, and honors the knowledge and leadership of the community.

Dedicated to Advocacy & Social Justice We believe in promoting social justice through our commitment to advocacy for survivors with mental health and other disabilities through our collaboration. We will address representation, equity, and access on an organizational and community level as reflected through our service delivery and organizational practices.

Commitment to Deconstruction of Stigma We affirm that our survivors have experienced trauma and we will validate, normalize, and educate survivors in honoring their unique experiences. Our services should be accessible and recognize the impact of mental health disability on survivors. We respond by replacing misconceptions with human experiences in breaking down stigma. Those working with survivors will be educated and trained on how to respond to the needs of survivors with mental health and other disabilities.

Culturally Responsive We affirm that mental health perceptions are impacted by an individual's cultural identity and therefore culturally responsive approaches make services more accessible to all members of our community.

Empowered We believe survivors deserve to feel safe and empowered within an integrated service system of support. We believe our service providers feel empowered with the necessary tools and support systems for delivering the services.

Integrated We believe our collaboration of networks must be consistent across the spectrum of services to provide comprehensive, trauma-informed services for survivors with mental health disabilities. Service providers have the time and knowledge to collaborate with one another to help survivors get what they need. Seamless referrals and systems that don't require survivors to tell their story over and over.

Organizationally Centered Self-Care We acknowledge the presence of vicarious trauma and its impact on those working with survivors therefore we believe that survivors and those working with them need and deserve self-care which would include integrating self-care into organization values and are reflected in policies.

Trauma-Informed We are committed to being trauma-informed and breaking down the systemic barriers and providing education and informed consent for survivors to engage and feel empowered in our services. We recognize those working with survivors may also be survivors, necessitating and deserving of a trauma-informed service delivery model.

Trusted We believe survivors deserve to receive help from service providers that are trusted to deliver services in a trauma-informed manner that are transparent, collaborative, client-centered, and culturally-responsive. These services will include practices that do not re-traumatize and offer opportunities for warm referrals and client choice.

Voice and Choice We respect the autonomy of survivors with mental health and other disabilities. Our collaborative practices will offer opportunities to center the client as the expert on their own life experiences and needs throughout our collaborative planning process. These practices will allow them to more fully participate in the processes that directly affect

their lives and provide them opportunities to make choices about which services they want and how they wish to have them delivered.

Assumptions

- We acknowledge individuals with mental health and other disabilities experiencing higher rates of domestic violence, sexual assault, and human trafficking, including isolation, dependence on caregivers, or limited transportation options.
- We acknowledge immigrant survivors with mental health and other disabilities face additional barriers based on language, culture, legal status, and lack of understanding of government and social systems.
- We acknowledge perpetrators may perceive people with disabilities, especially undocumented immigrants, as “easy targets” because they are devalued, isolated, and not seen as credible, and the extremely low rates of prosecution of perpetrators may be seen as supporting that perception.
- We acknowledge that our survivors with mental health and other disabilities may also identify as members of the LGBTQI and other intersectional identities that experience increased barriers due to stigma and marginalization.
- We acknowledge our survivors' mental health and other disabilities face systemic barriers and fear of law enforcement.
- We acknowledge partner agencies often lack an understanding of people with disabilities to be able to appropriately adapt their practices when working with survivors with mental health and other disabilities.
- We acknowledge adults and adolescents with disabilities are three times more likely to suffer violent victimization, like rape and sexual assault.

- We acknowledge the risk of violent victimization for revictimization in court process is even higher for certain sub-groups, women with disabilities, and people with mental / psychiatric disabilities
- We acknowledge intimate partner violence and non-intimate partner sexual assault continue to be at crisis levels in the Los Angeles area.

Member Agencies

Los Angeles Center for Law and Justice: LACLJ's mission is to secure justice for survivors of domestic violence and sexual assault and empower them to create their own futures. LACLJ was founded in 1973, as part of a then growing immigrant and workers' rights movement, to provide culturally responsive legal services to the low-income Latine and largely immigrant populations of East L.A. Over time, LACLJ has focused its mission to assist people facing the intersection of some of the most entrenched challenges in our society: low-income, immigrant, women, who are survivors of domestic and/or sexual violence. While services are now available to survivors throughout the County, LACLJ is still located in and remains close to its roots in the East L.A. community. LACLJ provides free legal representation to survivors of domestic violence and sexual assault, as well as victims of human trafficking in legal matters such as restraining orders, custody, immigration relief, and victim advocacy in the criminal system. Integrated with these legal services, LACLJ also provides supportive services through its Community Advocacy (CA) Program such as accompaniment, emotional support, navigation, and direct referrals to other service providers.

Mental Health Advocacy Services: MHAS has been a leader in the disability rights movement and specifically in the fight for equal rights for people with mental health disabilities for forty-three years. Through a combination of direct services, impact litigation, policy advocacy, education, and technical assistance, MHAS advocates for the civil rights, full inclusion, and equality of adults and children with mental health disabilities. As a result of its staff's deep-seated knowledge and experience across a broad range of mental health legal issues, MHAS has secured a unique position and ability not only to serve clients whom others cannot (or will not) serve but also to be a highly sought-after technical assistance provider; MHAS annually trains hundreds of attorneys, mental health professionals, consumer and family member groups, and other advocates in mental health law and rights.

East Los Angeles Women's Center: The East Los Angeles Rape and Battering Hotline officially opened its telephones lines to serve the community of the greater East Los Angeles area in 1976. It became the first Spanish language, 24-hour crisis hotline for survivors of sexual assault in Southern California. ELAWC offers crisis intervention and mental health services, clinical and therapeutic parenting programs to women with children affected by sexual assault and domestic violence. ELAWC also offers the following services: housing, certified volunteer training, sexual assault hospital accompaniment & advocacy, Promotora interpersonal violence training, and hotline services. In addition, ELAWC is the Rape Crisis Center for this community.

Via Care: Via Care was founded in 2010 to address the increasing lack of access to healthcare for low-income residents of East Los Angeles. Originally a small facility with one medical provider serving 2,600 patients, in the past four years Via Care has grown into a full-service 501c3 Federally Qualified Health Center (FQHC) safety-net health care provider serving patients of all ages by offering culturally and linguistically appropriate medical, dental, behavioral health, and supportive services. Through its network of eleven clinics, Via Care offers primary health care services regardless of insurance, immigration status or an individual's ability to pay, and is well-known in the community for opening its doors to the most vulnerable low-income residents in the service area, particularly undocumented immigrants. In 2020, Via Care provided 51,416 medical, dental, and behavioral health visits to 11,800 low-income adults and children. Via Care offers an integrated mental health program for uninsured and underinsured low-income adults that combines individual treatment, psycho-educational support groups, self-management, and care management in a primary care setting.

Contributions and Commitments

CAUSE Collaborative Project partners are committed to having their Executive Director, CFO/CEO or other Decision Maker from their organization involved with the Project in an active and meaningful manner throughout the life of the Project (10/01/2022 - 09/30/2025), including attending quarterly Project meetings and staying informed about and approving the ongoing contributions of their organization throughout the Project.

LACLJ – Lead Agency

- Attend and facilitate partner meetings
- Fiscal management, monitoring and oversight of grant project
- Lending expertise in the area of legal services with survivors
- Partner agency will commit to changes required for this project
- Each partner will review and update organizational policy
- Attend All Sites Monthly Trainings and any in-person trainings provided by Activating Change
- Participate in Needs Assessments
- Participate in developing Strategic Plan and Implementation
- Hiring Project Director

LACLJ has hired one Project Director who is a licensed clinical social worker to lead and coordinate the work of the collaborative. The Project Director will facilitate and coordinate the work of the collaborative, facilitate meetings and communication among collaborative members, be the key contact person for CAUSE and provide staff support for all Project activities.

- Contributing/Facilitating staff meetings
- Fiscal management, monitoring and oversight of grant project
- Attend project director meetings
- Consult with TA on project/grant re: timeline, etc.

Each partner has committed to designating representatives to the collaborative who are able to commit 12-16 hours/month on average to attend meetings and otherwise participate in the activities of CAUSE.

MHAS

- Attend partner meetings
- Lending expertise in the area of legal services with people with mental health disabilities
- Partner agency will commit to changes required for this project
- Each partner will review and update organizational policy
- Attend All Sites Monthly Trainings and any in-person trainings provided by Activating Change
- Participate in Needs Assessments
- Participate in developing Strategic Plan and Implementation

ELAWC

- Attend partner meetings
- Lending expertise in the area of sexual assault and domestic violence advocacy and crisis management services with survivors
- Partner agency will commit to changes required for this project
- Each partner will review and update organizational policy
- Attend All Sites Monthly Trainings and any in-person trainings provided by Activating Change
- Participate in Needs Assessments
- Participate in developing Strategic Plan and Implementation

Via Care

- Attend partner meetings
- Lending expertise in the area of comprehensive primary care and integrated behavioral health for community
- Partner agency will commit to changes required for this project
- Each partner will review and update organizational policy
- Attend All Sites Monthly Trainings and any in-person trainings provided by Activating Change

- Participate in Needs Assessments
- Participate in developing Strategic Plan and Implementation

Decision Making Process

The decision-making process and authority sits with the CAUSE project partners and their executive leadership members. The collaboration will rely on our shared vision and values to reach consensus on decisions that impact the project. However, we recognize that there will be some decisions on which we will not easily reach consensus. In these situations, we will use vote to reach consensus. We think this is the most effective management style to use, as it takes into consideration everyone's opinion without forcing a decision and it allows for a good faith effort to achieve compromise. The process will be as follows:

We believe that using a scale included in the consensus to help identify the level of opposition is helpful in determining our commitment to a decision, as we value all opinions and perspectives from our team members. We feel it is important to do our due diligence prior to polling for solutions. By using this four-step process, we will have a consistent approach:

1. *Gather all the relevant information* – ask open-ended questions, take time to do additional research.
2. *Identify the alternative* – brainstorm and produce multiple suggestions.
3. *Weigh the evidence* – discuss the pros and cons of the top decisions.
4. *Choose an alternative* – poll the team and determine the best course of action.

Every collaboration member will express their position on the scale by choosing a number and providing a rationale for their decision. The Project Coordinator will track everyone's decision and if a member of the collaborative is absent, the Project Coordinator will follow up in an email or phone call to ensure all opinions are heard. We will use the polling method to identify the level of agreement or disagreement.

Continuum of how we will arrive at consensus through polling:

- 1- I don't agree and don't want to proceed - The Project Coordinator will lead the discussion on how the decision will impact our community and agencies. We will take time to reflect on other people's opinions, consult with Executive Team, and differences by looking for alternative solutions and following the 4 step above process.
- 2- I don't agree, but let's talk about it some more - The team will spend additional time obtaining more information and determining the root cause that is preventing us from moving forward. We may need additional time to discuss the issue and consult with Executive Team.
- 3- OK I will go along with it – Agree with Decision w/ Minor Points of Contention: We may need to clarify any misunderstandings, ask open-ended questions, and consult with Executive Team to engage in additional dialogue.
- 4- I like it – Agree with Decision: We will proceed forward with the decision, having consulted with the respective Executive Teams, deferring to partner expertise, and no further discussion is needed.
- 5- I love it – Wholeheartedly Agree with Decision: We will proceed forward with the decision, with no further discussion.

The Collaborative will move forward with a decision if everyone is at or above a 4. If anyone is at a 1, we will continue with our discussion until we reach an agreement. If we struggle to reach a consensus, we will take a break from the issue and revisit once we have obtained more information and approach the issue with a fresh outlook. If necessary, we will consult with our Technical Assistant (TA) from Activating Change.

Decision Making Authority

Collaboration Level:

The types of decisions this collaboration will need to make will shift and change depending on the phase of work the collaboration is in. To ensure that all members of the collaboration have ownership of the decisions made, the vast majority of our decisions will be made at the Collaboration Level. Any member of the Collaborative can initiate decision making and the scale for polling at any time. Using specifics and explaining the why behind your point will set the stage for an open discussion.

During the planning phase (first year of this project), these decisions will include:

- Framing of and content included in key planning deliverables such as the charter, needs assessment plan, needs assessment report, and strategic plan;
- Decisions that impact the direction of the collaboration;
- Determinations of when deliverables should be submitted for approval to OVW;
- Determinations about adding additional members to the collaboration;
- Determinations about involving our TA provider in certain aspects of our work (i.e., retreats, conflict)

During the implementation phase (years 2 and 3 of this project), these decisions will include:

- Framing and content of implementation deliverables such as training curricula, policies and procedures, resources, and training staff.
- Timing of release of implementation deliverables.

Lead Agency Level:

The lead agency will manage fiscal and reporting requirements for the collaborative along with grant management responsibilities. The lead agency will also provide a cost analysis throughout the grant.

Project Director Level:

The Project Director (PD) will run the collaborative monthly meetings, monitor and track phases of grant, create the agenda and communicate with members of the collaborative.

Conflict Management Plan

Conflict Resolution

Conflict is an essential function of organizing.

- We will rely on the relationships we build.
- When conflict emerges, we will rely on a restorative justice model principles when addressing power differentials and privilege of intersectional identities among group members.
- We believe the solution to conflict lies within this group.
- When possible, we bring the parties in conflict to the table and reflect on our mission, vision, and values.
- We rely on the expertise within the group.
- We will work to neutralize power differentials.
- We will focus on the work and change we want to bring to the community.

We've adapted the Restorative Justice Model to be applicable in our context of resolving conflict. We utilize the five Rs - Relationship, Respect, Responsibility, Repair, and Reintegration. We are guided by its three principles: (1) Encourage collaboration and reintegration rather than coercion and isolation; (2) Give attention to the unintended consequences of our actions and programs; and (3) Show respect to all parties.

As a collaborative, we acknowledge that we will not take things personally and will treat each other with respect and professionalism. We are working on building and strengthening our partnerships as a collaborative and will put aside individual and organizational agendas.

If we experience an impasse that cannot be resolved, we will escalate the issue to the executive level of our organization. When situations arise where there are disagreements or conflict among partners, and/or lead agency and partners, our last resort in resolving conflict will be going to Activating Change for mediation and resolution and if no resolution can be found seek guidance of OVW. Our response to conflict for various scenarios includes the following:

- Disagreement among members of the collaborative
 - Discuss the issue, gather information, identify disagreement, and make decision based on majority vote.
 - Work towards consensus and get to compromise

- Disagreement among members of the collaborative with the Project Director
 - Discuss one on one
 - Utilize strategies listed above.
 - Follow the chain of command and provide constructive feedback and recommendations on resolving the disagreement.

- Disagreement among members of the collaborative with the Lead Agency
 - Discuss the issue, gather information, identify disagreement, and make decision based on majority vote.
 - For executive leadership to meet and discuss the issues. If that does not get resolved, members can escalate to next step.
 - Members will reach out to Activating Change to work towards resolution

- Disagreement among an organization and collaborative members
 - Executive leadership should be involved
 - Escalate to Activating Change if not resolved

Confidentiality Agreement and Mandatory Reporting

Our collaborative is transdisciplinary and each professional within our collaborative (legal, medical, advocates, and mental health providers) have different mandates regarding confidentiality and mandated reporting they must comply with in the state of California. Each profession will adhere to those mandates which include the following:

California Attorney Confidentiality Rule 3-100: Confidential Information of a Client (Note: attorneys are not mandated reporters)

(A) A member shall not reveal information protected from disclosure by Business and Professions Code section 6068, subdivision (e)(1) without the informed consent of the client, or as provided in paragraph (B) of this rule.

(B) A member may, but is not required to, reveal confidential information relating to the representation of a client to the extent that the member reasonably believes the disclosure is necessary to prevent a criminal act that the member reasonably believes is likely to result in death of, or substantial bodily harm to, an individual.

(C) Before revealing confidential information to prevent a criminal act as provided in paragraph (B), a member shall, if reasonable under the circumstances:

(1) make a good faith effort to persuade the client: (i) not to commit or to continue the criminal act or (ii) to pursue a course of conduct that will prevent the threatened death or substantial bodily harm; or do both (i) and (ii); and

(2) Inform the client, at an appropriate time, of the member's ability or decision to reveal information as provided in paragraph (B).

(D) In revealing confidential information as provided in paragraph (B), the member's disclosure must be no more than is necessary to prevent the criminal act, given the information known to the member at the time of the disclosure.

(E) A member who does not reveal information permitted by paragraph (B) does not violate this rule.

Mandatory Reporting Law for Domestic Violence (Penal Code Section 11160-11163.6):

This requires any healthcare practitioner to make a report if he or she “provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is suffering from any wound or physical injury...as the result of assaultive or abusive conduct.”

DV Victim Services Agency Employees, DV Advocates, and DV Counselors are NOT specifically listed as a mandated reporter category in Penal Code section 11165.7(a).

California Mandatory Reporting Law for Elder and Dependent Adult Abuse (Welfare & Institutions code section 15630-15632 Senate Bill 2199) which states the abuse of an elder or dependent adult is defined as the following:

- Physical abuse (includes sexual abuse)
- Neglect – Financial abuse
- Abandonment, Isolation, Abduction
- Deprivation of goods or services that are necessary to avoid physical harm or mental suffering

California Mandatory Reporting Law for Child Abuse and Neglect (Penal Code section 11164-11174) which defines child abuse as a physical Injury which is inflicted by other than accidental means on a child by another person. This also includes:

- Emotional abuse
- Sexual abuse (assault or exploitation)
- Neglect

When possible, we will collaborate with survivors to give survivors voice and choice in reporting in a manner in which they engage with providers.

- Medical setting
- Crisis response hotline - we inform clients of limits of confidentiality
- Adult protective (elder abuse)

- Informed consent, ROI (plain language and easily understandable)

How we will keep information confidential (e.g., HIPPA). We will have a ROI for collaboration and limits of confidentiality. We agree to not disclose names of our clients. When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make the report.

When it comes to referrals, we will obtain an ROI from clients to work collaborative members. We will create a template for the referral (factsheet) and an ROI must accompany the referral form.

Other considerations for Confidentiality:

We will keep records double locked. Records will be destroyed after grant or implementation. We will not wear logos of our agencies when meeting with participants in public unless doing outreach activities for the collaborative. Not disclosing shelter locations. For advisory board of survivors, they will determine via group consensus the level of confidentiality and disclosure. In the collection of data, names will be kept confidential. We will develop a code word and ask the question “is it safe to call back” in order to provide confidentiality of services when calling/contacting participants.

Potential Risks and Advantages of Mandatory Reporting:

People may not report due to factors such as housing and finances, as this can put someone at risk of feeling isolated. Each person has the right to make their own decisions and is allowed freedom of autonomy once they are provided with resources and information. We will rely on our values to help guide us when discussing Mandatory Reporting with victims/survivors. Below are factors to consider:

Potential Risks of Mandatory Reporting:

- It may discourage victims from seeking help. We need to consider all factors and angles the victim/survivor may experience if they report, discuss all potential circumstances.
- Could damage reputations and/or relationships. Determine how it will impact the family dynamic, custody, relationships, friendships, and so forth.
- There could be a potential conflict between family and professionals. Be truthful and explain that they may need to go to another professional based on the conflict of interest.

Advantages of Mandatory Reporting:

- Removes a victim/survivor from harm. It allows the victim/survivor to have another level of security, knowing that they have the law on their side.
- The decision is made for the victim/survivor. When torn between reporting and not reporting, the decision made as to whether a Social Service Professional is required to report is based on the recommended guidelines.
- As a referral source, you will have an active role in the involvement assisting the victim/survivor. All Collaborative Partners are devoted to providing resources and help when working with a victim/survivor.

Language Access

Our collaboration partners serve a community that is over fifty percent limited-English proficient (LEP) and or non-English speaking. East L.A. is historically marginalized/oppressed, and we believe under-represented in Los Angeles County data. Our interventions include removing language barriers in order to access assistance with navigating court proceedings, referral processes, application services, screening. Our materials will include languages other than English, and plain language, which may include needs assessment, outreach, technology platforms, and accommodation services. Our activities will include language interpreters (i.e., Spanish, ASL) and/or bilingual staff, and other requested accommodations.

Communications Plan (Internal and External)

The CAUSE collaborative will create a system of communication and information sharing to reduce barriers and build trust for survivors. We will develop the following communication strategies for both internal and external purposes to convey a unified voice. These strategies include:

- Factsheet about the CAUSE Collaborative which includes our collective vision and mission to support and empower survivors with mental health and other disabilities and key strategies to identify and coordinate and access services that will meet the needs of the community.

Press release and ongoing media talking points will include the purpose of the collaboration, data on our survivors and how we plan to address their unique needs. We will designate the leaders at each of our organizations to serve as the spokespersons for the CAUSE Collaborative. Those spokespersons can be Executive Directors, Collaborative Partners, Project Director, and Survivors on our Advisory Board. The following spokespeople have been identified from each Partner:

LACLJ

Jimena Vasquez, Director of Legal Services, jimena@lajl.org

MHAS

Jenny Farrell, Esq., Executive Director, jfarrell@mhas-la.org
(213) 389-2077 Ext. 13

ELAWC

Sonia Rivera, Director of Sexual Assault Services, sonia@elawc.org
Barbara Kappos, Executive Director, bkappos@elawc.org

Via Care

Liana Falcetti, Associate Director of Marketing, lfalcetti@viacarela.org
Lourdes Olivares, Chief Operating Officer, lolivares@viacarela.org

Project Coordinator

Jessica Muñoz, jmunoz@lACLJ.org, (323)714-3274

Talking Points

- Named agency collaborative approach to addressing survivors
- What each agency is bringing to the collaboration.
- Who is championing the cause
- How we add value to the community, unified voice
- Include survivor voice/quote who is a survivor with disability
- Data of who is being served
- How to contact Collaborative to get involved/media inquiries

We will vet with communication of any materials that go out externally and must be approved by the executive team of each organization.

Develop an Advisory Board for survivors in LA County to inform the communication plan and manner in which information is presented and disseminated.

External Communication: As the lead agency, LACLJ will communicate directly with Office of Violence against Women. Our collaborative recognizes best practices for communicating include encouraging all members of the collaboration to have direct communication with Activating Change.

Internal Communication:

- The CAUSE Collaborative partners will virtually meet weekly beginning in January 2023 for one hour each meeting. The Project Director will organize the meetings, take minutes, and disseminate information to the partners. Collaborative partners have the opportunity to give meaningful feedback to the team during meetings and when input is requested. Designated team members are encouraged to share information from the weekly collaborative meetings with their organization and the executive leadership team.

- We will keep staff and organizational leaders informed about collaborative activities
- Develop a factsheet with talking points describing the collaboration.

CAUSE COLLABORATIVE PLANNING PHASE

VISION

Survivors with mental health disabilities in East Los Angeles will have access to a seamless continuum of services and care that are trauma-informed, culturally responsive, and client-centered. Our collaboration will strategically remove barriers to these services, eliminate the risk for re-traumatization and specifically incorporate access to health services, mental health services, legal services and advocacy that supportively impact their healing and recovery from trauma.

| ACTION ITEM | DATE TO BEGIN | DATE DUE | Approval by OVW |
|---|----------------|--------------|-----------------|
| Collaborative Charter | September 2022 | January 2023 | February 2023 |
| Statement of Focus | November 2022 | January 2023 | February 2023 |
| Needs Assessment Plan & Site Visit | February 2023 | May 2023 | June 2023 |
| Conduct Needs Assessment | June 2023 | July 2023 | NA |
| Develop Findings Report | July 2023 | August 2023 | September 2023 |
| Develop Strategic Plan | September 2023 | October 2023 | November 2023 |
| Implementation Phase | December 2023 | July 2025 | NA |

2022 CAUSE COLLABORATIVE PARTNERS

Los Angeles Center for Law & Justice
East Los Angeles Women's Center

Mental Health Advocacy Services
Via Community Health Center (Via Care)

Glossary of Terms

Accessibility When the needs of people with disabilities are specifically considered, and products, services, and facilities are built or modified so that they can be used by people of all abilities.

Community Based A philosophical approach in which communities have an active role and participate in highlighting and addressing the issues that matter to them.

Continuum of Care A continuum of care is a system that provides a comprehensive range of services, so that care can evolve with the client's needs over time. With the understanding that a client may be most vulnerable during gaps in care, the continuum of care exists to ensure those gaps are filled.

Cultural Responsiveness Enables individuals and organizations to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth.

Disability The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.

Domestic Abuse A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or

other patterns of coercive behavior that influence another person within an intimate partner relationship.

Human Trafficking The trade of humans for the purpose of forced labor, sexual slavery, or commercial sexual exploitation for the trafficker or others.

Latine The latest effort by the population to define itself in its own lexicon, Latine is used to describe all people. Latine adopts the letter "e" from the Spanish language as a representation of gender neutrality. (McGee, V., Williams, C., Abdalla, L., "Latino, Latinx, Hispanic, or Latine? Which Term Should You Use?", September 23, 2022, <https://www.bestcolleges.com/blog/hispanic-latino-latinx-latine/>, (February 14, 2023).

Mental Health A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Racial Equity A process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.

Sexual Assault Any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stigma The negative attitudes, including internalized shame, that people with mental illness have about their own condition.

Systemic Racism Racism that is embedded into the very institutions and organizations of society, such that laws, rules, procedures, etc. are influenced by and perpetuate racism—and typically in ways that are invisible to the white dominant culture.

Trauma-Informed Care A framework that involves understanding the prevalence of trauma and adversity and their impact and behavior, recognizes the effects of trauma and adversity on health and behavior, training leadership, providers, and staff on responding to clients with best practices, integrates knowledge about trauma and adversity into policies, procedures, and treatment planning, and avoids re-traumatizing by approaching clients who have experienced trauma and other adversities with non-judgmental support.

CAUSE Collaborative Team Members

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Addendum #1: Fact Sheet Talking Points



Collaboration for Access and Understanding for Survivors in East Los Angeles

The Issue:

Intimate partner violence and non-intimate partner sexual assault continue to be at crisis levels in the Los Angeles area:

In LA County, 20% of women and 13% of men report experiencing domestic violence²

In LA County, 1 in 3 women and 1 in 6 men report sexual assault in their lifetime³

In LA County, 818 rapes reported in 2022, an increase from 809 in 2021⁴

Adults and adolescents with disabilities 3x more likely to suffer violent victimization like sexual assault and rape⁵

In LA County, 25% of adults report having a disability⁶

In LA County, 12% reported currently experiencing depression⁷

*Note: Area of project keeps no statistics on the amount of population with a mental health/ psychiatric disability. Mental health is underreported due to stigma.

East LA has a population which is over 96% Latine with over 19% of residents living in poverty, more than the LA County average (48% Latine, 13% poverty).⁸

In summary, the intersection of these issues, where survivors are not only disabled but low income and Latine, is where our collaborative is seeking to make a difference.

² http://publichealth.lacounty.gov/dvcouncil/resources/snapshot_0320.pdf

³ <http://publichealth.lacounty.gov/owh/SexualViolence.htm>

⁴ <http://shq.lasdnews.net/CrimeStats/CAASS/Department-CurrentMonth-YTD.PDF>

⁵ <https://www.endabusepwd.org/problem/alarming-rates/>

⁶ <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

⁷ <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

⁸ <https://www.census.gov/quickfacts/eastlosangelescdpcalifornia>

The Collaborative: CAUSE is a partnership between four community-based organizations providing direct support and advocacy services for persons who are victims/survivors of domestic violence, sexual violence, and/or human trafficking, and who have mental health/psychiatric disability. The Collaborative partners are:

1. Los Angeles Center for Law and Justice (LACLJ) who provide legal expertise in serving survivors
2. Mental Health Advocacy Services (MHAS) who provide legal expertise in serving persons with disabilities
3. East Los Angeles Women's Center (ELAWC) who provide expertise in domestic violence/sexual assault services
4. Via Care Community Health Center (Via Care) who provides expertise in primary care medical and behavioral health services.

The Vision: Survivors with mental health disabilities in East Los Angeles will have access to a seamless continuum of services and care that are trauma-informed, culturally responsive, and client-centered. Our collaboration will strategically remove barriers to these services, eliminate the risk for re-traumatization and specifically incorporate access to health services, mental health services, legal services and advocacy that supportively impact their healing and recovery from trauma.

The Mission:

- **COLLABORATE:** Collaborate across the spectrum of service providers to deliver trauma-informed, culturally-responsive, client-centered services for survivors with mental health disabilities.
- **IMPROVE:** Improve navigation of services to promote healing and recovery from trauma in efforts to address systemic barriers within our community.
- **TRAIN:** Ensure on-going training and resources to support organizational staff in order to foster trust and care of our community
- **TRANSFORM:** Transform the safety and accessibility of our organization through policy changes that reflect our values.
- **EMPOWER:** Engage survivors to promote empowerment and self-agency.

The Approach and Value of the Project for Our Community:

- We apply cultural responsiveness to work with community members with intersectional identities.
- We incorporate trauma-informed practices that foster safety and trust.
- We rely on the expertise of each partner to accomplish the mission.
- We work collaboratively and holistically to improve service delivery between our agencies.
- We address the systemic barriers in our community and organizations to better serve the needs of survivors.

Volunteer or Media Inquiries?

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